

TREATMENT OF PSORIASIS BY THE GENERAL PRACTITIONER.*

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In a former article¹ I described a new ointment, which I have used very successfully in the treatment of psoriasis. It consists of:

R. Acid. salicylic	3iiss	10
Chrysarobin		
Ol. rusci (birch tar), āā	3v	20
Sapo. virid.		
Vaselin, āā	3viss	25

This ointment contains keratolytic reducing as well as macerating and antipsoriatic remedies in rather large doses. The combination of sapo. viridis and chrysarobin represents, I believe, an original feature in this application.

During the last two years I have treated a great number of psoriasis patients with this ointment, but I do not intend publishing reports of these cases, as the process of recovery was nearly identical in all. The treatment is as follows:

For from 4 to 6 days the ointment is applied by the aid of a stiff brush to the affected area (after this has dried somewhat it is well to apply a little starch or zinc powder). On the fifth or sixth day the patient starts taking hot baths daily for from one to three days, and after the bath vaselin is to be well rubbed in from one to three times a day. This course of treatment, which embraces a period of eight days, may be repeated several times, according to the severity of the disease, but as a rule the psoriasis patches disappear soon after the first treatment.

During treatment, the appearance of the lesion is as follows: One or two days after the application has been begun, it will be observed that the ointment remains on the normal skin immediately surrounding the patches of psoriasis as a black parchment-like crust of the thickness of a piece of paper, whereas over the affected areas the ointment does not stick but rather causes a powerful scaling of the entire plaque. Wherever psoriasis exists in any shape, from the simple feeling papula to the formed scale-covered plaque, an intense feeling takes place. It is my opinion that the ointment, according to the different effects on normal and diseased skin, as described above, acts as an indicator for all areas of psoriasis.

The black crusts which become closely adherent after five or six days' treatment gradually loosen after a few days of bathing, and inunction with vaselin or with zinc sulphur ointment.

The difference between this ointment and other chrysarobin ointments is that it possesses the property of limiting the chrysarobin irritation almost completely to the diseased area with hardly any damage to the neighboring skin.

Every physician is acquainted with the diffuse staining caused by chrysarobin, which often gives the patient the appearance of an Indian, but my ointment remains, with but few exceptions, limited to the area of application.

In my first publication I mentioned the satisfactory results that I attained by this method of treatment.

Since then, Professor Lassar² has expressed the same opinion. He says:

I have given the combination of salicylic acid with chrysarobin, tar, soap and vaselin, suggested by Dreuw in the *Monatsschriften fuer praktische Dermatologie*, a thorough trial since March on 300 patients, and am pleased to state that the results were entirely satisfactory. The irritation caused by the chrysarobin, with but few exceptions, remained absent, and in the few cases the inflammation was more moderate than is usually found after treatment with chrysarobin. The ointment forms a thick black crust on the diseased area, and over these areas the ointment can be applied again and again, while the tar treatment can be carried on. Gradually the crusts peel off and, instead of a psoriasis plaque, there remains, as a rule, an area normal in appearance and difficult to distinguish from its healthy surrounding, though now and then an area for a time will assume a paler shade which soon disappears. Dreuw's method has proved itself to be so free from irritation and yet so efficacious that I have used it without exceptions on all my patients and consider it superior to all others as regards the ease with which it can be handled and the promptness with which it cures; and also because it is well adapted for an after-treatment which can be carried on by the patients themselves without any danger. Having had good results in the treatment of psoriasis by means of soap ointments, peeling cures and tar preparations, I was at once inclined to place considerable faith in this combination of useful remedies, and the addition of salicylic acid seems to add materially to the general activity of the ointment. This combination can also be used instead of Wilkinson's ointment in the treatment of prurigo, pruriginous infiltrations and old chronic lichen rubra. It is almost odorless, has the consistency of ordinary ointment, yet the essential advantage lies in its power of impregnating and peeling the diseased area simultaneously. Taking it all in all, this method is a very desirable acquisition to our therapeutics and will be found deserving of the gratitude of all practitioners using it.

In recognition of the good results in the clinic of Professor Lassar and my own private practice, I feel justified in recommending this method to every general practitioner on account of its simplicity and of the ease with which it can be carried out in general practice. The patient should wear old underwear and outer clothing, and should make only the most necessary changes during the entire treatment.

I take pleasure in complying with Dr. Unna's request to state that the results gained by my method of treatment at his clinic as well as at his polyclinic correspond entirely with those at the clinic of Professor Lassar.

In order to obtain the best effects the solid constituents of the ointment must be thoroughly rubbed, so as to produce a uniformly fine ointment. For prolonged use, I prepared a material called mull with this ointment and found its application so free from all irritating qualities that I was enabled to place it on the forehead immediately above the eye in adults as well as in children and to leave it *in situ* for from three to four days without producing any deleterious results. The use of this ointment and mull is not limited to psoriasis, but can be extended to other conditions in which a special macerating process is desired with the smallest possible amount of irritation. I have used it thus in trichophytosis and in local circumscribed dry eczema, and it can be kept on for from six to eight days, after which any mild ointment may be applied.

2. Zeitsf. Dermat., vol. x, part 51, p. 560.

* From Dr. Unna's dermatologie clinic, Hamburg.

1. Monats. f. praktische Dermat., vol. xxxiv, 1903, p. 508. See also THE JOURNAL, xlii, p. 232.

Alcohol from Peat.—Meyer Brothers' Druggist states that alcohol is being made from peat in Russia, and that it is hoped to make the product sufficiently cheap for use as fuel.