Skin & Allergy News

Vol. 1, No. 1 — Fast, accurate report for the Dermatologist, Allergist and Family Physician — January, 1970

Dr. John M. Knox of Houston explains the National Program for Dermatology during a press conference at the meeting of the American Academy of Dermatology in Bal Harbour. Dr. Knox, chairman of the dermatology department at Baylor, stressed the role of the private practitioner in the Program.

Full reports on the scientific sessions at the AAD meeting, as well as on the National Program, will appear in the next issue of Skin & Allergy News.

Increased Use of Steroids Seen as Highlight of '60s

International Medical News Service

The continued improvement and more widespread use of steroids was seen as the single most important development of the 1960's and was mentioned by almost 60% of the 150 dermatologists who responded to the SKIN & ALLERGY NEWS survey.

Although a few physicians voiced reservations about the way these agents are sometimes used, most agree with Dr. Benjamin D. Erger, of Brooklyn, N.Y., who writes: "Steroid improvement . . . has been the greatest development in the entire field of medicine in the past 10 years."

Psoriasis, warts, and acne lead the list of problems that dermatologists want to see solved and believe will be solved in the 1970's.

A significant number foresee advances in chemotherapy and hope for greater understanding of immunology and perhaps a cure for skin cancer. About one in 10 anticipates development of antiviral agents, including vaccines against herpes simplex, herpes zoster, verruca vulgaris, and syphilis.

Dermatologists foresee a marked change in their practices over the next decade. The X-ray machine will have no place in the dermatologist's office. Instead, there may be increased use of nuclear apparatus, of computers, of lasers and molecular engineering.

Comments on the past decade, and predictions for the seventies, by dermatology authorities begin on p. 6.

National Program for Dermatology Ready to Start

International Medical News Service

BAL HARBOUR, Fla.—The National Program for Dermatology, the specialty's effort to "design a pattern for its future instead of simply drifting and letting its fate be determined by others," is ready to begin operations, it was announced here at the annual meeting of the American Academy of Dermatology.

The first step in the implementation of the program was the appointment of a council, with representatives from the Academy and the Society for Investigative Dermatology, American Dermatological Association, Dermatology Foundation, American Medical Association, American Board of Dermatology, Department of Health, Education, and Welfare, Department of Defense, and the lay public.

Extensive reports on the National Program for Dermatology, and plans for its implementation, will appear in the next and subsequent issues of Skin & Allergy News.

An office that it is hoped will evolve into a National Center for Dermatology will be established in Washington, as soon as an executive secretary is appointed. The National Center will have five divisions, each with a director: education and communications, research, medical services, public relations, and finance.

Designed to meet the needs of patients with skin diseases, the National Program is based on the premise that this goal will require the efforts and cooperation not only of dermatologists, but of general practitioners, internists, and pediatricians, as well as paramedical personnel.

The natural reaction of some private practitioners at the meeting was that this was just another program set up by academic physicians and the "establishment." In reply, Dr. John M. Knox, professor and chairman of dermatology at Baylor and chairman of the new council,

(*Continued on page* 9)

Early Acne Therapy Cuts Pitting

International Medical News Service

CHICAGO—Early treatment of acne can result in less pitting and scarring of the face as well as less psychic scarring of the personality, says Dr. John A. Kenney, professor and chairman of the division of dermatology at Howard University College of Medicine, Washington, D.C.

For adolescent patients with early, mild acne, Dr. Kenney recommends avoiding cold creams or oily materials, washing the face two to three times a day with a gently abrasive or disinfectant soap, and the use of a simple keratolytic and irritant acne lotion, such as 1–3% salicylic acid in 70% rubbing ethyl alcohol.

A more vigorous treatment program is required for patients with moderately severe acne, those with seborrhea, comedones, small and large inflammatory papules, and some pustules and cystic lesions, he told the National Conference on Physicians and Schools.

In addition to the above procedures, the cystic lesions and pustules should be surgically incised and drained at regular intervals. Tetracycline should be administered in a dose of 250 mg 4 times daily for 2 days, 3 times daily for 2 days, then 250 mg morning and night for weeks and, at times, even months until the lesions are brought under control.

Additional measures such as topical sulfur-resorcin and benzyl-peroxide lotions and vitamin A acid may also be used. Dr. Kenney said he does not use X-ray therapy in acne.

All of these therapeutic measures, plus heavy reliance on incision and drainage of deep cystic lesions, is required in cases of severe, cystic acne—that marked by extensive comedone formation together with many deep cystic lesions. Hot wet compresses of Vleminckx solution are also useful. Injection of dilute triamcinolone suspensions into some of the cystic

(*Continued on page* 20)

The replies suggest that dematologists anticipate being confronted with a wider variety of uncomplicated skin lesions which will no longer be handled by primary physicians. This trend, they say, will result from the decreased emphasis on dermatology in medical schools and could cause a shortage of dermatologists, unless paramedical personnel are trained to work with the dermatologist.

The respondents predict that empirical therapy will be viewed with increased skepticism during the next decade and that the emphisis on thoretical vs practical knowledge will decrese.

Some foresee a continued and increas-

(*Continued on page* 16)

Statement of Purpose

Few medical conditions cause more discomfort, pain, disfigurement and heartache than skin diseases. Who will care for the one person in 20 who will be afflicted by a skin disorder in any given year? There are only about 3,700 dermatologists in the country. Twenty-three states have fewer than 20 dermatologists each—213 dermatologists for 47 million people. Obviously, many skin disease patients are being treated by family physicians and pediatricians. SKIN & ALLERGY NEWS will bridge the gap between specialist and primary physician. We will keep both abreast of developments, and help the dermatologist and allergist stay aware of the problems being faced by the primary physician.

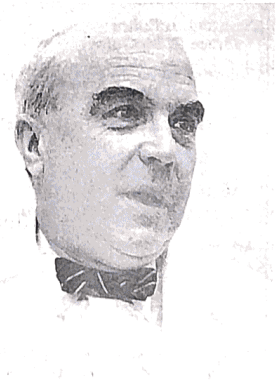
The management of skin and allergy disorders requires an admixture of art and science, the application of educated intuition. Applying this intuition means keeping up with the approaches others try, with laboratory research as well as clinical trials. The specialist is hard put to keep up with his own discrete field; how can the generalist keep up? For the dermatologist, allergist, pediatrician, the general practitioner the answer is: by letting us be your scout.

SKIN & ALLERGY NEWS is a *news*paper, just as easy and fast to read as your daily paper. We stay with the classic journalistic tenets of "who, what, where, when & how," so that just by scanning our pages you get a quick fix on what is going on in the diagnosis and treatment of skin diseases. The same scan will tell you what you want to read at greater length later.

We will cover medical meetings—the well known and the obscure ones. We will go through the literature, national and international, picking out what you want to know. In many cases our report will be sufficient; in areas in which you are particularly interested, we will alert you to significant developments and make it easy for you to follow them up.

We solicit your comments and suggestions on how we might best serve you.

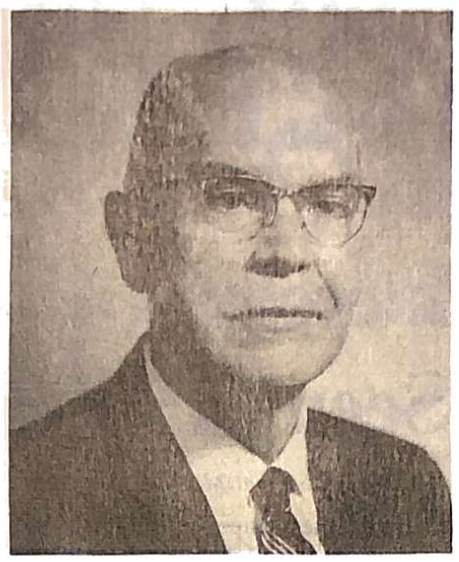
New Academy Head



Dr. Edward P. Cawley, the new president of the American Academy of Dermatology, is professor and chairman of the dermatology department at the University of Virginia School of Medicine.

Meet the Editorial Advisory Board

Dr. Harvey Blank, Professor and Chairman, Department of Dermatology, University of Miami School of Medicine.



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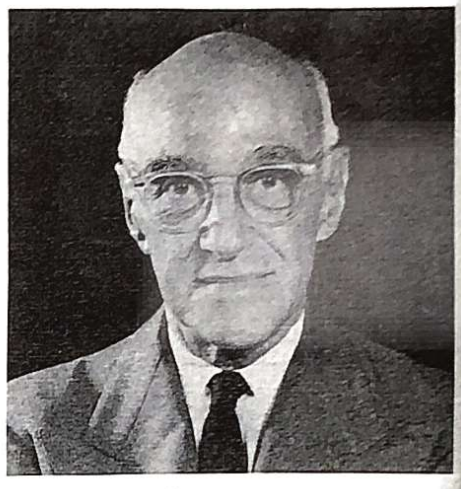

Dr. Marion B. Sulzberger, Scientific advisor, Letterman Army Institute of Research, San Francisco.

Dr. Eugene M. Farber, Professor and Executive Head, Department of Dermatology, Stanford University School of Medicine.

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Dr. Victor Witten, Clinical Professor of Dermatology, University of Miami School of Medicine.

Dr. George W. Hambrick, Jr., Professor and Chairman, Sub-Department of Dermatology, Johns Hopkins School of Medicine.

Dr. John A. Kenney, Jr., Professor and Chairman, Division of Dermatology, Howard University College of Medicine.

We will be introducing the members of our Editorial Advisory Board at greater length in subsequent issues.

—And the Editor

The editor of Skin & Allergy News, William Rubin, also edits our sister publications, *Internal Medicine & Diagnosis News, Ob. Gyn. News,* and *Pediatric News.* He has spent the past 17 years writing about, for, to and with physicians and other medical scientists. He has served as consulting editor on *Hospital Practice,* held key editorial positions on several pharmaceutical publications, written for a number of medical and consumer publications, and was director of public information for the National Vitamin Foundation.

During his 10 years as technical editor of Drug Trade News, Mr. Rubin reported extensively on the scientific activities of the cosmetic industry. He is a former member of the Society of Cosmetic Chemists.

As part of his extensive freelance activities in medical writing and editing, Mr. Rubin was the alter ego for a number of physicians in the preparation of articles, speeches and books. Among the work he did for government agencies was a series of reports for the National Institute of Child Health and Human Development and for the National Institute of Mental Health.

Mr. Rubin is a member of the National Association of Science Writers, the American Medical Writers Association, the National Press Club and the New York Academy of Sciences.

Mr. Rubin

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Skin & Allergy News *is published monthly by American Medical News Service Inc., 4907 Cordell Ave., Washington, D.C. 20014. Telephone: (301) 657-1996. Subscription price is $18.00 a year. Application to mail at controlled circulation rates is pending at Baltimore, Md.*

Skin Lesions Give Clues to GI Symptoms

International Medical News Service

HOUSTON, Tex.—A detailed examination of the skin in patients presenting with gastrointestinal tract symptoms often affords clues to a group of disorders that have both cutaneous and gastrointestinal involvement, according to Dr. Donald W. Owens, clinical assistant professor of the department of dermatology at Baylor University College of Medicine here.

Reviewing some of the conditions that can be diagnosed from cutaneous findings, he told the American College of Gastroenterology that although many of the disorders are rare, together they comprise a significant proportion of gastrointestinal problems.

Tufts of dilated small blood vessels on the skin and mucous membranes that can cause troublesome bleeding characterize hereditary hemorrhagic telangiectasia (Osler's disease). The telangiectatic lesion is a small, discrete red macule that may appear on any part of the body.

Epistaxis, usually occurring in childhood, is the hallmark of the disease, Dr. Owens said. Repeated bleeding episodes in the gastrointestinal tract, with chronic blood loss and iron-deficiency anemia, occur mainly during and after the fourth decade. The telangiectatic lesions of the gastrointestinal tract may be seen on gastroscopy and appear as pinhead-sized, round red lesions.

The blue nevi of the skin, characteristic of the blue rubber bleb nevus syndrome, are most often found on the upper limbs and trunk. They look and feel like blue rubber nipples. Bowel lesions, which resemble the cutaneous ones, bleed readily and are most common in the small bowel.

Degos' disease (malignant papulosis) is a rare but lethal disorder characterized

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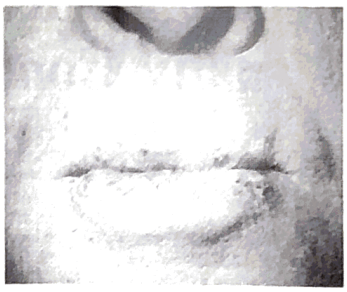

Telangiectatic lesions of Osler's disease, shown on and about the lips, may appear anywhere on the body. The lesion is a small, discrete, red macule.

'Running With the Herd' Results In Many Teenage Skin Problems

International Medical News Service

CHICAGO—Although some skin diseases of today's teenagers are the result of hormonal changes, certain dermatologic problems are created by the adolescent's need to "run with the herd," according to Dr. Marjorie Bauer of Los Angeles.

Today, the primitive instinct to identify with a group can result in drug eruptions, syphilis, or tattoos. Physicians should not only treat such skin ailments but help the adolescent find "a good herd," she told the National Conference on Physicians and Schools.

Among activities causing special dermatologic problems are the use of certain drugs, indiscriminate indulgence in sex, sun-worship, and the use of homemade tattoos to identify membership in a certain group or cult.

Drugs such as methamphetamine and heroin are injected intravenously through communal use of makeshift syringes which may spread serum hepatitis, Dr. Bauer noted. Serum hepatitis may be accompanied by many prodromal skin eruptions.

Dr. Bauer

Although cutaneous manifestations are

(*Continued on page* 19)

Endorse, Criticize Sulfamylon

International Medical News Service

SAN FRANCISCO — Sulfamylon received both endorsement and criticism at the American College of Surgeons meeting here—endorsement for its efficacy in the control of burn wound sepsis, criticism for its destructive effect on major cellular participants with a resultant delay in wound healing.

Dr. Juanito B. Billote of the department of surgery, Harvard Medical School, reported a trial of sulfamylon treatment in experimentally burned guinea pigs. In the untreated control animals, wound healing proceeded normally and was complete by day 27. In the sulfamylon-treated animals, wounds were still incompletely healed on day 37.

Histologic studies indicated that sulfamylon has a destructive effect which is characterized by a greater vascular fibroepithelial hyperplasia as a late reaction. This greatly increases the local blood flow—providing for some dilution of the toxic effects of the agent—and results in excess granulation tissue formation.

This sequence results, in turn, in abundant deposition of collagen fibers. The haphazard disorganization of collagen bundles produces an unstable repair of the wound.

Dr. Billote noted that his study, in association with Drs. Robert J. K. Koumans, Erik A. Guthy, John D. Constable, and John F. Burke, indicates that normal healing proceeds by a different temporal order of events than recorded in the classic descriptions. This aspect

(*Continued on page* 21)

Legs Are a Cosmetic Problem

International Medical News Service

ATLANTA—"With the revolution in dress styles and the exposure of large areas of the body in all climates and seasons, there is increased need for cosmetic attention to the legs," Dr. Earle W. Brauer told the Southern Medical Association section on dermatology.

Dr. Brauer, of New York University School of Medicine, stressed that physicians must be prepared to manage the cosmetic aspects of acute and chronic lesions or the patient will seek help from other sources.

He discussed some of the more common cosmetic problems of the legs, including hair growth, telangectasia, purpura, and pigmentation.

Hirsutism should be thought of as any hair growth that is objectionable to the patient, Dr. Brauer stated. It may be handled by bleaching or by removal.

He recommended use of special bleaching kits which are generally available. A preparation of 6% beautician's peroxide mixed with ammonia water and soap flakes to form a paste is also satisfactory if prepackaged kits are not available.

Bleaching, however, is a clumsy method and should not be recommended for patients with long, dark, luxuriant hair growth, Dr. Brauer said. For these patients, removal of the hair by a wax stripping or chemical depilatory technique may be preferable.

Wax stripping is a less popular method but does not cause discomfort except in

(*Continued on page* 19)

Dr. Brauer

Black Lesion May Not Be Melanoma

International Medical News Service

ATLANTA—The physician should be on sure ground before performing a radical surgical procedure on a suspect skin lesion, for not every black lesion is a melanoma, it was stressed at the Southern Medical Association meeting here.

Drs. Miguel A. Bozzini, John T. Godwin, and John B. Lynch took part in an off-the-cuff panel discussion of problems in the diagnosis and management of skin tumors. Dr. William E. Schatten, panel

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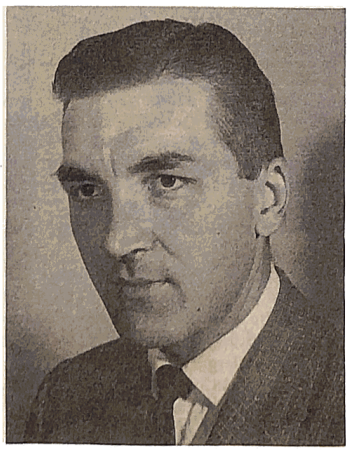


Dr. Lynch

Letters

Editor, Skin & Allergy News:

If you are able to achieve even one half of your stated objectives, Skin & Allergy News will be a giant step for one man, namely me.

Paul F. Tumlin, M.D.
Leesburg, Fla.

We appreciate your comment, Dr. Tumlin, and accept your challenge. We're not being immodest: we feel we can deliver what we promised or else we wouldn't have promised. We would be in your debt if you would drop us a note after our first three issues, and after the first six, to let us know how close we are coming to meeting your needs.

Inside Highlights

Sustained-Release Steroid Usually Contraindicated

International Medical News Service

ATLANTA—Sustained-release preparations of corticosteroids are almost always contraindicated in clinical dermatology, according to Dr. Robert M. Fine, who calls such treatment unphysiologic, unnecessary, and undesirable.

Dr. Fine, of Emory University School of Medicine, told the Southern Medical Association that single, daily, morning doses or, if feasible, alternate-day doses of corticosteroids should be used to minimize adrenal effects.

Prednisone is the corticosteroid of choice in clinical dermatology, Dr. Fine said. This agent is relatively low in cost and, in equivalent doses, is as effective as more expensive preparations.

The size of the dose, the agent used, the time of administration, and the duration of treatment are important factors in the degree of hypothalamic-pituitary-adrenal (HPA) suppression, he said.

Prednisone causes minimal adrenal effect when administered in a single daily, morning dose. However, this agent has particular advantages for alternate-day therapy, since its suppressive effect on the HPA axis lasts only 30–36 hr.

Dr. Fine

Dr. Fine recommends that all patients requiring prolonged corticosteroid therapy be given a trial on alternate-day therapy. Repeated trials of alternate-day therapy should be given to patients who do not initially respond to this regimen.

