

with basal cell carcinoma and one with squamous cell carcinoma in early stage showed marked improvement with scar formation after the destruction of tumors (so-called oncolysis), while oncolysis of various grades was found in other cases which required successive radiotherapy. Also, a total of 24 cases with various carcinomas of the skin were given radiotherapies including Co^{60} , Sr^{90} , gold radon seeds, Chaoul, deep and superficial x-rays. The authors concluded that the cases with basal cell carcinoma were markedly improved by these irradiations, while the cases with the other carcinomas such as squamous cell carcinoma or metastatic carcinomas showed only temporary improvement.

DEXAMETHASONE THERAPY IN DERMATOSES

by

T. KOBARI, M. ISHHARA, J. NARUMI, I. OTA, H. KATO
and K. HASEGAWA (Tokyo Teishin Hospital)

107 cases of various dermatoses were treated with dexamethasone and dexamethasone acetate by mouth, and dramatic results were obtained in all the cases. An average initial dose of 1.5-2.0 mg. was mostly sufficient. No harmful side-effects were observed. Dexamethasone (free alcohol) was more effective than dexamethasone acetate in the improvement of clinical and laboratory abnormal findings.

OBSERVATIONS OF BLOOD RIBOFLAVIN LEVEL IN SKIN DISEASES

by

S. MITSUHASHI (Chiba University)

The author researched the relationship between blood riboflavin level and cheilitis, angular stomatitis, glossitis and diffuse superficial keratitis in various inflammatory skin diseases. The results are as follows: 1) There is little relationship between cheilitis and riboflavin level. 2) Diffuse superficial keratitis and combination of angular stomatitis with glossitis have an intimate relationship to riboflavin level. 3) Diffuse superficial keratitis and angular stomatitis are related to each other.

NOTES ON A MANIFESTATION SIMILAR TO SEBORRHEIC DERMATITIS ACCOMPANIED WITH LIGHT HYPERSENSITIVITY

by

R. MIZUMOTO and A. ARICHIKA (Nihon University)

Photosensitivity was tested in 232 cases selected from among 11,907 patients over the last two years by means of Chott's filters of 7 different values. Positive results were obtained only with filter UG₅ in 175 cases comprising 40 cases of seborrheic dermatitis. It seemed that 31 out of 40 seborrheic dermatitis cases corresponded with light sensitive seborrheid which Frumess and Lewis described in 1957 as a type of light sensitive skin diseases. Histological examination showed

a typical picture of seborrheic dermatitis.

THE INFLUENCE OF THE PROMOTING FACTOR OF CAPILLARY PERMEABILITY IN FOOD ON THE SKIN FUNCTION (1st Report)

by

HIRATA (Tokyo Jikeikai School of Medicine)

Sand-leek was used as food, and the promoting factor of capillary permeability was extracted. The author studied the influence of the factor on the skin function in Rabbits. As the result, wheal absorption time was found to be shortened and some of the rabbits which were given serial injections of this factor underwent impairment of the liver function.

ON THE EFFECT OF RECENT DEVELOPMENT OF CHEMOTHERAPY ON CLINICAL MANIFESTATION OF SKIN DISEASES (2nd Report : Impetigo Albostaphylogenes)

by

K. TANIOKU and Y. YOKUDA (Shinshu University)

Will be published soon as an original article in the Jap. J. Dermat.

HISTOLOGICAL FINDINGS IN ECZEMA DURING CORTISONE THERAPY

S. SUZUKI, T. KAWASHIMA and E. MIKAMI (Okubo Hospital, Tokyo)

ON PIGMENT ANOMALIES OF THE SKIN

by

KANEHIKO KITAMURA (Tokyo University)

The author gave explanatory remarks on his own studies ever made in this field, namely on "Spizenpigment", incontinentia pigmenti, melanosis Richl, acropigmentatio reticularis and Peutz-Jeghers' syndrome.

ed to prolong the extensors of the fingers in the deformed hand. The extensor carpi radialis brevis is used as the motor tendon and is extended by means of a fourtailed free graft of either palmaris longus or plantaris, the slips of which are passed through tunnels, bored with a special tendon forceps, and into the lumbrical insertions, anterior to the transverse metacarpal ligaments and through the interosseous spaces. The tendons are grafted using an ingenious technique involving anastomosis by suture within the opened-out motor tendon. By wrapping the graft around the end of the motor tendon, a neat joint is ensured, from which no adhesions can occur.

With the aid of coloured slides, Professor Brand also described the methods he has evolved for the surgical treatment of facial lesions caused by leprosy.

That the conscience of humanity is being increasingly awakened to the suffering which leprosy entails was borne out by the announcement afterwards that the Swiss Emmaus Association had raised the handsome sum of 183,000 Swiss francs as a gift to the leprosarium in Vellore.

Rehabilitation of Leprosy Sufferers

Early detection and treatment of leprosy may prevent the deformities which brand the leprosy patient for life and make it difficult for him to be accepted in society as a normal member of the community even after he has been cured. This opinion was expressed at the Scientific Meeting on Rehabilitation in Leprosy held in Vellore in the last week of November (21-29 November) 1960.

