THE TREATMENT OF PSORIASIS *

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During the past two years, I have been employing a method in the treatment of psoriasis which is not entirely original, but which has proved so efficient that I feel that it is worthy of wider trial, and for that reason I wish to bring it to the attention of the members of this organization. Primarily formulated as a war measure, for the purpose of getting rid of the cutaneous eruption as quickly as possible in candidates for the aviation corps, the method proved so satisfactory that we have since been employing it as a routine measure.

At the beginning, I wish to say that the procedure is one to be used only in combating the disease in the quiescent stage and not during the acute or eruptive periods. Every patient should receive a careful general physical examination before treatment is instituted, and any discoverable coexisting focal infection should be eradicated. The presence of a nephritis or of a serious heart lesion would necessarily preclude the adoption of so intensive a method of medication.

In a series of forty-two cases, the results have uniformly been good, and no untoward results have developed.

Briefly, dependence is placed on injection of a foreign protein (in the form of an autogenous colon vaccine) and the liberal use of a chrysarobin ointment, much stronger than that commonly employed (20 per cent.).

Following the discontinuance of the chrysarobin medication, arsenic, in moderate dosage, is given, to aid in preventing relapses.

In the treatment of lesions of the scalp and face, ammoniated mercurial ointment, 5 per cent., in petrolatum, or, if the scalp is very greasy, in equal parts of petrolatum and soft soap, is used.

Injections of foreign protein, and especially of blood serum (human and animal), have been employed in the treatment of psoriasis and other chronic cutaneous disorders for many years, but, so far as I know, recourse has never been had to colon vaccine for this purpose.¹

* Read at the Forty-Fourth Annual Session of the American Dermatological Association, Swampscott, Mass., June 2-4, 1921.

1. Jamieson, Robert C.: Trans. Am. Dermat. Assn., 1921, in his paper on "Experimental Work on Psoriasis," referred to the use of colon vaccine in the treatment of the disease, by Claveux, in 1919, and Danysz, in 1920. I have seen neither of these reports, but it is probable that the work of one, or both, of these investigators antedates my own.

The remedy was first suggested to me by Dr. W. W. Duke of Kansas City. His explanation of the probable benefits to be derived is set forth in the following informal communication:

We have been using a nonspecific therapy in the treatment of anaphylaxis and have observed some very good results in cases of asthma.

We thought we could perhaps get a better reaction by injecting a protein to which the patient was already sensitized than by using typhoid bacilli and similar preparations. We believed that the patient would probably be more sensitive to his own colon flora because of the fact that it had been with him for a long time, and the area of mucous membrane involved was of course very extensive. For this reason, we conceived the idea of making an autogenous vaccine from the stool, giving the first subcutaneously and in case it did not give a brisk reaction, giving it intravenously.

We almost invariably would get a brisk reaction, and it has appeared to give better results, clinically, in the treatment of anaphylactic cases than typhoid bacterin and other foreign proteins.

The vaccine is prepared by making a streak culture from the stool upon an agar slant, incubating from twelve to twenty-four hours, and then picking out the various colonies, and transplanting them on agar slants. Of course, *Bacillus coli* usually predominates, but in almost every case staphylococci of various kinds also are found. We do not make any desperate effort to identify these organisms except in the above fashion.

The dose is gauged only approximately. We make a suspension having a certain turbidity which we know by experience would amount to about one thousand million organisms per cubic centimeter. We start by giving 1-10 c.c. subcutaneously, increasing the dose 20 per cent. at each inoculation. If a reaction is not obtained after the second or third dose, we divide the amount of the last dose by ten, and give this amount intravenously. This invariably gives rise to a good reaction, sometimes causing a rise in temperature to 103° or 104°. The dose should be repeated every two to five days, depending upon the time required for the previous reaction to subside.

As to the results, I would say that we have secured better effects with autogenous colon vaccine than with any other form of foreign protein.

For several years, I have been gradually discarding the more complicated formulas in the local treatment of psoriasis and depending more and more on chrysarobin. In studying the earlier literature on chrysarobin medication, I found that the pioneers prescribed it in much stronger mixtures than those commonly employed at present. By careful clinical experimentation, we found that a 20 per cent. mixture of chrysophanic acid and petrolatum could safely be applied to one-third, or even more, of the entire cutaneous surface without giving rise to any serious local or constitutional disturbance.

The ointment is applied to the patches twice daily by means of a stiff tooth brush. The patients are, of course, kept in bed, and as a rule I have them wear a full length suit of union underwear all of the time. The eyes are bandaged at night.

The average period of confinement is seven days. Following this, any few remaining patches can be treated and kept covered (to prevent staining of the clothing), the vaccine is discontinued, and arsenic medication begun.

Only an experienced dermatologist can appreciate the utter uselessness of half-hearted treatment in an extensive case of psoriasis. For this reason, if no other, I am asking you to give this plan of treatment a thorough trial, and I shall ask you to suspend judgment on its value until you have done so.