Alternate-day therapy may be used with particular advantage during withdrawal from long-term corticosteroid therapy and during the maintenance phase in patients with such diseases as eczematous or exfoliative dermatoses, pemphigus, and lupus erythematosus.

However, Dr. Fine said, "it may not be possible to transfer all patients who have been on daily corticosteroids to an alternate-day schedule."

The only clinical situation in which parenteral sustained-release preparations may be justified is in treating unreliable patients with life-threatening disease on an outpatient basis, Dr. Fine said.

A sustained-release corticosteroid, 6α-methylprednisolone acetate, given bi-weekly, resulted in profound inhibition of growth and blunting of plasma growth hormone responsiveness in children with congenital adrenal hyperplasia, he said. This drug is contraindicated in children.

Lesions Point to Basal Cell Ca

International Medical News Service

WASHINGTON—The nevoid basal cell carcinoma syndrome should be suspected when nevoid basal cell lesions are found in association with cysts of the jaw, pit-like defects of the hands and feet, ectopic calcification of the falx cerebri, and/or developmental anomalies of the skull, spine, ribs, and extremities, suggests Dr. Gerald D. Dodd, of the University of Texas M.D. Anderson Hospital and Tumor Institute.

One should be even more suspicious of the syndrome if the nevoid basal cell lesions are multiple and have an early age of onset, he told the American Roentgen Ray Society.

Dr. Dodd

Stressing that a notable feature of the syndrome is its variability, Dr. Dodd said that the radiological manifestations are of prime importance. A skeletal survey of a patient suspected of having the syndrome will often disclose a number of bone and soft tissue abnormalities, confirming the diagnosis.

Nevoid basal cell carcinoma is regarded as a hereditary type of basal cell carcinoma with a dominant mode of inheritance determined by a highly penetrant autosomal gene with multiple and variable effects. Physicians should be alert to the possible occurrence of the syndrome in relatives or children of the patient. Affected parents will transmit the disorder to about 50% of their children.

Dr. Dodd reported on 90 cases of the syndrome in 38 families. Not all patients manifested the same lesions and anomalies, he noted. With some patients there was a full complement of cutaneous and cystic lesions, skeletal anomalies, and ectopic calcifications that differed in type and extent of involvement. In other patients, only basal cell carcinomas and jaw cysts were observed while others, particularly children, had only various combinations of the distinctive skeletal anomalies.

Some features were present at birth but most developed after birth. The basal cell lesions and pit-like defects of the feet and hands, jaw cysts, and ectopic calcifications usually increased in frequency with age. But the rate of increase was faster for jaw cysts and ectopic calcifications than for cutaneous lesions.

Skeletal anomalies, on the other hand, showed no increase with age. This is not surprising since these anomalies are con-

(*Continued on page* 19)

Total Excision Backed for Keloids Not Responding to Triamcinolone

International Medical News Service

ST. LOUIS—Total excision of keloids, primary suture of the wounds and the immediate injection of triamcinolone acetonide (Kenalog) into the wound and wound edges results in marked improvement of the lesions, reported Dr. B. Herold Griffith, of the department of surgery (plastic), Northwestern University Medical School, Chicago.

This is his treatment of choice when keloids are on the face and neck or when they have not responded satisfactorily to injection with Kenalog alone.

Intralesional use of Kenalog alone without excision resulted in relief of symptoms and improved appearance of the keloid in 90% of cases, Dr. Griffith told the American Society of Plastic and Reconstructive Surgeons. The few recurrences responded to additional intralesional Kenalog.

The one disadvantage of Kenalog injection without excision is the cutaneous atrophy and spreading of the scar which may occur, he said.

When operations are performed on patients who have had a keloid in the past, or who come from a family of keloid-formers, Dr. Griffith recommends that Kenalog be injected into the wound and wound edges at the time of closure.

His recommendations were based on results of a follow-up study of 56 keloid scars, in 41 patients, first reported in 1966, and an additional series of 95 keloid scars in 77 more patients. In addition, 12 hypertrophic scars in 10 patients were treated with the drug, making a total of 163 cases in 128 patients.

Ages of the patients ranged from 1 to 69 years, with an average of 23. At the time of treatment, the lesions had been present from 6 months to 15 years, with an average of 3.6 years.

(*Continued on page* 10)

Lower Limb Lesions Require Attention

International Medical News Service

ATLANTA — The trend in women's fashions indicates the need for another look at the leg, Dr. Stanley E. Huff told the section on Dermatology of the Southern Medical Association. He described cutaneous lesions with associated vascular abnormalities of the lower limbs which he has seen in his practice during the past year.

Deep thrombophlebitis and other abnormalities of the larger blood vessels may require the combined efforts of the general practitioner, obstetrician-gynecologist, radiologist, and dermatologist, Dr. Huff stated.

Deep thrombophlebitis results in edema, increased temperature, and tenderness along the vein. It is becoming more common as a result of the increasing number of aged persons in the population, the increase in bedridden patients, and the increased use of certain drugs.

Therapy for deep thrombophlebitis includes bed rest, treatment with heparin followed by Coumadin, and, if necessary, surgery.

"Deep thrombophlebitis often results in chronic edema of the foot and ankle, often followed by ulceration," Dr. Huff said. Treatment with elastic stockings is imperative in such cases.

Phlebitis associated with oral contraceptive use is more common in women with blood types A, B, and AB and is usually of the deep-vein type, Dr. Huff said. This is one of several factors mediating against the use of these agents in the treatment of acne, he added.

In evaluating lesions of the feet and legs, syphilis should be kept in mind as a possible diagnosis. Syphilis is a great imitator and may be mistaken for other dermatoses, he said.

Skin Problems Not High Priority for School Nurses

International Medical News Service

CHICAGO—Solving skin problems of schoolchildren is not a high priority component of the school nurse's function, according to Doris Bryan, R.N., Ph.D., of the division of special services, department of health services, Oakland, Calif.

Acknowledging that skin diseases in children are important to total health, Dr. Bryan suggested that "we should look to others for care and advice for these conditions." She added that other health problems are more urgent and could be more appropriately handled by schools, including dental and mental health care, speech, sight, and hearing problems, as well as more intensive work with high-risk children.

Reporting on results of a questionnaire sent to 40 public school nurses in Oakland, Dr. Bryan told the National Conference on Physicians and Schools that skin diseases accounted for only 1% of school nurse contacts with students during the 1968–69 school year.

The Oakland school district serves about 1,500 preschool children, 37,000 elementary students, 14,000 junior, and 12,000 senior high students. Of the total student body, 70% are Negro, 15% are Caucasian, 8% Oriental, and 7% Mexican-American.

Elementary school nurses listed impetigo as the most important skin disease referred to the nurse's office. Next, in order of importance, were ringworm of the scalp, allergic rashes, communicable diseases, poison oak, acne, athlete's foot, insect bites, and scabies.

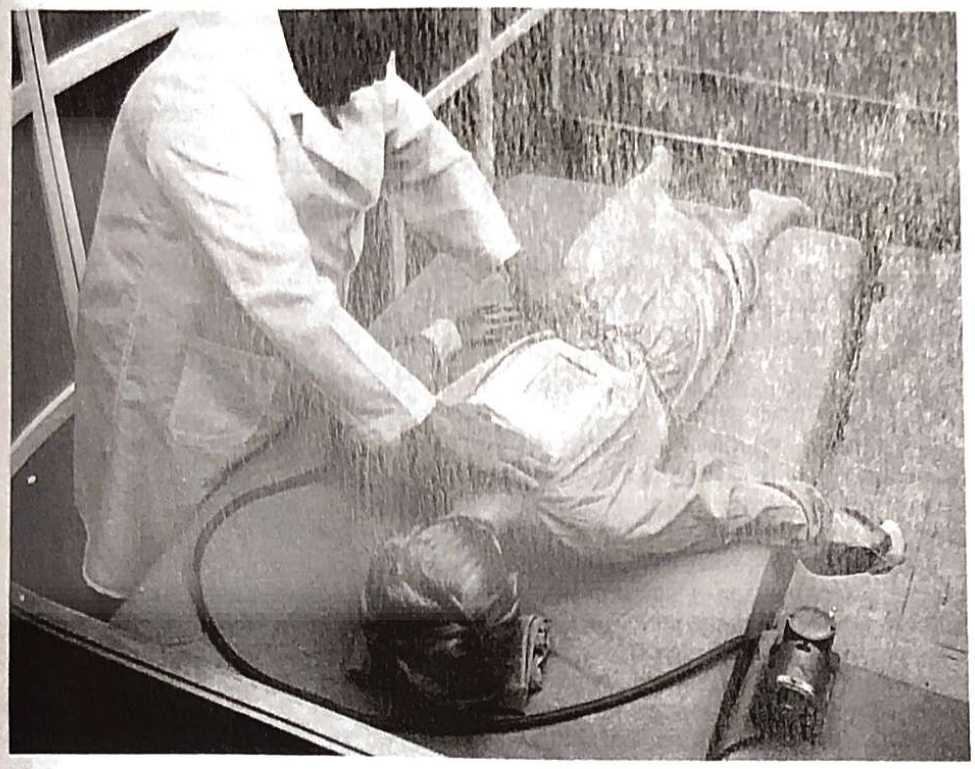
At the junior and senior high levels, allergic reactions rated first in importance, with poison oak and acne next. These were followed by impetigo, athlete's foot, and ringworm.

With the exception of poison oak and communicable diseases, most of the other conditions were referred to private physicians or clinics. However, with the exception of allergies, most of the nurses felt that the conditions could be treated by the parent or by the student himself, with nursing guidance and follow-up by a nurse or nurse assistant.

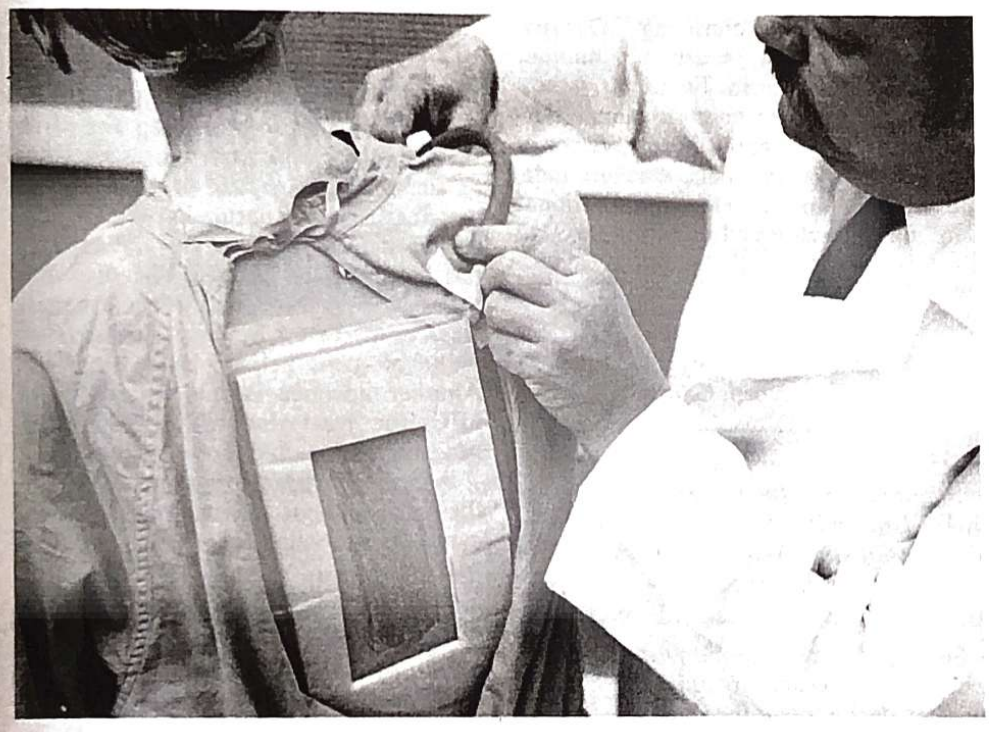
According to the nurses, school nursing intervention would bring faster relief to the student, cut down student absence, relieve physicians of handling minor problems, avoid unnecessary medical expenses to the families, avoid fad remedies, and provide both students and parents with accurate information about the condition.

New Burn Treatment

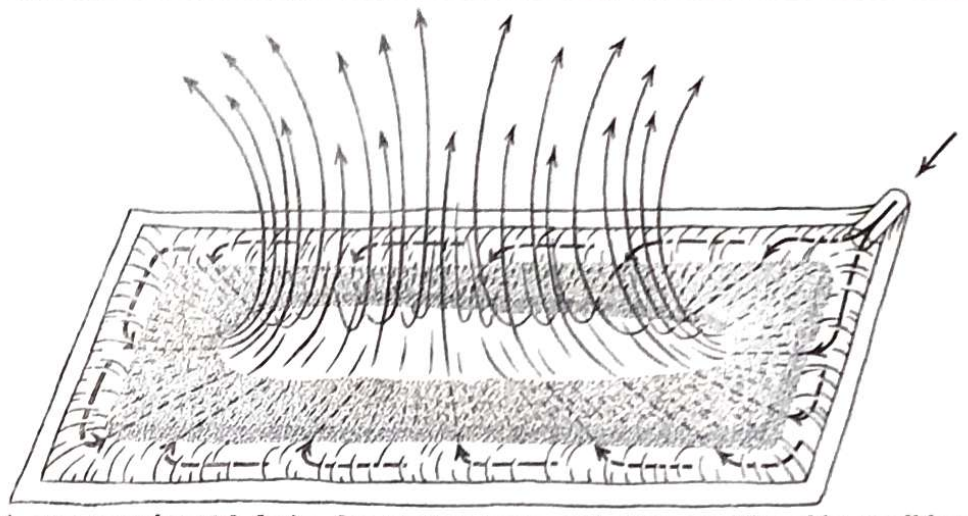
International Medical News Service



The sandwich-like Burn Aid device consists of a polyurethane filter between two sealed sheets of vinyl plastic. The center of the device is cut away to clear the sensitive area and the device is attached to the patient's skin like an adhesive bandage.



The tube can be used to conduct air, oxygen, or carbon dioxide to the filter from a portable pump or gas tank. The device is designed to bring a gentle blanket of filtered air to the wound site, thus preventing germs from settling on the burned skin.



A new experimental device for treating burns and other sensitive skin conditions has been developed by Dr. Edward Rich, Jr., of the NIH Division of Research Services. The Burn Aid (above) is designed as an inexpensive, portable intensive care unit for use in the hospital or in the patient's home.

Pseudomonas Extract Aids Burn Patients

International Medical News Service

SAN FRANCISCO—Heptavalent *Pseudomonas aeruginosa* antigen extract is helpful in reducing the incidence of *Pseudomonas* sepsis in severely burned patients. Dr. Kenneth E. Schemmer reported at the American College of Surgeons meeting here.

Dr. Schemmer and his associates, Dr. J. Wesley Alexander and Myron W. Fisher, Ph.D., of the University of Cincinnati College of Medicine, the Cincinnati Shriner's Burns Institute, and Parke-Davis & Company, Detroit, have immunized 62 patients with burn injuries of 20-96% of the body area.

Their studies indicate that an optimal injection would be 20 μg/kg delivered intramuscularly and intradermally at intervals of 4 days, for the first three injections, and 7 days, thereafter.

The striking effectiveness of this mode of prophylactic therapy has encouraged a more definite evaluation, Dr. Schemmer said.

The treatment has been used in patients ranging in age from one year to 70 years. Age differences did not appear to affect the serologic response to the immunization.

A prominent rise in hemagglutination antibody titers was seen within 8-14 days after the first injection. The magnitude of this response appeared to be dose related and was also related to the timing of the first dose in relation to the burn injury. Patients first immunized more than 6 days after injury had a lesser hemagglutination antibody response unless larger doses of antibody were employed.

Increased antibody titers were generally accomplished by an increased resistance to invasive infection by *P. aeruginosa*, Dr. Schemmer said. The mortality from sepsis was reduced in immunized patients, and an improvement in the opsonic support of the serum for antibacterial neutrophil function was seen. Passive protection assays in mice showed an increase in the potency of the serums.

The study indicated that continued intensive immunization is necessary in patients where threat of infection appears to be prolonged, he noted.

Foreign Notes

Anorectal Venereal Disease

VANCOUVER, Canada—Physicians should be constantly alert to the possibility that a male patient is a homosexual harboring a venereal disease, says Dr. C. Colin Jackson of the Vancouver General Hospital, St. Vincents, Mount St. Joseph, Burnaby General, and Lions Gate Hospitals. Venereal disease involving the anus and rectum is not a rare condition, and, in recent years, the homosexual has come to play a prominent part in the epidemiology of syphilis and gonorrhea, reports Dr. Jackson, a past president of the Northwest Proctologic Society. He says (Canad. Family Physician 15:27-30, 1969) that physicians should be more aware of the possibility of venereal disease in patients with anorectal problems and that medical schools should stress the subject in their curriculums.

Yellow Nail Syndrome

KELOWNA, Canada—Lymphatic or lymph node obstruction may be the basis of the "yellow nail syndrome" in which abnormal nails are associated with bronchiectasis and lymphedema, suggests Dr. Dorrance Bowers of the Kelowna General Hospital here. He reports (Canad. Med. Assoc. J. 100:437-38, 1969) a case in which these conditions were associated with unequal breasts, a condition which could be caused by lymphatic obstruction. As in two other patients in whom nail abnormalities have been reported along with bronchiectasis and lymphedema, onset of the syndrome occurred during the second decade of life.

Authorities Assess '60s, Forecast '70s

Norman Orentreich, M.D.
New York, New York

Dr. Orentreich, head of the Orentreich Medical group in New York City, is a member of the Board of Editorial Advisors of Skin & Allergy News.

I think the most significant developments in the past decade were the reduction in the use of radiation therapy in treatment, the introduction of the steroids and antibiotics, the intralesional use of medication, and the involvement of the FDA in the development of new drugs.

The significant advances or changes that I foresee in the next ten years are primarily in the field of correction of genetic defects, the greater involvement with cosmetic dermatology, and the probable introduction of virucidal agents.

The problem that needs to be met in the next decade is improved communications by more critical evaluation of published material.

Robert S. Higdon, M.D.
Washington, D. C.

Dr. Higdon is professor of dermatology and head of the department of dermatology at the George Washington University Medical Center.

Dr. Higdon

Some of the most important developments affecting the diagnosis and treatment of skin diseases during the past decade were introduction of tolnaftate (Tinactin) in the treatment of superficial fungus infections, discovery that occlusive dressings greatly enhance the efficacy of topically applied steroid drugs, and the FTA absorption test in the diagnosis of syphilis.