Sponsored by the World Health Organisation, the Leonard Wood Memorial (American Leprosy Foundation) and the International Society for the Rehabilitation of the Disabled, the meeting was attended by top-ranking scientists and plastic and orthopaedic surgeons from a number of countries including India, Japan, Mexico, Philippines, U.K., and U.S.A. The World Health Organisation was represented by Dr. R. H. Bland, Assistant Director, Health Services, South East Asia Regional Office, New Delhi, and Dr. J. Gay Prieto, Chief of Leprosy Section, W.H.O. Headquarters, Geneva. Dr. James A. Doull, Medical Director of the Leonard Wood Memorial, Washington, U.S.A., was elected Chairman.

A report adopted by the meeting said that while an exact estimate of the prevalence of leprosy was impossible at present, 10 million cases in the world was probably a conservative estimate. Of these, fewer than 5 per cent could be accommodated in existing institutions. The vast majority were living in their own homes and probably not more than 20 per cent were receiving treatment of any kind. The second WHO Expert Committee on Leprosy had estimated that 25 per cent of all leprosy patients suffer from some degree of physical disability.

As a means of accelerating progress in rehabilitation the meeting strongly urged that leprosy be studied and treated along with other diseases in centres where a wide range of medical scientists was available. Leprosy research should no longer

be carried out only in institutions confined to leprosy and by leprosy specialists who do not have the assistance of basic scientists and experts in other fields. In addition to strengthening leprosy research this would have a great psychological advantage. *It was felt that as long as the medical profession continued to treat leprosy separately from all other diseases the public could hardly be expected to believe that it was not "a disease apart".*

It was recommended that survey be undertaken not only to find out the extent of the disease but also to study the manner and time of the onset of deformities and their relationship to the stage of the disease, the treatment given and the occupation of the patient.

The meeting discussed the causes and cures of the various types of deformities—of hands, feet, face and those resulting from bone changes. Facial deformities such as collapse of nose, loss of eyebrows and sagging face were recognised to be of great significance in the rehabilitation of patients. The scientists agreed that these deformities were to a large extent preventible and in advanced cases much could be achieved by corrective surgical treatments.

The meeting stressed the need for large-scale educational and propaganda campaigns to inform the public about the facts of the disease. *It was felt that wide-spread and deep-rooted prejudices with regard to leprosy formed the greatest single barrier to rehabilitation. The public should be educated to appreciate the fact that leprosy is curable and that the deformities which remain after cure do not necessarily mean that the disease is still active.*

Rehabilitation agencies in various fields were urged to include leprosy patients in their programmes. It was felt that the experiences of these agencies in combating prejudice concerning physical disability and in mobilising professional and public understanding could be a great asset in developing future leprosy programmes.

Equal stress was laid on the education of the patient himself. He should know what precautions to take and what routines to follow to avoid getting deformities. Rehabilitation should begin when the disease was first diagnosed. Therefore, the doctor or para-medical worker in the field must help all patients to adjust themselves both to the limitations imposed by the disease and to the expectancy of returning to full and normal life. It was felt that no rehabilitation programme could be a substitute for this basic education given by medical advisers. The great majority of patients should complete their rehabilitation with no other outside help and without admission to any institution. —(*Italics are ours.*)

—J. Indian M.A., Vol. 36, No. 1, January 1, 1961, Pp. 36.

International Academy of Proctology 1960-1961 Award Contest

The International Academy of Proctology announces its Annual Cash Prize and Certificate of Merit Award Contest for 1960-1961. The best unpublished contribution on Proctology or allied subjects will be awarded \$100.00 and a Certificate of Merit. The winning contribution will be selected by a Board of impartial judges, and all decisions are final. Entries should be Addressed to: ALFRED J. CANTOR, M.D.,

Executive Officer, International Academy of Proctology, 147-41 Sanford Avenue, Flushing 55, New York.

The Tranquillisers

Sir, One must appreciate your annotation on "The Tranquillisers" in the November 16, 1960 issue of the Journal, but as the tranquillisers are of growing interest, it appears that there is some room for addition and alteration to your learned editorial. Below are mentioned some particulars which may be of interest:

Tranquillisers are variously named as psychotropic, phenotropic, and ataractic drugs; as against sedatives, they should not produce diminished responsiveness to external stimuli; unlike hypnotics they will not induce sleep, further they will differ from the general anaesthetics in not making the subject unconscious and as opposed from the narcotics they will not be habit-forming. The ideal tranquilliser will put the subject back to his mental equanimity and emotional harmony, with power and efficiency of attention, concentration, thinking and judgment unimpaired. It will bring relief from mental tension and anxiety and relaxation from agitation.

In the Kalamazoo series of 119 patients, it was observed that tranquillisers produced three significant subjective changes in the mental patients. They were (1) inner calmness, (2) increased ability to think, (3) loss of sting of the painful thoughts and ideas (Schmitt, 1957). Our findings, both in the hospital and outside support the above.

(Italics are ours.)

J. Indian M.A., Vol. 36, No. 2, January 16, 1961, Pp. 74.

Personal Ideals — By Osler

"I have had three personal ideals. One, to do the day's work well and not to bother about tomorrow. The second ideal has been to act the Golden rule, as far as in me lay, towards my professional brethren and towards the patients committed to my care. And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief comes to meet it with courage befitting a man."

New Anti-Virus Drug — B.I.S

A new drug which may help to prevent influenza, polio, small-pox and measles is being tested at a British Government research centre in Wiltshire. The drug—called Interferon—prevents viruses from growing, and has already been tested successfully by doctors serving with the Medical Research Council. If the present tests are equally successful, it is expected that the drug will be produced commercially at the centre.

Interferon was discovered by Dr. Alick Isaacs when carrying out experiments three years ago at the National Institute for Medical Research.