

## Part Fourth.

### PERISCOPE.

#### OCCASIONAL PERISCOPE OF DERMATOLOGY.

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**ANTHRAROBIN: A SUBSTITUTE FOR CHRYSAROBIN.**—Liebermann finds that the active principle of Goa powder is chrysarobin, which in suitable circumstances by oxidation, as for example in alkaline solutions by absorption of the oxygen of the air, is readily transformed into chrysophanic acid, changing from yellow to red. He ascribes the efficacy of this remedy to this reducing and oxygen-absorbing property, and has sought to discover some substance allied chemically to chrysarobin possessed of similar powers. By reversing the process with alizarin, a substance having a chemical formula related to chrysarobin, but which Jarisch found to be inefficient in the treatment of psoriasis, making use of powdered zinc and ammonia, he produced a body which he has named Anthrarobin. This is a yellowish-white powder, permanent when dry in the air. It is best dissolved in boiling alcohol, and the solution will keep for a week at least if in a well-corked bottle, and can be diluted with glycerine if desired. Behrend, who has tested it in psoriasis, gives various formulæ, but prefers an alcoholic tincture.

℞ Anthrarobini 5.0 Alcohol       45.0	℞ Anthrarobini 10.0 Alcohol       40.0
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Solve in baln. Aq.                   effervescendo solve.

Signa, Anthrarobin-tincture.

This may be used even on the face, and he has applied it for weeks to the eyelids, without a trace of œdema of these, or of inflammation of the conjunctiva resulting, though such render the employment of chrysarobin to the face or its vicinity impossible. The sole drawback to anthrarobin is the yellow staining of the skin, but this in contrast to chrysarobin does not extend beyond the point of application. Slight burning sensations, too, succeed its application for a variable but usually brief period. Like chrysarobin it stains the linen, and the marks, if some days old, cannot be wholly removed. The action of anthrarobin is intensified if the affected parts are rubbed with Hebra's spirit of soap, or with soft soap, previous to its application. Behrend had noticed that the inflammation of the skin which follows the use of chrysarobin was more rapid in its onset and more severe the more the patient touched the parts with soap; hence he interdicted the employment of soap, and either added to the ointment some vinegar, or sponged the skin with vinegar before applying the chrysarobin. This lessened the inflammation, but weakened at the same time the effect of the remedy. With anthra-

robin, on the contrary, soap can be used without fear of causing inflammation, while increasing its activity, probably, as Liebermann has suggested, because oxidation occurs more quickly in presence of an alkali. In general it acts more slowly than chrysarobin, so that treatment carried to entire cure required several days more, yet the greater tolerance of the skin to anthrarobin compensated for the prolonged duration of treatment, and several patients preferred it on this account. In price anthrarobin is, according to Behrend, one-third less than either chrysarobin or pyrogallic acid, while it is much more prompt in its effect than the latter.—*Vierteljahresschrift für Dermatologie und Syphilis*, 2 Heft, 1888.

KREUZNACH MOTHER LIQUOR AND CHLORIDE OF CALCIUM IN THE TREATMENT OF SKIN DISEASES.—As a result of exact investigations into the capacity for absorption of the normal skin, the views regarding the specific effects of mineral baths have been so completely overturned, that the therapeutic influence of such have been explained on the theory of cutaneous irritation and its relation to tissue changes. This was, however, fatal to any specific difference between individual mineral waters. In the case of skin diseases it is undeniable that sulphur and salt water baths exert a curative action. The researches of Unna and Schulz have rendered it probable that the peculiar effects of sulphur baths arises from the reducing action of that component on the part or in general. All chloride of sodium baths do not act alike, so that some other factor in their composition must be found to explain their difference in action. The iodine and bromine in the waters of Kreuznach were believed to account for their beneficial effects, but there are several considerations which negative this view—one, that other waters which contain these ingredients are not equally advantageous; another, that they exist in the form of salts and are therefore inactive; and lastly, that the quantity is too minute to produce any appreciable influence. There is, however, one substance present in sufficient quantity, according to Dr E. Lier, which may be the determining element, chloride of calcium, and he has made a series of observations with a view to decide this in Unna's private clinique. Chloride of calcium is present in a proportion of about 2 per cent. in the Kreuznach mineral water, and in about 345.5 per 1000 in the mother liquor. In no other water is the percentage so high. Both the mother liquor and the salt of calcium exert a superficial and a deep action on the skin. The superficial one is due to the attractive power on water which chloride of calcium possesses, and accordingly induces dryness of the skin. This effect is obtained by the employment of baths at a rather cool temperature, 90°, and of short duration, with little or no addition of mother liquor; by the use of glycerine jellies and pastes containing the mother liquor, but very little fat. Such are indicated in erythema, moist eczema, pustular affections, psoriasis, tubercular glands. The penetrating action is on the deeper cells and commencement of the lymph canals.