The research work by Dr. Charles C. Shepard in the field of leprosy which resulted in the multiplication of lepra bacilli in the mouse footpad and the development of a method for assessing the decrease in viability of bacilli during therapy. The demonstration by Drs. Pathak, Fitzpatrick and Frenk of the inefficiency of 24 sunscreens on the market compared to solutions of 5% paraaminobenzoic acid in 70 to 95% alcohol and 2.5% isoamyl p-N, N-dimethylaminobenzoate in 65 to 95% alcohol. These preparations remain effective despite sweating, bathing or swimming.

Let us hope that in ten years we will have a vaccine against warts, a vaccine against herpes zoster, an effective vaccine against herpes simplex, a safe internal medication for control of psoriasis, and an effective topical medication to reduce oil gland activity in the treatment of acne vulgaris.

Finally, with reference to needs to be met in the next decade, insofar as medical schools are concerned, I believe that increased use of improved audiovisual aids would greatly enhance the teaching of dermatology.

Leon Goldman, M.D.
Cincinnati, Ohio

Dr. Goldman is professor and chairman of the department of dermatology and director of the laser laboratory at the University of Cincinnati Medical Center.

Dr. Goldman

The basic changes that characterize advances in diagnosis and treatment in skin disease in the past ten years are related, unfortunately, to the advances made in the other areas of medicine. In brief these were: corticosteroids (although dermatologists developed, together with rheumatologists, the specific concepts of local action of corticosteroids); the concepts and techniques of immunobiology; the value and limitations of immunosuppressive therapies, and topical and systemic cancer chemotherapy.

The advances and changes in the next 10 years will occur in dermatology as part of the changes in the development of medicine. Dermatology will remain a distinct specialty and not just a minor subspecialty of medicine only if there are significant advances and use of that which is called dermatologic surgery and continued interest and practice for skin cancer. It is important to recognize that with minimal attention to various modalities of therapeutic radiation now, progress by dermatologists, not plastic surgeons, in all forms of dermatologic surgery will continue to identify dermatology as a specialty, not just cutaneous medicine.

Advances in biomedical instrumentation of the future will also help to strengthen the concept of dermatology. This dermatologic biomedical engineering research and development will mean significant classification of skin color, measurement of skin hardness, swelling, temperature changes and electrical resistance. In addition, there will be instrumentation for cutaneous optics with the practical development of stereobinocular microscopy for diagnosis in clinical dermatology.

Biomedical instrumentation research and development also will mean improved dermatological surgery instrumentation with jet injections, precise cryosurgical instrumentations, a much needed improvement in high-frequency electrosurgery, developments in laser surgery and plasma scalpel surgery, and even more cosmetically acceptable skin biopsy instrumentation.

Controlled chemosurgery also will advance for more precise analysis of the parameters of coagulation necrosis of tumor masses. This will be combined with more effective topical penetration and absorption. Local and systemic chemotherapeutic agents will help to keep the dermatologist active in the diagnosis and treatment of skin cancer.

Dermatologists will also take a more active part in the development of the scientific aspects of cosmetology by dermatologic surgery with continued hair graft techniques, minimization of skin scars and senile changes in the skin, and changes in the skin from actinic exposure. Continued research in process of aging will contribute much to this field. Dermatologists, again, should participate in this program.

Rehabilitation for the patient with skin disease also will be a significant feature of dermatology of the future with active plans and programs and the development of prostheses to cover incurable skin defects, programs for vocational training, occupational therapy, etc.

To parallel these advances in specific dermatological phases, there must be continued advances in cutaneous medicine with increased training and experience in all phases of modern immunobiology, not just limited attention to delayed hypersensitivity reactions. Interest in metabolic disorders and genetics will enable the dermatologist of the future to do practical genetic counseling. Occupational dermatology must be another feature of cutaneous medicine.

The challenges to young dynamic dermatologists are clearly here. We must provide them with goals, backgrounds, and training and develop the "national plan" for dermatology for the future.

J. Lamar Callaway, M.D.
Durham, North Carolina

Dr. Callaway, professor of dermatology in the department of medicine at Duke University Medical Center, is a member of the Skin & Allergy News Editorial Advisory Board.

Some significant developments in the last several years include fluorescent staining techniques for bullous disease and lupus erythematosus; methotrexate as a treatment for mycosis fungoides, psoriasis and other conditions, particularly the "auto-immune" disorders of the skin and the development of high potency topical steroids for local use.

The dermajet for injection of steroids locally; the use of anovulatory pills for acneform eruptions and the like; topical 5-fluorouracil for treating actinically damaged skin and actinic keratoses, and occlusive dressing techniques for increasing the effectiveness of topically applied steroids, are others.

During the next ten years we should be able to develop more effective controls for acne. There is going to be a concentrated effort to hit acne hard. This will include everything from vitamin A acid locally through all the topical applications and systemic antibiotics and hormones.

The same thing can be said for psoriasis, as I believe that preparations similar to methotrexate, but less toxic, will be developed.

More effective anti-tumor preparations for treatment of mycosis fungoides and similar lymphomatous disease will be developed and there will be further advances in the use of 5-fluorouracil and similar preparations for chemotherapy of cutaneous malignancies.

I also foresee further development of cryosurgical techniques, the establishment of skin banks for storing and maintaining skin, and development of effective vaccines for control of syphilis.

Although IDU has been effective in the management of certain viral conditions, the next ten years should develop effective anti-viral agents for warts, herpes simplex, and herpes zoster.

Sture A. M. Johnson, M.D.
Madison, Wisconsin

Dr. Johnson is chairman of the department of dermatology at the University of Wisconsin Medical Center.

Dr. Johnson

I feel that showing erythrasma was a bacterial infection and not a fungus infection was an important step along with the demonstration that fluorescence was an important diagnostic procedure in the diagnosis of this particular disease. The use of steroids both orally and topically has helped many people. The suggestion that occlusion would make some steroids work much better has been demonstrated to be of great help in many situations. Another advance is the topical use of 5FU for treatment of cancerous and pre-cancerous skin diseases.

Among the problems to be solved are the treatment of verruca, chronic urticaria, acne vulgaris as well as acne rosacea, loss of hair, dermatitis herpetiformis, psoriasis, pemphigus and lupus erythematosus.

Harry M. Robinson, Jr., M.D.
Baltimore, Maryland

Dr. Robinson is professor of dermatology and head of the division of dermatology at the University of Maryland School of Medicine.

Dr. Robinson

During the past 10 years the diagnosis of skin eruptions has been benefited by the development of fluorescence microscopy, improved cultural methods for fungus infections, new histochemical techniques, more adequate knowledge of psychological chemistry, and the develop-

ment of new chemistry tests. Improvement in clinical and basic science teaching of dermatology and further advances in microbiology have also been seen.

Practitioners are beginning to realize that the skin is part of the human body and that cutaneous lesions almost invariably indicate some underlying systemic disease. It is obvious in many instances that treatment of the underlying disease is important to eradication of the eruption.

New and improved antibiotics as well as a more thorough knowledge of short and long term adverse effects of such therapy have been a great aid in treatment. The advent of steroid therapy and the continued development of new and improved compounds of this nature has had a dramatic and beneficial effect on the management of patients with cutaneous lesions. The topical treatment of actinic keratoses and the chemotherapy of malignant diseases have made great advancement.

The educational program of the American Academy of Dermatology has afforded the greatest opportunity to American dermatologists to keep abreast of new developments in the field and the dermatology foundation has been a source of support to institutions which lack the necessary funds to provide dermatology education.

During the next 10 years we will see continued improvement in diagnostic and treatment techniques. Many of the problems which must now be solved in major laboratories will be handled by the practitioner at his office through the use of simplified tests. There will probably be a central index of patients and their diseases using some modification of the IBM system. Undoubtedly cancer and other malignant diseases will be controlled.

Significant advances will be made in the knowledge of the etiology and management of psoriasis as well as other conditions of unknown origin.

During the next decade, I would like to see continued improvement in the teaching of dermatology to undergraduate and graduate students. There should be continued and improved communication between division and department heads of the various schools. It may be possible to arrive at some standard for the teaching of graduate students in all schools.

I would like to see the wealth of knowledge accumulated from basic studies on congenital diseases put to practical use in an effort to prevent or alleviate these deformities. Virus infections such as herpes simplex, zoster, and warts should receive a considerable portion of the investigators attention. I also hope that improvement in treatment techniques can be devised to eliminate the necessity for the use of radiation therapy in dermatologists' offices.

We should all strive to make the administrative officers in the medical schools aware of the important position played by dermatology and the need for greater support of the individual divisions and departments.

John A. Kenney, Jr., M.D.
Washington, D.C.

Dr. Kenney is professor and chairman of the division of dermatology at Howard University College of Medicine and a member of the Board of Editorial Advisors of Skin and Allergy News.

My list of important developments would include: the discovery and use of the fluorinated steroids topically and systemically; the introdution of griseofulvin in the treatment of fungous diseases; the use of immunofluorescent techniques in the diagnosis of skin diseases, and as a research tool; and the use of methotrexate in dermatology.

The use of 5-fluorouracil in the treatment of cutaneous premalignant and malignant conditions; newer developments in cryosurgical techniques in treating dermatologic conditions, and advances in the understanding of photobiology and greater specificity in diagnosis of photobiologic conditions are also important advances.

In the next 10 years I would predict further advances in the field of photobiology. I predict that we will learn how to control acne and that genetics will become increasingly important in our understanding of skin diseases, and that knowledge in this field will advance rapidly.

We shall learn more about human pigmentation, and perhaps even learn how to control the color of skin—that is, that an individual might even be able to choose what color of skin he would like to have. We shall before long know the cause and control of psoriasis.

In the next decade, I would like to see the problem of keloids solved, and acne and psoriasis conquered. I would like to see the cost of important drugs, such as the corticosteroids and antibiotics, brought down within reach of the poor. I would like to see an increase in the number of dermatologists, and the development of specific paramedical aides for the dermatologist.

I would like to have a cure for vitiligo, and a better and more effective way of managing atopics, especially those most severely afflicted atopic dermatitis patients.

Dermatology Rounds

Fungal Infections

NEW YORK—The initiation and maintenance of fungal infections may, in some instances, be determined by the mating type of the species and by an associated difference in proteolytic and other enzymes. John W. Rippon, Ph.D., and his associate at the University of Chicago, Edward D. Garber, Ph.D., found that, in some species of dermatophytes, the severity of ringworm infection is associated with the mating type.

Dr. Rippon reported at the Society for Investigative Dermatology meeting here that in *Trichophyton mentagrophytes [A. benhamii* (a) and (A)] and *Microsporum fulvum* (+) and (−), "differences in the detected proteolytic enzymes, especially elastases, were associated with severity and persistence of infection by the mating types."

Their studies also indicated that the infection was less persistent when the host response was more severe. Thus, the relative antigenicity of the enzymes must also be considered, Dr. Rippon said.

Response to Phlebotomy

BOSTON—Precisely how phlebotomies contribute to remission in patients with porphyria cutanea tarda is unknown, reports Dr. J. T. Kalivas and his associates at Harvard Medical School and Massachusetts General Hospital here. They studied the effect of iron administration on the course of experimentally induced porphyria in rats and also studied iron overload before and after phlebotomy in three patients with porphyria cutanea tarda.

The investigators report (Lancet 1: 1184-87, 1969) that simple iron withdrawal may not be the critical factor which determines response to phlebotomy. The majority of both alcoholic and nonalcoholic patients with this disease have some degree of hepatic siderosis, they say. Remission may be possible without eliminating the siderosis completely, and alcoholic patients who merely stop drinking usually undergo some degree of remission from their porphyria cutanea tarda.

Peutz-Jeghers Syndrome

ATLANTA Ga.—Malignant degeneration of the intestinal polyps in Peutz-Jeghers syndrome does occur, but probably the incidence of malignancy is less than the previously believed 20-25% of patients, Drs. Sidney Olansky and James L. Achord report. Patients with this syndrome, characterized by mucocutaneous pigmentation and small bowel polyps, should be followed closely. Preventive surgery is not feasible, say Drs. Olansky and Achord, of the department of medicine, Emory University School of Medicine here.

The earlier belief that malignant degeneration occurred in 20% of patients with this syndrome led to many useless operations, they say. The currently widespread belief that malignancy is not a complication of this syndrome is also mistaken, the physicians say (Southern Med. J. 62: 827-29, 1969).

They discuss an instance of metastatic stomach cancer in a 13-year-old girl with Peutz-Jeghers. This report, added to other recent, well-documented ones, suggests that malignant degeneration of the polyps does occur, Drs. Olansky and Achord say.

Electrotherapy Heals Ulcers

COLUMBIA, Mo.—Success in healing intractable skin ulcers with electrotherapy has been reported by Dr. Lester E. Wolcott and his associates at the department of community health and medical practice and the section of physical medicine and rehabilitation, the University of Missouri School of Medicine, University of Missouri here.

Sixty-seven patients with 83 ischemic skin ulcers were treated with low intensity direct electrical current for a weighted mean period of 7.7 weeks. About three-fourths of the patients had already received one or more standard treatments, with poor or no response. If two comparable lesions were present on the same patient, one lesion served as a control, the investigators say (Southern Med. J. 62: 795-801, 1969).

In an 18-month trial study, electrotherapy was directly applied to 75 ulcers. All but one responded well and 34 (40%) healed completely. The range of improvement in the other 41 was from 0 to 97%. The range of improvement in control ulcers was from 0 to 75%, they report.

Combined Efforts

ROSLYN, N.Y.—The combined efforts of a dermatologist, a pathologist, and a gynecologist are needed for the care of patients with vulvar skin disorders, says Dr. Esther Weisfogel, assistant obstetrician and gynecologist, Mt. Sinai School of Medicine, New York. She suggests a complete reorganization of knowledge in this field, with a revamping of terminology to describe microscopic rather than gross findings.

She recommends (New York J. Med. 69: 1184-86, 1969) establishing vulvar disease clinics, each staffed by an interested gynecologist, a dermatologist, and a pathologist who would instruct residents in the diagnosis and management of vulvar skin disorders. They would take a complete history with a standard questionnaire emphasizing vulvar aspects.

Physical examination would include: inspection of the total skin surfaces to establish the presence or absence of a generalized skin disorder; careful inspection of the vulvar skin, and routine pelvic examination. For teaching and follow-up purposes, the vulva is photographed initially and as treatment progresses.

Subsist on Sebum

NEW YORK—*Demodex folliculorum hominis* appears to subsist on the oily secretions of sebaceous glands, say Drs. Roger Riechers and Alfred W. Kopf of the New York University School of Medicine. The dermatologists report (J. Invest. Derm. 52:103-6, 1969) an evaluation of infestation in nine cadavers using the dermo-epidermal separation technique of Starrico-Pinkus. The hypothesis that these acari subsist on sebum would explain the presence of the mites almost solely in the "oil-filled, widely dilated infundibulum of the 'sebaceous follicle,' the increased incidence in warmer weather, and the increased prevalence in adults versus children," they say.

Perfumed Toilet Paper

CHICAGO—The increased use of perfumes in a wide variety of commercial products is a "questionable" practice which unnecessarily exposes large numbers of persons to potentially allergenic substances, according to Drs. Louis Keith, Walter Reich, and Irving M. Bush of Chicago. The physicians say, in a letter to the Journal of the American Medical Association (209:269, 1969) that in recent months they have seen a number of cases of contact dermatitis caused by perfumed toilet papers.

These severe pruritic conditions of the periurethral area and the vagina in women and the perianal area in both sexes could not be cleared up with antihistamines and anti-inflammatory ointments until the perfumed toilet papers were no longer used. Approximately 4% of patients being treated for dermatitis will have a positive patch test for perfume, the physicians note.

Factitious Purpura

FRAMINGHAM, Mass.—Factitious purpura should be considered a possible diagnosis in patients with recurrent, painful ecchymoses similar to those seen in autoerythrocyte sensitization and related disorders, according to Dr. Robert M. Levin and his associates at the Framingham Union Hospital and the Boston University School of Medicine.

The physicians evaluated a 16-year-old girl whose diagnosis of factitious or psychogenic purpura was established "by exclusion, observation, and laboratory tests."

They report (Ann. Intern. Med. 70:1201-06, 1969) that the disorder can be distinguished by using plaster casts to protect certain extremities. If new lesions appear only on the unprotected limbs, it is likely that they are self-inflicted.

The reported cases of painful ecchymoses have occurred only in women, the investigators note. These episodes frequently recur and most have followed trauma in patients "directly or indirectly related to the medical profession."

The patient described by Dr. Levin and his associates was the daughter of a registered nurse. She had emotional problems characterized by hysterical conversion (failure to void) and probable intrafamilial maladjustments. The family refused suggestions that the girl undergo psychotherapy.

Eradication of Scabies Hampered

International Medical News Service

GLASGOW, Scotland—Scabies should be suspected in every child who has itching or dermatosis, says Dr. J. O'D. Alexander, who blames the prevalence of this "scourge of mankind" on "a compound of ignorance and prejudice."

It has only been 100 years since the acarine mite, *Sarcoptes scabiei*, was accepted as the cause of the disease, although its cause, mode of spread, and treatment had been known 200 years earlier, Dr. Alexander reports. Now, eradication is hampered by an "offhand attitude to the disease which makes control very difficult."

Scabies may be confused with such disorders as impetigo contagiosa, ecthyma, papular urticaria, animal scabies, atopic eczema, seborrheic eczema, diaper "psoriasis," prickly pear dermatitis, and chickenpox, Dr. Alexander notes.

The characteristic diagnostic lesion in scabies is the burrow made by the gravid female acarus. This burrow consists of a wavy, grayish black line 1-10 mm long. Papules, vesicles, pustules, excoriations, and secondary eruptions are also seen in scabies.

The only symptom of uncomplicated scabies is itching, although this may not occur until there is a hypersensitivity to the mite. Hypersensitivity does not occur until four to six weeks after the initial infection and, by this time, the patients have long been capable of infecting others. For this reason, Dr. Alexander stresses, all household contacts must be treated simultaneously.

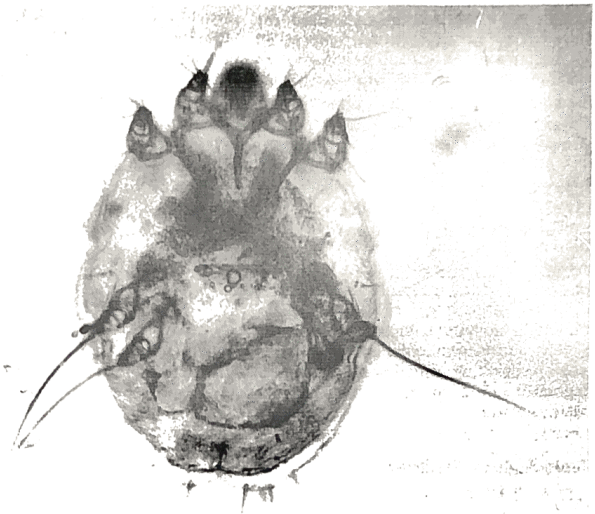
Therapy can be carried out with one of three effective preparations: 10% sulfur ointment, 25% benzyl benzoate emulsion, or 1% gamma benzene hexachloride cream or lotion. Dr. Alexander prefers sulfur ointment.

Whichever substance is used, it must be applied to the entire body surface below the collar line. The therapy will not be successful if only visible lesions are coated.

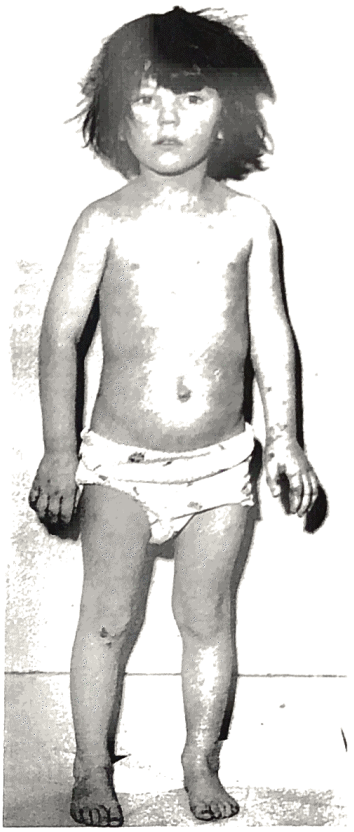
Acari and their eggs can be eradicated from clothing and bedding by laundering and storage for three to four days before use, Dr. Alexander says (Clin. Pediat. 8:73-85, 1969).

He recommends regular inspection of school children and prompt treatment of affected children and their families. During treatment, the affected families should be barred from school, places of entertainment and church to avoid spread of the infestation.

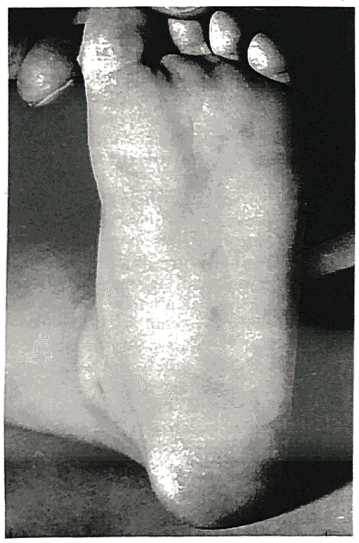
If large numbers of cases are found in a school, all children should be treated.



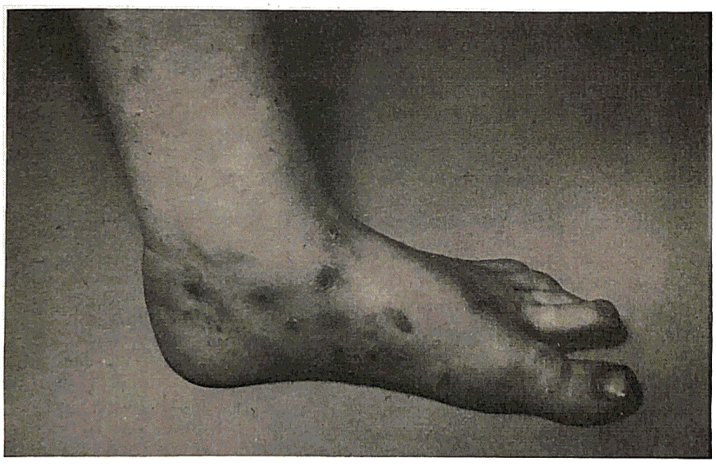
An adult female acarus, responsible for the characteristic burrow lesion of scabies infestation.



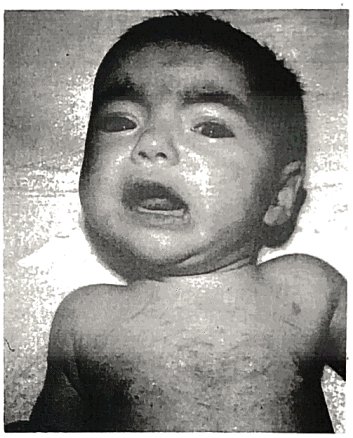
Scabies infestation in a 5-year old girl. Note the relatively greater involvement of the hands, feet and legs and the similarity of the lesions to papular urticaria.



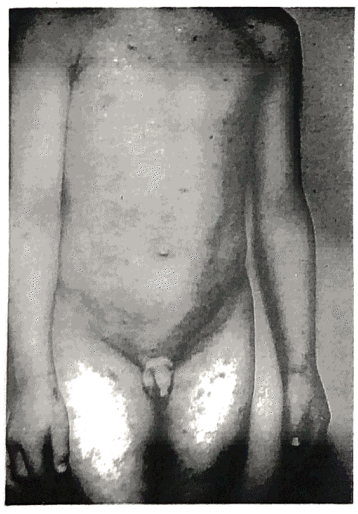
Scabies infestation in a 5-year-old girl. Note three lesions on sole of foot, but no infection.



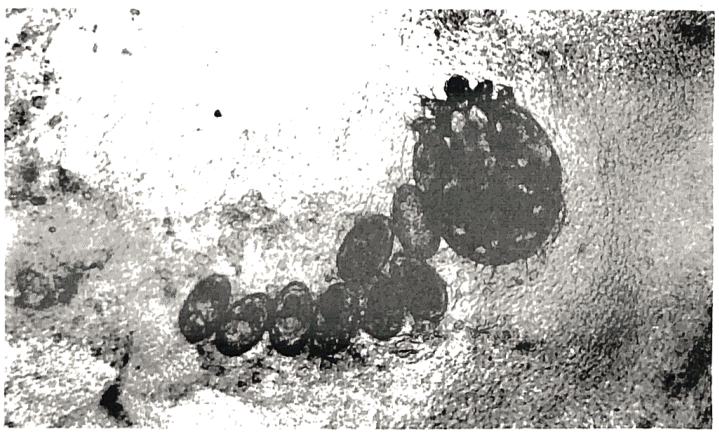
This case of scabies infestation in a child of about 5 is characterized by excoriated infected lesions. Photos courtesy Clin. Pediat.



A case of infantile scabies in a child about 6 months old. Note the excoriations and facial lesions.

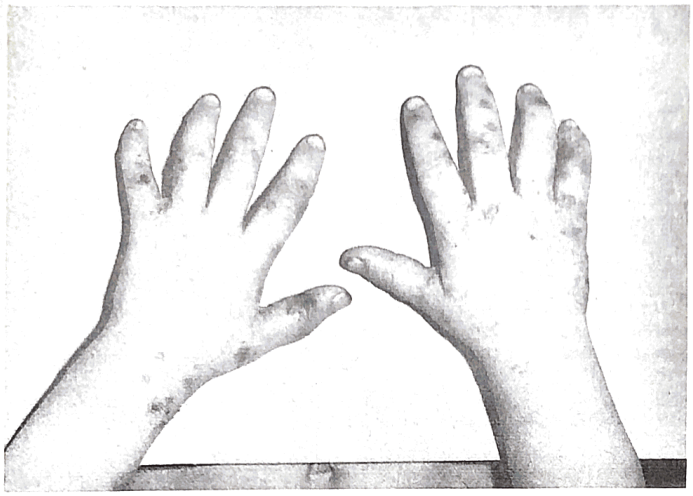


Scabies in a boy about 8. Note the widespread secondary eczema.



An adult female acarus and her hood of eggs.

Scabies infestation in a child about 2 years old. Note lesions on the face and neck.



Scabies infestation on the hands of a girl about 5 years old. Note secondary infection and the distribution of the interdigital lesions.

Excoriated secondarily infected lesions of scabies on the hand of a child aged 2 years. Palmar involvement and tunnels on palm should be noted.

National Program for Dermatology Ready

(*Continued from page* 1)

said that the program was designed with the private practitioner in mind.

The nonacademic physician who spends his day caring for patients rarely gets a chance to present papers at national meetings, and thus his contributions are not always recognized. The program will offer this type of physician the opportunity to participate in national affairs, Dr. Knox stressed.

As an example of the enthusiasm of dermatologists for the program, he pointed out that the Academy has financed the entire program till now by doubling the dues of its members.

Dr. Knox and others on the planning committee stressed that the National Program—and the National Center to be developed—is not planned to do anything that is already being done well elsewhere. Its research activities, for example, will concentrate on planning and direction, rather than any laboratory or clinical work. Bibliographic needs are already being met by MEDLARS, so the center will not duplicate efforts in this area. It is planned, however, to develop a data bank of dermatological information relating to diagnosis, treatment, prognosis, genetics, and clinical variations.

Acne Briefs

Emotionally Devastating

NEW YORK—Acne vulgaris is "emotionally devastating" to the adolescent, says Dr. Ruth K. Freinkel, Northwestern University dermatologist.

"A disease does not have to be fatal, incurable, or physically crippling to be devastating," Dr. Freinkel says in a review article in the New England Journal of Medicine.

Acne is not treated medically because often it is not taken seriously. Yet there is now sufficient knowledge about the cause of acne to treat it rationally, Dr. Freinkel says.

Mild cases of adolescent acne respond to disinfectant soaps or lotions and ultraviolet light. In more severe cases broad-spectrum antibiotics, such as tetracycline, are sometimes effective in changing the chemical composition of the sebum, Dr. Freinkel reports.

Feet Called Cosmetically Underprivileged

International Medical News Service

ATLANTA—Cosmetically, the foot is underprivileged, Dr. Royal M. Montgomery of Forest Hills, N.Y., told the Southern Medical Association meeting here.

Dr. Montgomery said that many foot problems would be prevented if all individuals wore properly fitted shoes from the time they were children. Shoes, however, are not the only cause of foot problems. Morton's toe or short first metatarsal, warts, foreign bodies, and malignant lesions also contribute to foot problems.

Since the foot is generally hidden by hosiery and shoes, it receives little scrutiny and its problems are usually well established before they come to the attention of a physician, Dr. Montgomery said.

To demonstrate the role of the shoe in the formation of corns and calluses, he suggests that an outline of the patient's foot be drawn on paper and the shoe superimposed on the outline. This will demonstrate how the foot has been compressed to fit into the shoe. It will also show how the shoe may throw the foot off balance.

Morton's toe is a common problem, seen in family lines in all races, Dr. Montgomery said.

People who have Morton's toe are in good company, he commented, noting that Michelangelo painted such a toe on his figure of God in the Sistine Chapel and carved one on his statue of David. One painting shows both Christ and Mary with Morton's toes and a 2400 B.C. granite statue from Egypt has Morton's toe.

A person with a Morton's toe does not have a properly balanced foot because the shortened first metatarsal bone shifts the leverage stress in walking onto the head of the second mtatarsal. This places strain on the second metatarsal head and induces callus under it.

The pain associated with this condition can be relieved by inserting a Morton's toe pad beneath the insole of the shoe.

While poorly fitting shoes are a common source of foot problems, the solution does not lie in going barefoot, Dr. Montgomery stressed. "There were 2,000 cases of blistered, bleeding, and infected feet treated at a recent popular music festival," he said. "These people suffered from not wearing shoes."

Before treatment of a hyperkeratotic lesion, the hyperkeratosis should be carefully pared away so that a diagnosis can be made. If the lesion is a callus, paring will reveal the normal dermal ridge pattern. Corns are seen as translucent areas which cause deviation of the dermal ridge pattern.

Single warts include mother-daughter and mosaic types. Dr. Montgomery noted. The single warts are characterized by capillaries which radiate to the edge of the lesion and lie perpendicular to the surface.

Mother-daughter warts consist of a primary lesion and one or more satellite lesions. In these warts, the capillary comes to the surface in the center of the wart.

Mosaic warts are generally painless and often are mistaken for calluses. When pared down, mosaic warts are seen as two or three warty cores containing capillaries. These lesions are successfully treated with a combination of acids including: 40% salicylic acid plaster, a saturated solution of trichloroacetic acid, a dilute solution of silver nitrate and acid nitrate of mercury.

Acid nitrate of mercury is compounded from 45 cc fuming nitric acid, 15 cc distilled water, and 40 g red mercuric oxide. This may be used for single warts but gives a "tremendous reaction" in some cases, Dr. Montgomery said.

Mosaic warts were once considered an ailment of older people but now they are seen in young persons. Some of the cuticle warts are "definitely mosaic," he added.

Nephritis Associated More With Skin Than Respiratory Infections

International Medical News Service

MINNEAPOLIS — Skin infection may play a direct and more important role than respiratory infection in the pathogenesis of acute nephritis, according to Dr. Bascom F. Anthony, department of pediatrics, University of Minnesota College of Medical Sciences, and his associates.

The conclusion is based on a prospective study of 102 children at the Red Lake Indian Reservation in Minnesota where an outbreak of acute nephritis associated with the Type 49 Group A streptococcus occurred in 1966.

Acute nephritis or unexplained hematuria developed in 10 of 42 children (23.8%) with skin infection, in 2 of 44 children (4.5%) with throat infection, and in 3 of 16 children (18.8%) with simultaneous infection at both sites.

Skin lesions infected with Type 49 streptococci carried the greatest risk of renal complications, the investigators say.

There were 48 boys and 54 girls in the study, ranging in age from 3 to 17 years.

In addition to the site of infection, age appeared to influence the incidence of nephritis and hematuria. In children with skin infections, the attack rate of total hematuria was significantly greater in those under the median age of 6.5 years (43%) than in older children (5%). Attack rates were consistently low in the older age group and consistently high in the younger age group, regardless of the period of study.

The rates of renal complications by sex were approximately equal for both males and females, regardless of the site of the preceding infection .

Even though Type 49 streptococci lasted longer in the throat than in skin lesions, persistence of the organism did not appear to influence the development of acute nephritis, the investigators note (J. Clin. Invest. 48:1967-1704, 1969).

Strains of Group A streptococci other than Type 49 were isolated during the "at risk" periods from a number of children who developed evidence of acute nephritis or hematuria. However, because of the relative infrequency of the occurrence of these other strains, it was not possible to assess the influence which they may have had on the occurrence of renal complications, the physicians say.

Dr. Anthony's coworkers were Drs. Edward L. Kaplan, Lewis W. Wannamaker, Franklin W. Briese, and S. Stephen Chapman, of the departments of pediatrics and microbiology, and the biomedical data processing unit, University of Minnesota College of Medical Science.

Book Review

Skin Diseases in Children and Adolescents. A Picturebook for Practice. [Hautkrankheiten bei Kindern und Jugendlichen. Ein Farbatlas fuer die Praxis] G. W. Korting. (In German) 237 pp. F. K. Schattauer Verlag, Stuttgart and New York, 1969. DM 96,00 (ca $24.00)

The more common childhood diseases (including chicken pox, measles, rubeola), the staphylococcal and streptococcal infections, viral infections (such as warts, cat-scratch disease, herpetic sores of the lips), fungus infections (favus, thrush, actinomycoses), and parasitic infestations are illustrated and briefly described. Light sensitivities, pigment storing, circulatory disorders of the skin, and various congenital anomalies of the skin are also portrayed.

Dr. Korting, director of the Dermatology Clinic, Johannes Gutenberg University in Mainz, also illustrates some of the less frequently encountered conditions: various benign and malignant tumors, chronic infections (TB, sarcoidosis, leprosy), as well as disorders of the sweat glands, sebaceous glands, hair, nails, buccal mucosa and tongue.

Keloid Scars

(*Continued from page* 4)

Follow-up on the 56 keloid scars previously reported showed a recurrence of five in two patients. One of the two patients was treated again with Kenalog and the keloids became flat and asymptomatic after one more treatment.

In the new series of 95 keloids, 61 were treated only by intralesional injection of Kenalog; of these, 42 flattened out completely, 13 became softer, 5 showed no improvement, and 1 was lost to follow-up. There were 11 partial recurrences which responded to Kenalog. Subcutaneous atrophy occurred in nine cases, peripheral cutaneous atrophy occurred in one, and peripheral depigmentation in two cases.

Thirty-one of the 95 keloid scars were treated by total excision of the keloid and injection of Kenalog into the wound at the time of surgery only. There have been no recurrences although one scar spread somewhat, Dr. Griffith said.

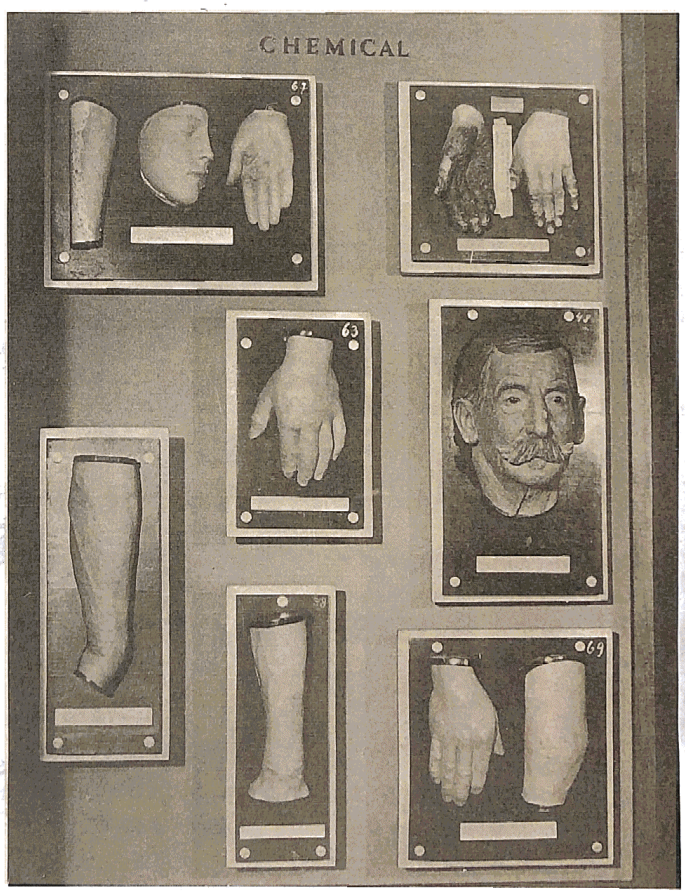
Nor have there been any recurrences in the three lesions treated by total excision, injection of Kenalog at the time of surgery, and injection postoperatively.

Of the 12 hypertrophic scars injected with the drug, 10 became flat and two became softer.