It influences with energy the centrifugal secretion stream in the skin, and also the endosmotic and exosmotic movements in the cells. It is obtained by the use of warm baths, 95° to 100°, of long duration, with addition of considerable amount of mother liquor; by compresses soaked in pure or diluted mother liquor under impermeable coverings; by salves and pastes containing much fatty material, and the mother liquor. This theory serves also to explain the effect of the waters of Kreuznach on uterine ailments and diseases of joints.—*Monatshefte für praktische Dermatologie*, No. 8, 1888.

THE PRESENT POSITION OF THE THERAPEUTICS OF SYPHILIS.—Dr M. von Zeissl observes that recovery from syphilis can occur spontaneously in a longer or shorter time without the administration of any drug, and when such does take place, it is frequently complete. There is no doubt that mercury in most cases causes the manifestations of syphilis to disappear quickly, but it is equally certain that if it is employed very early, *i.e.*, simultaneously with the appearance of the primary lesion or of the first exanthem, those indeed fade rapidly, yet in place of these more frequent and more obstinate relapses arise than when time is afforded in the first instance for the complaint to develop. Mercury, if administered during the early weeks of syphilis, has no more power than the expectant treatment, or that by iodine, to annihilate the syphilitic diathesis in a short space of time; on the contrary, too soon prescribed it delays the cure. Mercury, according to Zeissl, should not be given before the eighth or tenth week after the appearance of the first eruption, and then only should this yield too slowly to an expectant (dietetic and regiminal) or iodine treatment; or if severe and threatening symptoms on the side of the sense-organs, the viscera, or the central nervous system, should manifest themselves. He adheres strictly to the view of H. Zeissl, "not that mercury is pernicious, but that the period when it was used in the treatment of syphilis was wrongly selected." Employed at this later date in the course of the disease, a much smaller amount serves to cause the symptoms to vanish than when used from the first.—*Klinische Zeit. und Streitfragen*, Neue Ausgabe, 5 Heft, 1887.

An entirely contrary view is expressed by Schwimmer, who says that syphilis, left to itself in its first stages, is frequently followed in practice by most fatal results. The most destructive forms of syphilis affect almost exclusively such persons as have either had no treatment from the first, or who have been irregularly or insufficiently treated from the outset. His observations lead him to the conviction that early treatment is of the greatest advantage both as regards the course and the consequences of this disease. In all cases of an acute or chronic nature we endeavour as quickly as possible to attack, and if we can, to destroy the germ of the complaint. Should syphilis be made an exception to this rule? At the same time, since the diagnosis of the primary lesion cannot with



certainly be determined in all cases, during the first three or four weeks local treatment alone should be employed. He uses salol in powder to the chancre, which produces rapid cleansing of its surface, and continues its use till cicatrization; for the induration the emplastrum hydrargyri remains the best application. Constitutional treatment can usually be commenced in the fifth or sixth week after the occurrence of infection. For this he uses mercury, and gives the preference to corrosive sublimate in pill, as so administered it is least apt to irritate the stomach, while this salt is not so likely to occasion salivation as inunction, a method of treatment to be adopted in severe cases, though commonly as a sequence to the sublimate pills. Experience teaches that in all cases the treatment by mercury must be stopped so soon as the symptoms have disappeared, and any unpleasant results of the exhibition of the drug begin to manifest themselves. Frequent observation instructs us that recurrences are more constant in proportion as the duration of treatment has been short, and the more rapidly the mercury is excreted from the system. As respects iodine he is of opinion that it cannot replace mercury, that while under certain conditions it is of very great value, in numerous instances, given at a wrong time, it is quite powerless. It is not advisable to commence the treatment with preparations of iodine; the fittest period for their administration is always after a mercurial course. The effect of iodine in syphilis is,—(a.) Tonic. Patients taking small doses, from 4 to 8 grains of iodide of potass daily, show a marked increase of tissue-change as shown by improved digestion and sharpened appetite, with visible improvement in nutrition. (b.) Antiseptic. He believes that some part of the therapeutic effect is owing to a destructive power on the carriers of the syphilitic virus in the organism, partly to its physiological dynamic properties. Of the preparations of iodine, the tincture he has used with benefit in severe examples of bone affections. From 30 to 60 grains daily of potassium iodide need never be exceeded; the dose should always be taken before meals. Iodol he does not appear to have given internally; locally it has no advantages over other well-tried remedies. He speaks favourably of pilocarpine in the later manifestations, and cites two cases where it succeeded after iodine and mercury respectively tried had failed. The use of baths alone, without the assistance of drugs, exert absolutely no effect on the course of the disease. On the contrary, he has often noticed that latent syphilis manifested itself in individual cases, and that patients who were apparently free from it exhibited anew late forms after prolonged courses in the shape of baths and drinking the waters of various spas. The warm springs of Lipik in Hungary are, however, he thinks peculiarly valuable in favouring the elimination of the syphilitic products, if employed at the proper time. The entire treatise can be recommended as the most complete extant on the treatment of syphilis, embracing all the newest methods (*Die Grundlinien der heutigen Syphilistherapie*).—*Monatshefte für praktische Dermatologie*, Ergänzungsheft 11, 1888.