Dr. Griffith and his associates use no more than 60 mg at a time. No systemic effects of the intralesional injection of Kenalog have been observed.

His co-workers were Drs. Clarence W. Monroe and Peter McKinney.

Exhibit Blends Moulage and Dermatology



The art of moulage—the making of molds—and the science of dermatology are blended in this exhibit which was shown at the American Academy of Dermatology convention in Miami. The exhibit, sponsored by Syntex Laboratories, included a collection of anatomical models used as training devices for medical education. The collection, belonging to the Chicago Medical School, was made available by Dr. David M. Cohen, professor and chairman of the department of dermatology.

Meeting Calendar

Jan. 14 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

Jan. 16 Philadelphia Dermatological Society; Jefferson Hospital, Philadelphia; Dr. Carroll F. Burgoon, 3322 North Broad Street, Philadelphia, Pa. 19140.

Jan. 29 Miami Dermatological Society; University of Miami, Miami; Dr. Hillard J. Halpryn, 501 East 25th Street, Hialeah, Fla. 33013.

Feb. 8-12 Medical Society of the State of New York; Americana Hotel, New York; Dr. Henry I. Fineberg, 750 Third Avenue, New York 10017.

Feb. 11 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

Feb. 14-18 American Academy of Allergy; Jung Hotel, New Orleans; Mr. James O. Kelly, 756 N. Milwaukee Street, Milwaukee, Minn. 53202.

Feb. 19 Cleveland Dermatologic Society; Cleveland Clinic, Cleveland; Dr. Jerome R. Pomeranz, Cleveland Metropolitan General Hospital, 3395 Scranton Road, Cleveland, Ohio 44109.

Feb. 20 Philadelphia Dermatological Society; Graduate Hospital, Philadelphia; Dr. Carroll F. Burgoon, 3322 North Broad Street, Philadelphia, Pa. 19140.

Feb. 20-22 Pan American Allergy Society; Cabana Motor Hotel, Dallas; Dr. Dor W. Brown, Jr., 109 S. Adams Street, Fredericksburg, Tex. 78624.

Mar. 7-11 California Medical Association; Hilton Hotel, San Francisco; Mr. Robert L. Thomas, 693 Sutter Street, San Francisco, Calif. 94102.

Mar. 11 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

Mar. 15-21 North American Clinical Dermatologic Society; Dr. Edmund F. Finnerty, 510 Commonwealth Avenue, Boston, Mass. 02215.

Mar. 16-20 American College of Allergists; Americana Hotel, Bal Harbour, Fla; Mr. Eloi Bauers, 2100 Dain Tower, Minneapolis, Minn. 55402.

Mar. 19-24 American Dermatological Association; Boca Raton Hotel, Boca Raton, Florida; Dr. Barrett Kennedy, Louisiana State University Medical School, 1542 Tulane, New Orleans, La. 70112.

Mar. 20 Philadelphia Dermatological Society; Hospital of University of Pennsylvania, Philadelphia; Dr. Carroll F. Burgoon, 3322 North Broad Street, Philadelphia, Pa. 19140.

Mar. 26 Cleveland Dermatologic Society; Lakewood Hospital, Lakewood, Ohio; Dr. Jerome R. Pomeranz, Cleveland Metropolitan General Hospital, 3395 Scranton Road, Cleveland, Ohio 44109.

Apr. 8 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

Apr. 10-11 American Burn Association; Sheraton Boston Hotel, Boston; Dr. John A. Boswick, Jr., 1825 W. Harrison Street, Chicago, Ill. 60612.

Apr. 17-19 Philadelphia Dermatological Society; Atlantic Dermatology Conference, New York City; Dr. Carroll F. Burgoon, 3322 North Broad Street, Philadelphia, Pa. 19140.

Apr. 30 Miami Dermatological Society; University of Miami, Miami; Dr. Hillard J. Halpryn, 501 East 25th Street, Hialeah, Fla. 33013.

Apr. 30-May 3 Texas Medical Association; Dallas; C. Lincoln Williston, 1801 N. Lamar Blvd., Austin, Tex. 78710.

May 7-10 Georgia Society of Dermatologists; Jekyll Island, Sea Island, Ga.; Dr. W. Harvey Cabaniss, Jr., 1010 Prince Ave., Athens, Ga.

May 13 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

May 15 Philadelphia Dermatological Society; Naval Hospital, Philadelphia; Dr. Carroll F. Burgoon, 3322 North Broad Street, Philadelphia, Pa. 19140

May 23 Central States Dermatologic Society Meeting; Cleveland Clinic, Cleveland; Dr. Jerome R. Pomeranz, 3395 Scranton Road, Cleveland, Ohio 44109.

May 23 Cleveland Dermatologic Society; Cleveland Clinic, Cleveland; Dr. Jerome R. Pomeranz, Cleveland Metropolitan General Hospital, 3395 Scranton Road, Cleveland, Ohio 44109.

June 10 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

June 20-21 Society for Investigative Dermatology; Chicago; Dr. John S. Strauss, Boston University Medical Center, 80 E. Concord Street, Boston, Mass. 02118.

June 21-25 American Medical Association, Chicago; Dr. Ernest B. Howard, 535 N. Dearborn Street, Chicago, Ill. 60610.

July 8 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

July 30 Miami Dermatological Society; University of Miami, Miami; Dr. Hillard J. Halpryn, 501 East 25th Street, Hialeah Fla. 33013.

Aug. 2-6 National Medical Association; Regency Hyatt House, Atlanta; Mr. Samuel C. Smith, 520 W. Street, N.W., Washington, D.C. 20001.

Aug. 12 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

Sept. 3-8 Pacific Dermatologic Association; Broadmoor Hotel, Colorado Springs; Dr. John M. Shaw, PO Box 1352, Tacoma, Wash. 98401.

Sept. 9 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

Sept. 12-20 Carolinas Dermatology Association; Duke University Medical Center; Dr. John P. Tindall, Duke University Medical Center, Durham, N.C. 27706.

Sept. 19-20 Carolinas Dermatology Association; Duke University Medical Center; Dr. John P. Tindall, Duke University Medical Center, Durham, N.C. 27706.

Sept. 25-Oct. 1 American Academy of General Practice; San Francisco; Mac F. Cahal, Volker Blvd. at Brookside, Kansas City, Mo. 64112.

Oct. 14 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

Oct. 26-30 American Public Health Association; Civic Auditorium, Houston; Dr. Berwyn F. Mattison, 1740 Broadway, New York 10019.

Oct. 29 Miami Dermatological Society; University of Miami, Miami; Dr. Hillard J. Halpryn, 501 East 25th Street, Hialeah Fla. 33013.

Nov. 11 Hawaii Dermatological Society; Tripler Army Hospital, Honolulu; Dr. Daniel E. Palmer, 1481 S. King St., Honolulu, Hawaii 96814.

Nov. 16-19 Southern Medical Association; Dallas; Mr. Robert F. Butts, 2601 Highland Ave., Birmingham, Ala. 35203.

Nov. 29-Dec. 2 American Medical Association; Boston; Dr. Ernest B. Howard, 535 N. Dearborn Street, Chicago, Ill. 60610.

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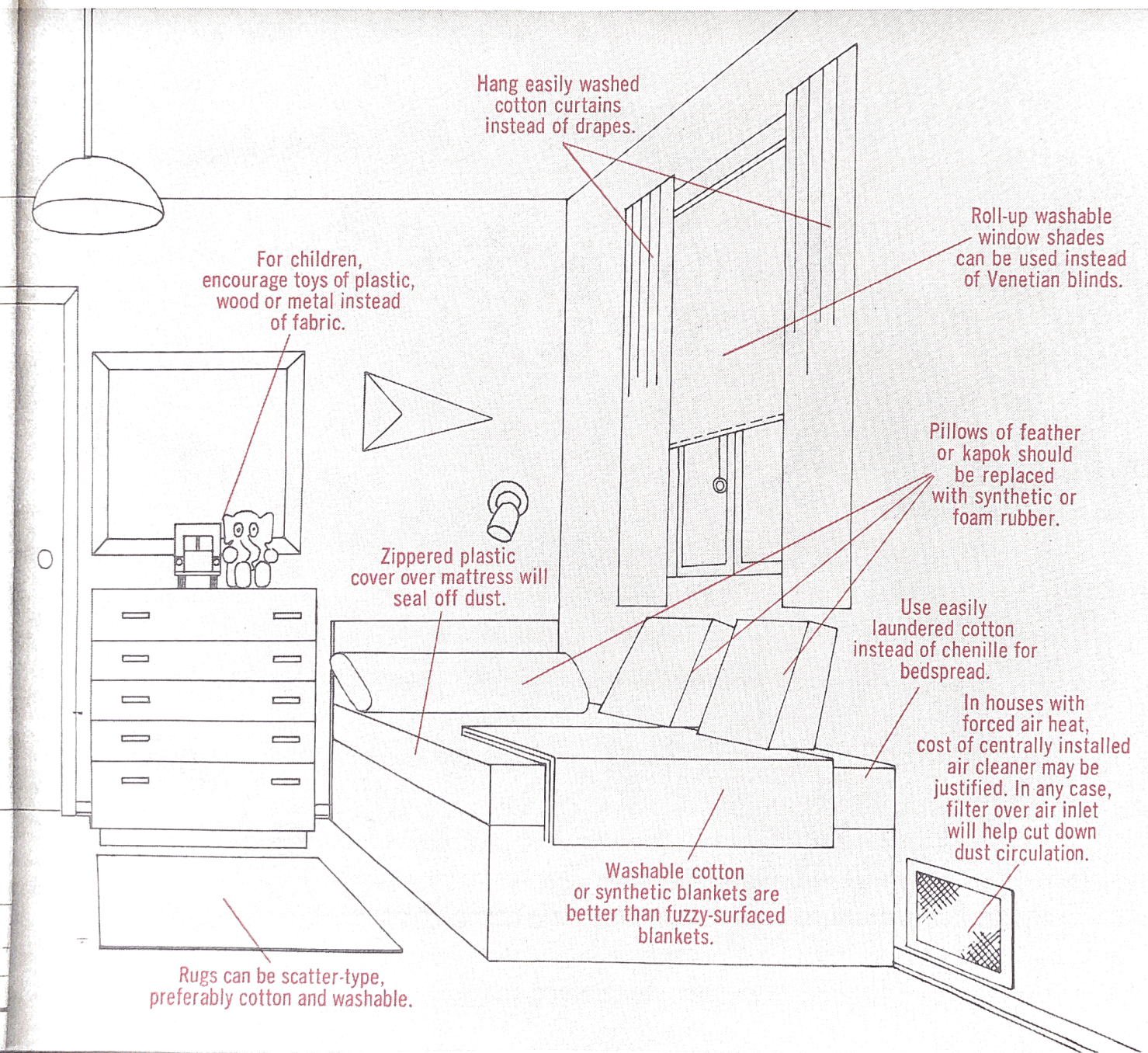


"I can treat your athlete's foot, captain—but you're going to have to get a termite specialist for the other foot!"

Cryoprecipitates Found With Lupus

International Medical News Service

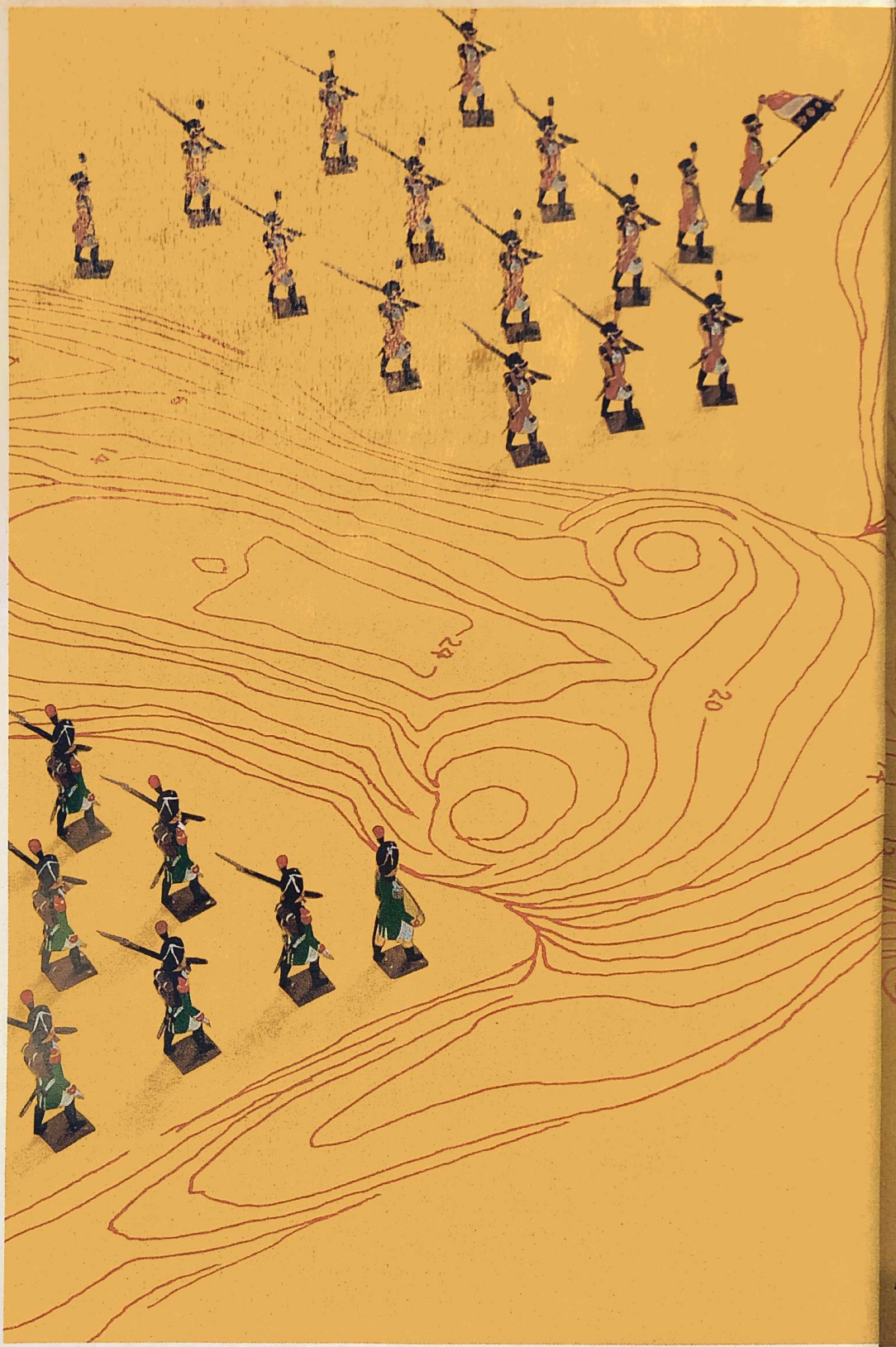
DALLAS — Circulating cold-insoluble complexes have been demonstrated in 11 of 31 systemic lupus erythematosus patients, and in most instances were associated with a decrease in the serum level of C'_3 (β_{1c}-β_{1a}), report Drs. Peter Stastny and Morris Ziff of the department of internal medicine, the University of Texas Southwestern Medical School here.

Dr. Stastny

Only one of 11 patients whose serum showed cryoprecipitation had a serum C'_3 level in the normal range, while 22 of 25 patients without cryoglobulins showed normal levels, the investigators say.

The two findings may be separate manifestations of the pathologic process or may be causally related. Evidence for the latter possibility is the observation that an SLE complex reduced hemolytic complement activity of normal serum in vitro, while a complex from a sheumatoid arthritis patient did not, they say (New Eng. J. Med. 280:1376-80, 1969).

The investigators speculate that occurrence of the complexes in association with the serum C'_3 decrease may be related to the development of lupus nephritis. This possibility could be confirmed or denied with more information on the frequency of nephritis in patients with periodically appearing cold-insoluble complexes or with direct evidence on the renal deposition of cryoglobulins in SLE, they say.



Research Notes

Accelerates Collagenase

NEW YORK—Human serum accelerates the action of bacterial collagenase against ^{14}C-labeled rat tail tendon collagen, Dr. K. H. Neldner reported to the annual meeting of the Society for Investigative Dermatology here. The degree of acceleration ranged from 1.4 to 2.9 times that of the control mixture, said Dr. Neldner, of the University of Colorado Medical Center, Denver.

Without any enzyme, an almost negligible amount of radioactivity is released from the collagen into the supernate. The addition of collagenase raises the activity in a typical series to 666 cpm/mg substrate. If normal serum is then added to a control mixture and similarly incubated, the radioactivity in the supernate rises to an average of 2.5 times the control, the investigator said.

This finding contrasts with reports of serum inhibition of mammalian collagenase. It suggests that the serum is a possible source of metabolic regulatory factors, Dr. Neldner said.

Evaluate Photosensitivity

NEW YORK—Tissue culture monolayers provide a versatile and sensitive system for evaluating photosensitizing compounds, Dr. Robert G. Freeman told the Society for Experimental Dermatology meeting here.

Dr. Freeman and his associates, Wendy Murtishaw and Dr. John M. Knox of the departments of dermatology and pathology, Baylor College of Medicine, adapted tissue culture techniques to study drug photosensitivity in four mammalian cell lines.

Photosensitizing agents, in concentrations as dilute as 1:100,000 resulted in cell damage and death when the cultures were exposed to broad-spectrum or monochromatic light of appropriate wave lengths. Both ultraviolet and visible light were used. No such effects were seen when the cultures were exposed to drug or light alone or when photoallergic agents and nonphotosensitizing chemicals were used.

Melanin Synthesis

NEW YORK—There is an active and an inactive phase of melanin synthesis in the life cycle of cells, according to Dr. Y. Kitano of the Oregon Regional Primate Research Center, Beaverton, Oreg. He reported to the Society for Investigative Dermatology here on DNA, RNA, and protein synthesis of pigment cells in culture.

The autoradiographic study suggested that pigmented cells proliferate and metabolize as actively as nonpigmented ones. Except for the pigmented cells packed with melanin granules, they synthesized DNA, RNA, and protein to the same extent as the nonpigmented ones, Dr. Kitano said.

Pigmented cells which showed peripheral localization of melanin granules and a clear perinuclear zone devoid of melanin granules were not labeled with ^{3}H tyrosine in the presence of puromycin, in contrast to heavy labeling of those showing diffuse distribution of melanin granules. This fact indicates the existence of the active and inactive phase of melanin synthesis in the life cycle of cells, the investigators added.

Address Changes

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Increased Use of Steroids Seen as Highlight of '60s

(*Continued from page* 1)

ing emphasis on youthfulness: The dermatologist will be expected to meet a greater demand for cosmetic procedures, including hair transplants, skin homografts and heterografts, and even artificial skins. This trend is not welcomed by all of the physicians who responded to the survey; some hope that dermatologists will not allow their specialty to become increasingly a cosmetic science.

In recounting the advances of the past decade, many dermatologists mentioned methotrexate, 5-fluorouracil, griseofulvin, and broad-spectrum antibiotics as important developments.

Methotrexate was mentioned by almost one-third of the respondents and about one in four cited 5-fluorouracil.

Dr. Junius A. Evans of Roswell, N. Mex., writes: "The use of methotrexate in the treatment of psoriasis and a 1% solution of 5-fluorouracil in propylene glycol for topical application to actinic keratoses probably are of the greatest significance. Late investigation, however, alerts us to the marked likelihood of liver damage in a high percentage of patients taking methotrexate for prolonged periods."

Dr. Lawrence A. Norton of Wellesley Hills, Mass., also singles out the use of methotrexate in psoriasis and the topical use of 5-fluorouracil as the most significant advances of the past 10 years.

About 19% of dermatologists would give this honor to griseofulvin. Dr. James E. Comer of Roanoke, Va., says he believes "the introduction of griseofulvin probably has had the most significant effect upon the treatment of skin diseases during the past decade." Dr. Comer rates topical 5-fluorouracil as the second most important advance.

Dr. Max R. Greenlee, Jr., of Boulder, Colo., supports griseofulvin as "the most significant advance in the treatment of skin disease in the past decade" by noting, "this has not only radically altered our treatment of fungus disease, but it has also forced us to make more specific diagnoses of fungus infections."

Dr. Comer writes, "As more effective therapeutic agents are developed, less emphasis seems to be placed upon accurate diagnosis, and I see this as a great drawback, which can be quite costly to the patient." He believes this will be changed as the federal government becomes increasingly involved in "the health-care business" and predicts that physicians will be required to diagnose correctly before treating their patients, "to avoid criticism and penalties."

Some dermatologists believe that the development of topical steroids has contributed to what they consider an undesirable practice of treating a lesion without determining its nature or its etiology.

Dr. M. S. Ross of Mt. Kisco, N. Y. says "the oral and parenteral use of steroids has been abused and overused, but their value in selected circumstances and selected dermatoses is beyond question . . . [these agents were developed] just in the nick of time—as superficial X-ray therapy and Grenz therapy came under serious attack."

Only one respondent, Dr. Ervin Epstein of Oakland, Calif., expressed regret that X-rays and Grenz rays are being phased out of the dermatologist's armamentarium. Five of his colleagues also noted this trend, but most expressed neither approval nor regret.

Dr. Allen D. King of Wilmington, Del., writes: "The most significant change which I foresee in the next 10 years in dermatology, may be the elimination of X-ray machines from the dermatologist's office."

In contrast, one reply listed high-voltage X-ray therapy as a development affecting the specialty in the past decade and another predicted that the 70's will see the development of soft X-rays for use in dermatology.

Although a few respondents stated there were no significant advances in the area of diagnosis during the past 10 years, one in five believes that the development of immunofluorescent techniques has had a significant impact on the specialty, and one in 10 mentioned the electron microscope as an important tool.

The development of the FTA test for syphilis, a simpler alternative to the older TPI test, was noted by a number of physicians, as were the antinuclear antibody lupus erythematosus tests.

An occasional dermatologist noted the laser beam as an important advance of the past decade or as a potential dermatologic tool in the future.

Dr. Shirley S. Bowen of Houston says the impact of pathological interpretation of skin conditions by an expert and qualified dermatopathologist was the greatest aid to diagnosis in the past decade.

Her statement is supported by Dr. William G. Ballinger of Helena, Mont., who writes that training of many excellent dermatopathologists, who are consulted more frequently by the practicing dermatologist, has been one of the positive developments of the past 10 years.

Dr. Victor E. Vaile III, of Winter Haven, Fla., says there have been no "significant developments" in dermatology during the past decade other than the use of 5-fluorouracil in the treatment of skin keratosis.

However, Dr. James S. Devine of Santa Monica, Calif., believes that the 60's brought great advances to the field of dermatology. He writes that the reduced emphasis on neuropsychiatric disturbances and the search for biochemical etiology for the disease conditions "have taken us from the Middle Ages of bad air and humors to a logical reasoning which was lacking." He predicts greater knowledge of the biochemical causes of disease processes and an elimination of "the fiction in the long-held theories incorporated in the standard textbooks."

Immunology was mentioned as both an advance of the past decade and a promise of the next. Dr. Eugene Tudino of Baltimore expressed the opinion that the most prominent breakthrough in the diagnosis and treatment of skin diseases in the 60's was the development of immunology and the adaptation of immunological studies in the diagnosis of various skin conditions.

Dr. William H. Eyster, Jr., of Daytona Beach, Fla., voices a similar opinion and adds: "I believe that merely the rudiments of this discipline have been formed. I feel that when this sector is developed and its part in the etiology of human disease defined, appropriate relief can be produced."

Dr. Eyster anticipates "exciting revelations of the immune responses of the body, and an enumeration of the effects of their normal and abnormal stimulations, the uncovering of their release mechanisms and the harnessing of these dynamic forces for man's benefit."

Dr. Lawrence A. Norton of Wellesley Hills, Mass., believes that immune factors will be discovered in viral and fungal diseases, particularly in recurrent herpes simplex and viral warts.

Dr. A. V. Spaeth, Phoenix, Ariz., believes that the next 10 years will bring a greater understanding of skin physiology and that this will answer the riddles of dermatology. Although the skin has its own unique, inherent physiology, an understanding of the role of the endocrines is particularly important, Dr. Spaeth says, adding:

"If only one area of dermatological inquiry were left open for investigation, to my mind it would be the most sensitive barometer of all skin physiology, namely pH."

Despite their enthusiasm for the new drugs which have been developed during the past decade, many dermatologists hope that the future will bring even more effective medications which do not have hazardous side effects.

If such drugs were developed, there would also be some relief for the physician shortage, as Dr. Bruce B. Burgess of Fort Lauderdale, Fla., points out, since more patients could be treated with less supervision by the physician.

Dr. Cleve B. Baker of Woodland, Calif., would like to see topical or systemic agents of relatively low toxicity developed for treatment of malignant melanomas and skin cancer.

Dr. Ballinger wants "a drug without side-effects to suppress sebum production, better methods to manage dyshidrosis of the hands and feet and hormone lotions to suppress both male and female pattern baldness without side effects."

An appeal for clinical applications is made by Dr. Adrian H. Scolten of Portland, Maine. Dr. Scolten writes that most of what he read and listened to after finishing his training did his patients no good.

Acne is one of the most prevalent problems in dermatology and may be the first to be more fully understood and successfully treated. Dr. Samuel B. Frank of White Plains, N.Y., predicts a "new hormonal era" in acne therapy with the potential advent of a weak estrogen for use in both sexes an antiandrogen to reduce sebum secretion. He foresees greater use of contraceptive drugs in acne therapy and predicts the development of "a synthetic hormone, as yet not defined in character, that will be beneficial in acne."

The treatment of acne will be further advanced by preparations such as vitamin A acid or tetraacetylenic fatty acid, that will reduce sebum output or eliminate hyperkeratosis of the follicular gland, Dr. Frank says.

He predicts greater understanding of the roles of heredity, of the psyche, of the chemical and physical properties of sebum, and of bacteria and fungi. The influences of antibiotics and diet on acne should also be more fully understood in the next decade, he adds.

Several physicians believe that the seventies will see more emphasis placed on the importance of nutrition and on the role of nutrition in various dermatologic diseases.

Dr. Samuel Ayres, Jr., of Los Angeles, writes: "It is my feeling that a great deal more emphasis wil be placed on the nutritional aspects of dermatology, and that many obscure and hitherto untreatable dermatoses will be markedly benefited or controlled by the better understanding of nutritional factors, including deficiencies of certain vitamins, trace minerals, and enzymes."

Dr. Vaile also sees nutrition as an important factor in skin and other diseases. He notes that little research has been devoted to the area of nutrition and there is little information available on the effects of particular foods.

"I feel that with proper nutrition we can adequately control, or at least abate the significant area of arteriosclerosis, which affects a number of skin disorders as well as the general area of acne and obesity. . . .

"We are a nation that literally eats itself to death, drinks itself to death, and in many cases, smokes itself to death." Dr. Vaile says.

Among the problems which promise to haunt the dermatologist in years to come, one of the most frequently mentioned was industrial dermatosis.

The Most Frequently Mentioned Developments of the 1960's

Improvement in topical and oral steroids and their use	58%
Methotrexate	32%
5-Fluorouracil	24%
Immunofluorescent techniques	20%
Griseofulvin	19%
Antibiotics	18%

The following were mentioned by at least two respondents:

- *FTA syphilis* test
- Antinuclear antibody tests
- Lupus erythematosus tests
- Use of electron microscope
- Elimination of X-ray and Grenz ray in treatment
- Laser beam
- Decrease in dermabrasion
- Development of dermojet
- Chemosurgery and cryosurgery
- Understanding of light sensitivity and photoallergic conditions
- Insight into biochemical causes of disease, autoimmunity, immunology, genetics, viral diseases, and skin physiology
- Improvement in quality of teaching facilities and in quality of physicians
- Increased use of antibacterial soaps
- Use of oral contraceptives in treatment of acne
- Hair transplant techniques

Problems and Needs Dermatologists Hope to See Solved in the Next Decade

Psoriasis	36%
Acne vulgaris and acne rosacea	24%
Verruca vulgaris	23%
Cancer	10%

No other conditions were mentioned by more than 5% of respondents. However, replies indicated that:

Dermatologists would like to understand:

- Antinuclear antibodies
- Atopic dermatitis
- Collagen vascular disorders
- Enzyme disorders and metabolic diseases
- Genetic defects and their relation to diseases of skin
- Hormonal imbalance and relation of hormones to skin
- Immunity and immune reactions, including autoimmune disease
- Inflammation
- Light sensitivities
- Nutrition disorders
- Older skin, its disorders and rejuvenation
- Onchomycosis
- pH of the skin
- Psyche and skin diseases
- Scalp diseases

Dermatologists want vaccines against and cures for:

- Alopecia areata and baldness, both male and female
- Bullous diseases
- Chronic urticaria
- Viral infections
- Vitiligo

Dermatologists would welcome:

- An increase in number of dermatologists
- Decrease in drug costs
- Good pediatric dermatology text
- Text on fundamentals of dermatohistopathology
- Publication of summaries of medical articles
- Sunscreens which would be incorporated into the keratin layers
- Substitute for steroids that would be free of unwanted side effects
- Further development of cryosurgical cosmetic surgery techniques
- Skin banks
- Diagnostic tests for specific drug sensitivities

Advances and Changes Dermatologists Foresee in the Next 10 Years

The largest number of respondents (22%) believe that 1970s will bring breakthrough in treatment of psoriasis and understanding of its pathogenesis and etiology.

Advances in chemotherapy for skin cancer and systemic malignancies	14%
Development of specific treatment for acne	10%
Development of antiviral agents against verruca vulgaris, herpes simplex and herpes zoster	10%

Dr. Greenlee writes: "Industrial and environmental allergies to irritants will probably play an increasing role in the practice of dermatology in the next few years and these problems will have to be met and solved as they arise."

"More should be done to prevent industrial dermatoses," says Dr. M. A. Everett of Oklahoma City, Okla. He suggests the development of "a cutaneous defense against irritants and allergens."

Dr. S. A. Brunner of Krumsville, Pa., writes that one of the most prominent developments of the 1960's was the increased use of detergents and resultant contact dermatitis. He also scores the "poisonous sprays" used on fruits, vegetables, and potatoes and "the increased use of poisons in hair lotions, hair dyes, and soaps,, causing hair loss and scalp irritation."

Hair loss is seen as a widespread problem for which the dermatologist has no effective therapy short of hair transplant.

As Dr. Burgess writes: "Can't say I would care to have one [hair transplant] done on myself, but for the man that says he has got to have hair, here is the answer to his problem."

Dr. Theodore A. Labow of New York City says: "Male pattern alopecia and diffuse hair loss in females are extremely prevalent conditions for which we have no good answers. If we want to do the most good for the most people, our research should be directed toward these common entities."

Dr. James J. Barrock, of Milwaukee, Wis., writes that nail diseases and hair loss in young women who are *not* using oral contraceptives has become more prevalent in recent years. He says, "These are two problems that will have to be solved in the next decade."

Dr. Everett predicts that the "continually extending life span, and the increasing frequency with which aged persons are receiving medical care, skin diseases characteristic of the aged will form an enlarging segment of dermatologic practice. More specifically, we will be dealing with more tumors, both benign and malignant, and more xerosis, decubiti, bullous pemphigoid, and drug eruptions."

He also predicts a continued emphasis on youthfulness and a demand for more cosmetic procedures which will bring an increase in research on the aging of the skin.

Dr. Robert G. Walton of Modesto, Calif., believes the next 10 years may see the development of "some form of application which would be truly rejuvenating," an answer to the "age old problem of rejuvenation of the skin."

Dr. Walton looks for developments in cosmetic surgery, particularly in scarless surgery for the treatment of large birth marks and giant nevi.

Dr. Ralph H. Salsberg of Maplewood, N.J., believes that dermatologists must disassociate diseases of the skin from cosmetology. He writes: "With the advent of cortisone every general practitioner and internist is treating disease without the slightest effort to make a proper diagnosis, and there is a definite trend on the part of the public to look upon dermatology as a high-class beauty culture. It is up to the dermatologists themselves to bring about this change and create an entirely new image for the specialty."

Dr. Salsberg's mention of other physicians and the treatment of skin disease was one of several similar comments. Dr. Comer writes that there is "a very large gap between the practicing dermatologist and the primary physicians, and it seems that this gap is widening instead of growing more narrow with each graduating medical class."

Dr. Elizabeth C. Spivack of Randolph, Mass., suggests that this gap may be the result of "fewer and fewer nondermatology doctors knowing much [that is] useful or accurate regarding skin because of lack of teaching, except at the resident level, in dermatology." She adds, "What a pity!"

Dr. Miriam Reed of Princeton, N.J., believes this will be a continuing trend. She states, "I expect with changing curriculum in medical schools to see graduating doctors very badly trained in dermatology and allergy, i.e., with these no longer required courses, many primary physicians will know *no* dermatology and the dermatologists will have to take care of more elementary problems such as impetigo and poison ivy and will see more fouled-up rashes. This change is already noticeable in some recent graduates."

This trend will place an even greater strain on medical services which some respondents believe are now poorly distributed and overworked.

Dr. Hugh B. Praytor, Jr., of Montgomery, Ala., sees "a growing need for the effective administration of medical diagnosis and treatment of skin diseases to the greatest possible number of people."

Dr. Praytor suggests that paramedical personnel be trained to work with the dermatologist.

Dr. Elizabeth C. Spivack foresees the training of paramedical personnel to carry out simple therapy in such conditions as warts and acne. This will result in a decrease in cost to the patient and an increase in volume, she predicts.

Dr. Spivack believes the 1970's will bring "more exacting evaluations of skin diseases by instrumentation . . . and computer analysis," and hopes to see "reinstitution of the apprenticeship method of teaching and value placed on humane clinical practice."

The respondents believe there is much to be done in the next decade. Dr. Howard S. Yaffee of Cambridge, Mass., writes: "We have done much but we certainly have much to do. The whole field of therapy remains ahead.

"Hopefully," Dr. Yaffee says, "If we end the war, ration our resources intelligently, plan for the real problem of unequal distribution of physicians so that care can be provided . . . social advances may bring other advances to the broader reaches of the population."

He adds, "I must say the young talent of the Boston area is equally socially concerned as it is technologically interested."

Several physicians stated that the 1960's were marked by an improvement in the quality of physicians and in the quality of physician training. This is a trend that must continue in the next decade, says Dr. Charles Noyes Sullivan of New Britain, Conn. He would also like to see the "equalization of income in all specialties," and explains that this would mean "a dermatologist . . . [would] make as much as a surgeon."

Dr. Ballinger would like to see the institution of fixed fee schedules for all physicians; this, he says, would result in closer supervision of patients, more new patients seen by each practitioner, and more ancillary help used in the office.

These were not the only types of changes predicted and hoped for in the next decade. A number of respondents expressed concern that medicine and dermatology will become increasingly regulated by government.

Sympathetic Handling Required For Adolescent Skin Patients

International Medical News Service

CHICAGO—Adolescents with skin diseases require special skill and sympathetic handling, according to Dr. William W. Zeller, director of psychiatric education at the Institute of Living, Hartford, Conn.

Physicians treating teenagers must recognize that any concern about the body is important to the teenager. Because skin diseases are visible maladies, the adolescent patient needs sympathy and reassurance to allay his anxieties about them, Dr. Zeller told the National Conference on Physicians and Schools.

The emotional effects created by skin ailments can vary tremendously among patients, Dr. Zeller noted. The extent, location, and nature of the disease, the time of life the lesions occur, and the meaning of skin disease in the patient's family and cultural group all influence the emotional impact on the patient.

A small acne lesion may cause a much greater reaction in one patient than an extensive involvement with psoriasis causes in another. Illness at strategic periods of development imposes additional burdens on the adolescent and can alter basic life experiences.

It is not surprising that skin ailments are frequently accompanied by emotional sequelae since they are often regarded as "nasty, dirty, and infectious," Dr. Zeller noted. Patients subjected to ridicule, ostracism or criticism may regard themselves as outcasts.

Treatment of skin conditions is essentially "corrective, supportive, symptomatic, and prophylactic," Dr. Zeller said. "The organic morphologic treatment cannot be neglected. Metabolic and endocrine deviations need attention. The proper lotions, salves, creams, and ointments will have to be prescribed."

Stressing that physicians must prevent emotional scars, not just physical scars, the psychiatrist added that most teenagers with skin problems are not candidates for the psychiatrist's couch. "Most often these patients are in need of sympathy, reassurance, and understanding of their personal problems and concerns," he said.

Of the 400 patients at the Institute of Living, 100 are emotionally disturbed adolescents. Each year, between 20 to 25 of these seek dermatology consultations. Most of the requests come from patients concerned about acne. The next most frequently treated skin condition is atopic dermatitis, followed by contact dermatitis, warts, hair problems, and cosmetic concerns.

Dr. Zeller noted that disturbances in skin functioning such as the classic forms of conversion hysteria and delusions are seen less frequently today. There is also a tendency toward the disappearance of the "ugly duckling" syndrome in which skin diseases play an important role. Teenagers today appear to be more willing to accept a person for what he is, rather than how he looks, Dr. Zeller said.

Heads Skin Unit

Physicians International Press

DALLAS—Dr. James H. Herndon, Jr., has been named J. B. Shelmire assistant professor of internal medicine and chairman of the division of dermatology at the University of Texas Southwestern Medical School.

"He's built up a wonderful practice starting from scratch!"

IgG Levels Depressed After Burn Injury

International Medical News Service

SAN FRANCISCO — Mechanical leakage of protein from burn surfaces may not wholly account for the changes in immunoglobulin levels observed in severely burned patients, Dr. Andrews M. Munster told the American College of Surgeons meeting here.

Dr. Munster and his associate, Dr. H. Clark Hoagland, at the United States Army Institute of Surgical Research, Brooke Army Medical Center, measured the major serum immunoglobulins, G, M, and A, in 40 burn patients and 10 nonburned controls undergoing elective surgery.

IgM and IgA fractions were essentially normal throughout the study, whereas IgG fractions are considerably depressed immediately after burn injury and return to normal within one or two months by apparently biphasic mechanisms.

IgM values rose rapidly in response to septic complications. IgG levels did not respond markedly to such complications and were generally somewhat depressed in patients dying of their burns. "No patient with an IgG level of 100 mg/100 ml or less at any time following burn survived," Dr. Munster said.

Despite this correlation with survival, there was no significant difference in the immunoglobulin pattern among patients with burns over 40% of the body surface and those with burns covering less than 40% of the body surface.

There was a slight depression in the IgG level in the conrol patients undergoing surgery, Dr. Munster noted. This finding supports other data which are inconsistent with a protein leakage mechanism as the sole cause of lowered IgG in burn patients.

Psoriasis Scale Provides Objective Gauge of Severity

International Medical News Service

NEW YORK—A "severity scale" based on 23 clinical features of psoriasis has been designed to aid in the objective study of the disease.

Dr. Richard D. Baughman of the division of dermatology, Dartmouth Medical School Hitchcock Clinic, described the scale to the AMA section on dermatology. His associate is Dr. Raymond Sobel of the department of psychiatry.

Dr. Baughman noted that the objective measurement of psoriasis has been difficult because there has been no valid numerical scale relating to the severity of the disease.

The features finally incorporated in the Dartmouth scale were among those suggested by patients with psoriasis. These features were rated numerically in accordance with their presence in mild to severe psoriasis. Of the 95 persons asked to take part in this rating, 25 were dermatologists and 70 were patients with psoriasis.

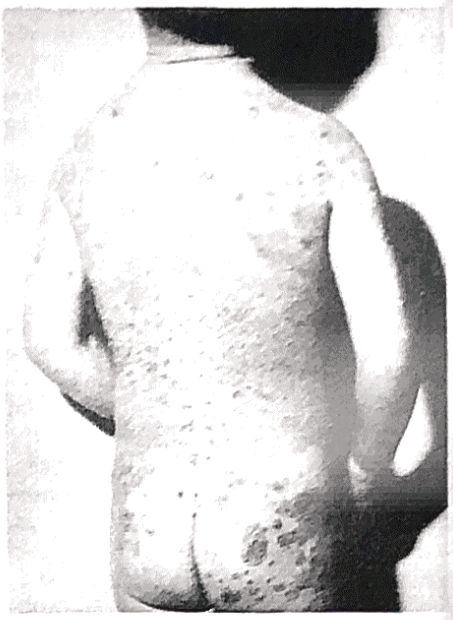
In psoriatic arthopathy, a crippling and extremely painful form of psoriasis, lesions around the fingernails are frequently misdiagnosed as fungus infection. (Photo courtesy of National Psoriasis Foundation)

The final scale was based on ratings from 21 dermatologists and 56 patients who returned satisfactorily complete evaluation booklets, Dr. Baughman said (see table, p. 23).

A statistical analysis of the numerical ratings indicated that patients and physicians seldom agreed on which features are indicative of mild or severe psoriasis, Dr. Baughman said.

For example, most of the physicians rated "shivering" as a symptom indicative of the worst possible disease. The patients' scores for this feature showed much more variance, but the mean numerical rating on the 7-point scale was only 2.4 for patients compared to 6.7 for dermatologists.

(*Continued on page* 23)



Psoriasis is especially tragic in children and may produce crippling psychological effects. (Photo courtesy of National Psoriasis Foundation)

Somatic Delusions May Be Present With Parasitosis

International Medical News Service

LOS ANGELES—Patients with delusions of parasitosis, involving itching and excessive scratching, may have a somatic, rather than a paranoid, delusion, according to Morris J. Paulson, Ph.D., and Dr. Earl P. Petrus.

Drs. Paulson and Petrus, of the department of psychiatry of the University of California, have studied five patients with delusions of parasitosis, using a battery of psychological tests.

The two males and three females studied averaged 47 years of age; three were Negro and two were white. All but one of the patients had average intelligence. The fifth, with borderline intelligence, was the only patient with evidence of a central nervous system dysfunction.

The investigators report (Psychosomatics 10:111-120, 1969) that repressed conflicts over aggression and sexuality appear to be related to the somatic delusion in their patients. The patients, however, did not have the qualities of intelligence necessary to "speculate on the motives and intents of others" which might have led them to paranoid thinking.

Delusional parasitosis does not appear to be a specific disease entity, they say.

The five patients were psychoneurotic rather than psychotic, but the specific complaint of "itching" was the only factor which differentiated them from other psychiatric outpatients. Notably, despite their psychological and physiologial distress, four of the patients were able to continue their jobs as nonprofessional skilled workers and the fifth was able to function as a housewife and mother.

Dr. Paulson

Legs Are Definitely A Cosmetic Problem

(*Continued from page* 3)

patients with luxuriant hair growth. The reappearance of surface hair is significantly slowed and the regrowth is natural rather than a blunt stubble such as follows shaving.

Chemical defoliation has become more popular with the advent of readily available, pleasant-smelling products, Dr. Brauer noted. These products are available from any cosmetics counter. However, an open skin patch test must be made before these agents are used on a large area.

The only permanent method of hair removal is electrolysis diathermy. This procedure requires a highly skilled technician and should always be supervised by a physician, he said. It is not a good method for the removal of large areas of hair.

Pigmentation, telangiectasia, and purpura require a cover-up that will not wear off, that is easy to apply, and that is reasonably waterproof. The best answer is hosiery, and net or patterned hosiery is particularly good. Yet women who know this will not seriously practice it until they are told to do so by a physician or someone they hold in high esteem, Dr. Brauer said.

Cosmetic products for covering leg blemishes come in two forms: an overall leg makeup and a spot cover for use on defects which vary greatly from the overall leg color. Both of these products are manufactured by most cosmetic companies and are readily available at cosmetic counters.

There is a large selection of leg makeup colors, but the spot cover products come in a more limited number of shades, Dr. Brauer said. The patient may be able to find a desirable shade among spot cover products marketed for use on the face. If not, there are companies that will blend a custom preparation.

'Running With the Herd' Results In Many Teenage Skin Problems

(*Continued from page* 3)

not associated with the use of marijuana, amphetamines, or hallucinogens, barbiturates may cause a variety of skin lesions.

Dr. Bauer noted that among hippie groups who "like love, both spiritual and corporal" and who believe in "sharing," the incidence of syphilis and gonorrhea is high and reinfection is common. The early lesion of syphilis is usually found on the genitalia but may occur in other places. It is a firm, painless ulcer, accompanied by firm, discrete, painless lymph nodes in the groin.

The diagnosis is made by darkfield examination of material from the lesion which identifies the organism, *Treponema pallidum*. About one-third of all lesions of primary syphilis may be seronegative, Dr. Bauer pointed out.

The skin eruption in secondary syphilis is a bilateral, symmetrical dermatitis with involvement of the oral mucosa, the palms, soles, and genitalia. Individual lesions tend to remain discrete and do not merge into large plaques.

In secondary syphilis, serologic tests such as the Kolmer, the VDRL and the fluorescent treponemal antibody absorption tes's are almost 100% positive and are a reliable method of making the diagnosis, Dr. Bauer said.

The use of contraceptive pills may be associated with increased pigmentation of the face and rarely with erythema nodosum or erythema multiforme.

Excessive time spent on the beach or in the sun can result in severe sunburn, and dry, cracked, sore heels can result from walking on hot sand. Actinic damage to skin after continued exposure is an accepted fact but does not become manifest until middle age.

The popular sport of surfing can produce surfers' nodules which arise from continued pressure on an area of skin, Dr. Bauer said.

Lesions May Indicate Basal Cell Cancer

(*Continued from page* 4)

genital, Dr. Dodd pointed out.

The incidence of basal cell tumors in the series was 76% while 63% of the patients showed pit-like defects of the hands and feet.

The calcification of the falx cerebri and the tentorium cerebelli in patients with the syndrome is distinctly lamellar in appearance and comprises one or more flat sheets, Dr. Dodd said. This feature was observed in 80% of the patients but in only 8% of a control group.

Sellar bridging was noted in 76% of the affected group compared to 8% of the control group. Hypertelorism, frontal and biparietal bossing, and congenital hydrocephalus were also observed.

Medulloblastoma was noted in 4 of 22 children with the syndrome who were 15 years or younger.

Cysts of the mandible and maxilla were present in 78% of the patients, with the former more frequently involved. Cysts of the jaw are often the basis of a presenting complaint and usually appear at an earlier age than skin lesions, Dr. Dodd said.

Anomalies of the spine were noted in 67% of the patients, with spina bifida and scoliosis the most frequent findings. Rib anomalies, present in 57%, included bifid, fused, dysplastic and cervical ribs.

Subcortical cystic changes were observed in the long bones and phalanges in 46% of the patients and shortening of the fourth metacarpal was found in 28%.

Cysts of the mesentery and ovaries were noted in 39% of the cases.

Associated with Dr. Dodd in the study were Dr. Bao-Shan Jing and David E. Anderson, Ph.D.

Phage Organisms Cause 'Scalded Skin' Syndrome

International Medical News Service

WASHINGTON—A causal relationship between the scalded skin syndrome and infection with phage group II *Staphylococcus* was reported at the Ninth Interscience Conference on Antimicrobial Agents and Chemotherapy by Dr. Marian E. Melish, of the department of microbiology, University of Rochester School of Medicine and Dentistry.

She and her associate, Dr. Lowell A. Glasgow, of the department of pediatrics at the University, subcutaneously injected newborn mice with staph organisms from 16 children with phage group II *Staphylococci* infections and associated skin involvement. The latter ranged from a localized form, bullous impetigo, to the complete exfoliative form of scalded skin syndrome.

The mice developed generalized erythema and a Nikolsky sign 12–16 hr after infection. In 4 hr there was wrinkling of the skin, with blister formation. When the superficial layers of the skin peeled off, there was a moist red surface beneath.

This sequence is identical with the course in patients with the scalded skin syndrome, Dr. Melish pointed out.

In the microscopic sections taken from the affected mice, the changes in the skin were also identical to the pathologic changes seen in the skin of infants and children with the disorder.

The cleavage plane, at the site of exfoliation, occurred within the epidermis. There was no inflammatory response and no organisms were identified in bullous lesions or at the sites of exfoliation. However, colonies of *Staphylococci* were found along the injection track deep to the dermis.

"The development of this experimental model firmly establishes *Staphylococci* of phage group II as the etiologic agent of the scalded skin syndrome," Dr. Melish said.

Animals given injections of *Staphylococci* of other phage groups developed no skin changes. Twenty strains of *Staphylococci*, other than phage group II but including standard reference strains and those obtained from patients with a variety of infections other than the scalded skin syndrome, caused no exfoliative reaction when injected into newborn mice.

Microscopic examination showed massive collections of organisms at the injection site, but the dermis and epidermis remained intact. Responses to intraperitoneal and subcutaneous injections were the same, Dr. Melish pointed out.

In the mice given phage group II staph injections, the rapidly appearing erythema and exfoliation, together with the clinical observation that fluid from the blisters may be sterile, suggest that the skin changes are the result of the action of a soluble product or toxin produced by the organism rather than the result of direct infection of the skin, Dr. Melish said.

Using this experimental model, Dr. Melish is currently attempting to identify and isolate the soluble product of the *Staphylococcus* which produces the scalded skin syndrome.

Dr. Melish

Early Acne Therapy Cuts Pitting

(*Continued from page* 1)

lesions is sometimes of value, he said.

In older adolescents, Dr. Kenney said he is generally conservative on the use of hormonal therapy, which he feels should be used only in certain, selected cases.

There is no evidence to date that diet plays any important role in acne, he said.

After acne, the next most common skin complaint of adolescents is atopic eczema. The distribution or location of the skin lesions is the most helpful clue in recognizing atopic dermatitis. A family history of eczema, asthma, hay fever, or bouts of acute urticaria, allergic rhinitis, or gastroenteritis aid in supporting the diagnosis.

The patient with atopic dermatitis tends to have very dry skin, is more likely to be tall and lean, and has a highly active nervous system. Psychiatric analyses show that the atopic dermatitis patient often has repressed hostility toward his parents or close relatives and frequently has emotional problems that are difficult to treat by psychotherapeutic methods.

Dr. Kenney recommended soaking the skin in water and then applying ointments to retard the loss of absorbed water. Steroid creams should be applied locally two to three times a day, either a 1% hydrocortisone cream or one of the more potent fluorinated steroid creams. Except in emergency situations, systemic use of steroids should be avoided.

Periodic eye examinations are advisable since a small percentage of patients with atopic dermatitis may develop juvenile cataracts.

Dr. Kenney uses a larger-than-normal dose of antihistamines at bedtime both to produce drowsiness and to help the patient sleep by relieving itching.

He pointed out that the adolescent atopic dermatitis patient also needs an understanding physician who can help the teenager with his conflicts.

Another skin disease encountered in adolescents is pityriasis rosea, characterized by an initial lesion that first appears as an oval, erythematous, slightly scaling area. In about a week, it is followed by an outbreak of similar, smaller lesions distributed along lines of cleavage on the trunk, extending from the neck down to the upper thighs. After 6–8 weeks, the eruption disappears.

Although no treatment is necessary, a steroid cream or lotion hastens the involution of the lesions, Dr. Kenney said.

He noted that many dermatologists believe that a serologic blood test for syphilis should be done in all but the most typical cases of pityriasis rosea, since this is one of the most important differential diagnostic conditions to be considered.

Noting the increase in venereal disease among teenagers, Dr. Kenney said that primary and secondary syphilis are best treated by benzathine pencillin G in a dosage of 1.2 million units in each buttock by intramuscular injection for a total of 2.4 million units at one treatment. The same dose can be used for preventive therapy for the patient known to have been exposed to infectious syphilis.

Discoid LE Remains Mysterious Despite Successful Treatment

International Medical News Service

NASHVILLE—Discoid lupus erythematosus remains a mysterious condition, despite some therapeutic inroads by the antimalarial drugs, says Dr. Robert N. Buchanan, Jr., of the department of medicine, the division of dermatology, Vanderbilt University School of Medicine here.

He reports a 15-year follow-up of 27 patients treated with the antimalarials. The etiology of the disease still is elusive. The study did provide some information on the course of the treated disease, although it was too small for statistical significance, Dr. Buchanan says.

Of the 27 patients treated for discoid lupus with the antimalarials, four died of a vascular disease. All were men, aged 47, 47, 48, and 67. The causes of death included myocardial infarct, coronary thrombosis, or rupture of an intracranial aneurysm.

Dr. Buchanan said this raises the question of possible long-term harmful drug effects. He advocates further study of the side effects and comparison of the treated course with the natural course of the disease. The fifth death in the 15-year period was of a 97-year-old woman, whose cause of death was not ascertained.

Of the 22 patients alive and located, one recently developed systemic lupus erythematosus with a positive LE cell test. Antimalarial drugs had helped the skin lesions somewhat, but they had never completely cleared, Dr. Buchanan says (Southern Med. J. 62:790-94, 1969).

Three patients still have active but mild discoid lupus, two are currently clear but have been so for fewer than 5 years, six have been clear for 5-10 years, and 10 for longer than 10 years. Only four had cleared promptly, remained well, and did not require subsequent drugs, he continues.

Even among patients who have been free of the disease for more than 10 years, there are several who take the drugs prophylactically each spring.

The investigator acknowledges that the study raises more questions than it answers, including the question of whether the drug really alters the long-term natural course of the disease.

Sweat Glands Normal in Infants With Tuberous Sclerosis, Later Growth Fails

International Medical News Service

LOS ANGELES—Eccrine sweat glands in infants and young children with tuberous sclerosis, a genetic disease, appeared to be normal but failed to grow with age.

In agammaglobulinemia of the Bruton type, however, another genetic disease, the eccrine glands were small in infancy but with age apparently attained a disproportionately great growth of the secretory coils, say Dr. Benjamin H. Landing and Theadis R. Wells, of the department of pathology, Children's Hospital of Los Angeles, and the University of Southern California School of Medicine.

They report a comparison of the sweat-gland anatomy in two groups of infants and children—those found to have, altogether, 39 "established and presumed genetic diseases" and a control series of 286 patients known not to have a specific genetic disease except for cystic fibrosis.

The abnormal electrolyte composition of eccrine sweat in a number of genetic and metabolic disorders and the anatomic simplicity of the glands suggested the potential volume of the study. The sizes of the excretory ducts and secretory coils of microdissected eccrine sweat glands were determined.

In seven of the 39 genetic diseases which cause death in infancy or childhood, the eccrine glands were normal, and in six they were small but normally proportioned, the investigators say (J. Chronic Dis. 21:703-13, 1969). In 16 diseases the secretory coils were found to be large in proportion to the excretory ducts and in seven other diseases the secretory coils were small in proportion to duct length.

More detailed study of the eccrine gland anatomy and function may prove useful in diagnosing genetic diseases and other disorders, the researchers say.

Because of the small numbers of patients available for their study, the data can be considered indicative only of directions for future investigations, they warned.

Ped. Dermatology

Consider Histiocytoses

BALTIMORE—The histiocytoses should be considered in instances of prolonged, refractory skin disease, say Drs. Nancy B. Esterly and Herbert M. Swick of the Johns Hopkins Hospital here. They discuss Letterer-Siwe disease in a 2½-year-old Negro girl who underwent multiple long hospitalizations and emotional stress which could have been alleviated by an earlier, correct diagnosis and more aggressive therapy.

The disorder typically occurs in infancy and is the most generalized and serious form of histiocytosis X. The eruption closely resembles seborrhea, particularly when the hemorrhagic component is absent. If the symptoms persist despite adequate therapy for seborrhea and pyoderma, a skin biopsy may be diagnostic of Letterer-Siwe, the physicians say (Amer. J. Dis. Child. 117:236–38, 1969).

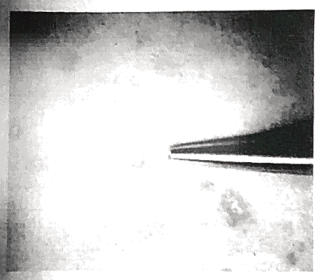
Biopsy in this instance showed a dense histologic infiltrate in the upper dermis and invasion and partial replacement of the epidermis. A course of vinblastine sulfate resulted in a 9-month remission and a subsequent eruption was controlled with oral cyclophosphamide.

Skin Lesions Clue to Gastrointestinal Symptoms

(*Continued from page* 3)

by distinctive skin lesions: small red papules that beome umbilicated in the center after a few days. The central portion of the lesion, which becomes atrophic, is porcelain white.

Similar lesions occur in the intestines a few weeks or months after onset of the cutaneous eruption and cause acute crises. Gastrointestinal symptoms may be



Symptomatic of Degos' disease are these small red papules, porcelain white and atrophic in the center. They become umbilicated in the center after a few days.

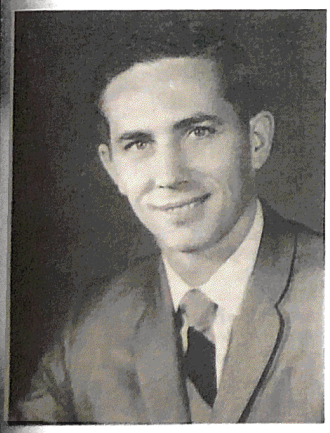
mild at first, but the patient usually dies after intestinal infarction and perforation with peritonitis. No effective therapy is available.

Cutaneous lesions are the earliest manifestations of angiokeratoma corporis diffusum (Fabry's disease), a rare, familial fatal disease that involves multiple organ systems. Widespread deposition of ceramide trihexoside and ceramide dihexoside in various organ systems results in a varied clinical picture.

"The classic findings in the skin are multiple, red to purple, often hyperkeratotic vascular puncta," Dr. Owens said. The angiectatic vascular lesions in the skin usually appear before puberty; similar ones may be present on the mucosa of the gastrointestinal tract. Diarrhea and bleeding hemorrhoids are common. No known therapy alters the fatal course of the disease.

The onset of urticaria pigmentosa in childhood usually resolves spontaneously by puberty, but systemic mastocytosis occurring after childhood is a chronic and progressive disease. Abnormally proliferated tissue mast cells infiltrate not only the skin but also bones, liver, spleen, gastrointestinal tract, and other organs.

When the lesions appear during the first few months of life, they are usually tan papules or nodules that urticate or blister easily. "The ability to urticate is



Dr. Owens

the hallmark of the skin lesions and is due to local histamine release from the mast-cell granules," Dr. Owens explained.

A vesiculopustular dermatitis occurring in children, around the natural orifices and on the extremities in association with diarrhea, characterizes acrodermatitis enteropathica. Gastrointestinal symptoms include abdominal discomfort, marked anorexia, and diarrhea.

Successful treatment with Diodoquin has been reported in several cases, Dr. Owens noted.

About 25–40% of patients with primary systemic amyloidosis have skin manifestations: small waxy papules which appear on the face, particularly the eyelids. Local hemorrhage is the most common cutaneous expression of amyloid. Bilateral black eyes, with no history of trauma, are a characteristic finding, produced by hemorrhage into the eyelids. The entire length of the alimentary tract may be involved.

Due to widespread connective tissue alteration, pseudoxanthoma elasticum has systemic manifestations which mainly involve the skin, eye, and cardiovascular systems. The earliest changes are noted in the skin, with the appearance of soft, wrinkled folds of granular skin, Dr.

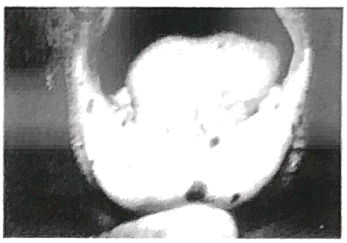
Hyperelasticity of the skin is one of the primary features of the Ehler-Danlos syndrome. Hyperextensibility of the joints is another.

Owens said. Small papules fuse to form plaques that resemble xanthomas.

Gastrointestinal hemorrhage is an important complication. Histologic study of resected gastric tissue has shown changes similar to those found in the skin: superficial mucosal hemorrhage and erosion, with elastic tissue degeneration of small and medium arteries and calcified plaque formation.

Fragility and hyperelasticity of the skin and hyperextensibility of the joints are the primary features of the Ehler-Danlos syndrome (cutis hyperelastica), Dr. Owens noted. A number of gastrointestinal and ocular manifestations may be present.

The skin has a velvety texture and is



Brown, round or oval patches likes these frequently appear on the lips, buccal mucosa, gingiva or hard palate in the Peutz-Jeghers syndrome.

hyperextensible but not lax. Patients bruise easily but do not necessarily bleed profusely as a result of skin wounds.

Periorificial lentigines and intestinal polyposis characterize the Peutz-Jegher's syndrome. Pigmented macules usually develop in childhood or early adulthood. Brown round or oval patches are often seen on the lips, buccal mucosa, gingiva, and hard palate, Dr. Owens said.

Solitary or multiple polyps of variable size may occur anywhere in the gastrointestinal tract but are most common in the small intestine.

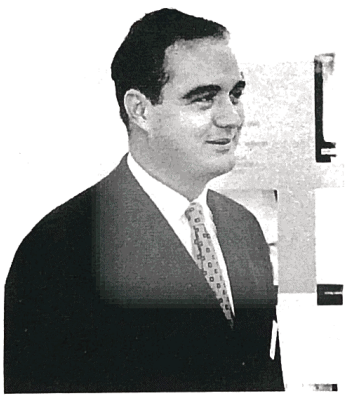
Gardner's syndrome consists of three manifestations: multiple polyposis of the colon, soft tissue tumors, and bone tumors. Dr. Owens stressed that recognition of the cystic lesions of the skin will direct attention to the potentially malignant colon polyps. The skin lesions are usually benign epidermal cysts that appear well in advance of the polyposis.

Sulfamylon Draws Praise, Criticism As Burn Therapy

(*Continued from page* 3)

requires more detailed documentation, he said.

Dr. P. William Curreri, of the United States Army Institute of Surgical Research at Brooke Army Medical Center, and



Dr. Curreri

his associates, Drs. Jerry M. Shuck, Robert J. Flemma, Robert D. Lindberg, and Basil A. Pruitt, used 5% aqueous sulfamylon and occlusive dressings for the suppression of bacterial growth in burn wounds.

Dr. Curreri reported that this therapy reduced the incidence of *Pseudomonas aeruginosa* from 88% to 21% and the incidence of burn wound sepsis from 59% to 10%.

He concluded that "occlusive dressings saturated with 5% sulfamylon solution are effective in debriding necrotic debris from burn wounds just prior to skin coverage and appear to offer an effective means of reducing the risk of burn wound sepsis."

The 5% sulfamylon soaks "are not a substitute for sulfamylon cream for initial burn wound care," he said. The soaks are to be used only for short-term debridement of full-thickness burn wounds immediately prior to skin homograft and on large second-degree burns which are undergoing active and rapid epithelialization.

Every Black Lesion Is Not A Melanoma, Panel Concurs

(*Continued from page* 3)

moderator, quizzed the panelists on the probable diagnosis and appropriate treatment of various lesions presented on color slides.

Although the physician is taught that anything black is to be feared, there are a number of dark lesions which are benign, said Dr. Lynch, of Galveston. He recommends a limited excision of such lesions under local anesthetic. Excision allows a definitive diagnosis by the pathologist and is thus preferable to cauterization for all but the typical keratotic lesions.

The benign dark lesions shown to the panel included aseborrheic keratosis, an angiokeratoma, a capillary hemangioma with trauma, and a blue nevus.

The panelists generally agreed that these lesions should be removed under local anesthesia with a narrow margin of grossly normal skin. Whenever there is any suspicion that the lesion may be a melanoma, a wider resection should be performed with a request for immediate frozen-section diagnosis. If the lesion is a malignant melanoma, Dr. Lynch recommends a larger excision of the area with a skin graft to close the defect. Discontinuity node dissections may also be performed.

Drs. Lynch and Godwin disagreed on the advisability of performing a punch biopsy in patients with suspect lesions. Dr. Godwin argued that, when frozen sections are not available, it should not be too hazardous to perform a punch biopsy if surgery follows within a matter of hours.

Dr. Godwin

Dr. Lynch cited research on the manipulation of tumors in his argument against the use of biopsy in any lesion which is suspected of being a melanoma. He is not opposed to biopsy of superficial or basal-cell carcinomas.

Superficial melanomas generally have a better prognosis, particularly in female patients, Dr. Godwin said. He would not advocate neck node dissection or similar operations for lesions of this type.

Frequently, a superficial melanoma will occur, unnoticed, on the scalp. In such cases, the first indication of tumor may be a metastasis to the brain or lung, he pointed out.

Squamous-cell carcinomas can be treated with either surgery or irradiation. For most skin cancer irradiation is the treatment of choice and resutls in excellent permanent control. The cosmetic and functional results, when the proper technique is used, are very good indeed.

Dr. Godwin also favors surgery in the treatment of basal-and squamous-cell carcinomas. "We know these skins tend to develop malignant lesions, and it would seem appropriate to use a surgical procedure and avoid the possible effects of ionizing radiation," he said.

When radiation is used, the amount and quality of radiation must be carefully chosen to avoid late radiation effects, Dr. Bozzini stressed. "There are many instances which favor surgery," he said. "Radiation therapy should be considered only when proper facilities and trained radio therapists are available.

Lupus Reports

Procainamide-Induced Lupus

BOSTON—The lupus syndrome induced by prolonged procainamide therapy is a normal human reaction to the drug rather than a disclosure of a latent idiopathic lupus erythematosus, Dr. Stephen E. Plomgren told the American Rheumatism Association meeting here.

A retrospective study showed that symptoms and serologic abnormalties in procainamide-induced lupus subside after the drug is stopped, said Dr. Plomgren, of Strong Memorial Hospital, the University of Rochester, Rochester, N.Y.

A prospective study of the syndromes revealed that a high proportion of persons on the drug for more than two months will develop antinuclear antibody and that this will subside when treatment is stopped, he said. The disappearing reactants (LE factor, latex nucleoprotein agglutinin, and complement on red cells) and falling antinuclear antibody titers result from a transient autosensitization related to procainamide treatment, Dr. Plomgren concluded.

DNA System in SLE

NEW YORK—The DNA system is definitely of special significance in systemic lupus erythematosus, Dr. H. G. Kunkel said at the Society for Investigative Dermatology meeting here.

His presentation, prepared in association with Drs. D. Koffler, R. I. Carr, and V. Agnello of the Rockefeller University Hospital, outlined the available evidence that antibody-antigen complexes directed at native double-stranded DNA are basic to the disease.

Although immunological alterations and DNA anti-DNA complexes are seen in the skin lesions of lupus erythematosus (LE) patients, the highest concentrations of DNA antibody are seen in eluates from kidney glomeruli. At autopsy, kidney specimens from LE patients have shown concentrations of DNA antibody 1,000 times that found in serum, Dr. Kunkel noted.

Psoriasis Scale Provides Objective Gauge of Severity

(*Continued from page* 18)

Such features as embarrassment over appearance, scales in the bedding, ahd the enlargement of an old patch were rated as much more severe by patients than by dermatologists. In fact, embarrassment over appearance was given a rank order of one by the patients but was ranked twenty-third by the physicians.

Dr. Baughman remarked that "the intensity of patient concern over what the physician seems to consider mild symptomatology should be noted."

Dr. Baughman plans to use the severity scale to evaluate the influence of climate, season, emotional stress, and other variables on psoriasis. The scale should make it possible to determine objectively when a situation is worse and to measure how much worse it has become, he said.

The scale can be used in prospective, retrospective, or combined studies, Dr. Baughman noted. In future studies he plans only to ask the presence or absence of a feature. The findings will then be compared with an evaluation of life stress as determined by an accepted standardized assessment.

It might also be applied to the evaluation of the relationship between psoriasis and such factors as nutritional status, obesity, or other chronic diseases, Dr. Baughman said.

Psoriasis Severity Scale: Ratings by 21 Dermatologists and 56 Patients

Features	Dermatologists		Patients	
	Rank order	Mean score	Rank order	Mean score
Shivering	1	6.7	18	2.4
Entire body surface affected	2	6.6	2	5.4
Fever	3	6.6	23	2.4
Pustular areas (other than palms and soles)	4	6.4	19	2.9
Loss of hair	5	6.0	16	3.0
Arthritis (pain or swelling of joints)	6	5.8	12	3.6
Loss of fingernails	7	5.8	15	3.3
Interference with sleep	8	5.5	9	4.0
Pain in areas other than palms and soles	9	5.5	11	3.7
Rapid involvement of new areas	10	5.4	14	3.4
Worsening with usual treatment	11	5.4	8	4.3
No response to usual treatment	12	5.2	6	4.4
Painful cracks in palms and soles	13	5.1	17	2.4
Sole thickening	14	4.7	20	2.8
Dulled sensation in fingertips	15	4.6	22	2.5
Scales in bedding	16	4.4	3	5.1
Face involvement	17	4.3	21	2.6
Itching in groin, rectum, or sexual parts	18	3.9	7	4.3
Scales on clothing	19	3.8	5	4.7
Enlargement of old patch	20	3.7	4	4.9
Involvement of crease areas	21	3.6	13	3.5
Persistence on legs when rest of body is clear	22	3.5	10	3.9
Embarrassment over appearance	23	3.2	1	5.5

Open Air for Burns

International Medical News Service

SAN FRANCISCO—Open-air exposure is superior to use of topical ointments for treating burn wounds, according to Dr. Stephen V. Flagg and his associates, Drs. John Marquis Converse and Felix T. Rapaport, of the New York University School of Medicine.

The investigators, of the University's institute of reconstructive plastic surgery, compared healing of 3–4% body surface area full-thickness skin burns inflicted on guinea pigs. The burns were variously treated with open-air exposure, plain-gauze occlusive dressing, ointment base dressing of CF-100 (neobase), silver sulfadiazine paste dressing (CF-100), and sulfamylon acetate cream B dressing.

By the 26th day after injury, 17 of the 18 guinea pigs in the open-air exposure group showed complete healing. No complete healing was seen in any of the other animals at this time.

By the 49th day, only 4 of the 16 pigs treated with sulfamylon acetate dressings showed complete healing. By this time in the study the majority of animals treated with the other types of dressing were completely healed.

The observations with regard to the use of sulfamylon acetate indicate that this agent may be capable of retarding the rate of wound healing, Dr. Flagg said.

Silver sulfadiazine, used as a topical agent, appears to have no effect on the rate of epidermal regeneration as compared to wounds treated with silver sulfadiazine base ointment (neobase as a control) or those treated with plain gauze, he concluded.

ADVERTISERS INDEX

Study Discounts Tetracycline Toxicity in Blood

International Medical News Service

ATLANTA—A study of the effects of long-term, low-dosage tetracycline therapy on the cellular elements of peripheral blood produced little evidence of tetracycline toxicity, Dr. Lamar S. Osment told the Southern Medical Association meeting here.

Dr. Osment and his associate, Dr. William J. Hammack, at the University of Alabama School of Medicine, studied 22 patients with acne who received 250 mg of tetracycline twice daily. Seven other acne patients did not receive tetracycline. All patients received the same topical medications: Secomat (Texas Pharmacal) and Fostril (Westwood). The subjects were tested every 6 weeks for periods ranging from 1 to 9 months.

"The results were similar in the two test groups and there were no essential differences detected between those subjects receiving antibiotics for shorter periods and those with longer treatment periods," Dr. Osment said.

Dr. Osment

The blood disorders which were no in the subjects receiving tetracyclines cluded: slight leukopenia (3), low he globin (1), very slight toxic granulati of leukocytes (2), and polymorp nuclear leukocyte-lymphocyte reve (1). Two of the nontreated controls a exhibited polymorphonuclear leukocy lymphocyte reversal.

Dr. Osment concluded that blo counts obtained at monthly intervals three months and at three-month int vals thereafter should be adequate following patients on low-dosage tetra cline therapy.

He noted that only 1 of the 7 cont patients had improvement in their ac compared to 14 of the 22 subjects taki tetracycline.

Liquid Nitrogen Used as Anesthetic In Wart Removal

International Medical News Servi

ATLANTA—A method for removi warts, which employs liquid nitrogen an anesthetic followed by rapid cure tement was described at the Southe Medical Association meeting by D Robert C. Thompson of Chattanoog Tenn.

Dr. Thompson reported that th method has proved useful in removi common warts, filiform warts, flat wart and other entities such as seborrhe keratoses. It is not applicable for subu gual warts, plantar warts, condylom acuminata, and very large, spread-ou common wart clusters, he said.

The method makes it possible to re move warts without producing a bliste or causing a cold burn from the liqui nitrogen. As a result, there is less pai than removal with cryotherapy alone The method is particularly applicabl when the patient is a child, Dr. Thomp son said.

The materials required for thi procedure include: liquid nitrogen in styrofoam coffee cup, cotton-tipped, 6-i long applicators, a sharp dermal curet Monsel's solution, and sterile gauz squares. Dry ice may also be used but i more difficult to handle, Dr. Thompson said.

After the wart has been frozen with liquid nitrogen in the usual manner by the physician's assistant, the wart is quickly removed with the dermal curet A large number of warts may be re moved quickly with this technique. Mon sel's solution (ferric subsulfate) is used to control bleeding and bismuth violet is applied as an antiseptic.

Dr. Thompson summed up the advant ages of the technique by saying, "Pain is minimal, needle fear is eliminated, and the physician's time is saved for less mundane matters of medicine."

Air-Blasted Particles Debride Eschar

International Medical News Service

SAN FRANCISCO — Animal studies support the concept of employing air blasting, with frozen, crushed ceramic particles, for debriding burn eschar within 24 hr of injury, Dr. Thomas S. Hargest reported at the American College of Surgeons meeting here.

Dr. Hargest, of the department of surgery of the Medical College of South Carolina, and his associates, Drs. Max S. Rittenbury and Curtis P. Artz, have studied various combinations of particle sizes, air pressure, and gun nozzle size.

Their work on partial and full thickness flash burns in swine indicates that burn eschar can be easily removed within 24 hr after injury. The most rapid debridement was achieved using a 4.5 mm nozzle, 250-350 μ crushed ceramic particles, and a driving pressure of 70 lb/sq in. Nozzle size was the significant variable regulating the delicacy of eschar removal.

No damage to normal tissue and no ceramic debris has been seen in tissue sections taken from the burn wound, Dr. Hargest reported.

These studies support the need for continued work with this technique in order to determine its possible application for clinical use, he said.