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nosis, etio-pathogenesis and classification of this syndrome. Therefore we are taught that there is confusion on this point which we cannot ignore at the clinical aspect of the cases of m.c.o.s and the report on it which is recently on increase trend, there are still un-unity and difference in opinions of national and foreign scholastics concerning diagnosis. It is the reason why we are made to think the speciality and the importance of so-called m.c.o.s. etio-pathogenesis classification problem. Because of this present situation we planned this research in a hope to contribute to the research of this problem from the point of view of comparative dermatology.

1. In order to provide a material to etio-pathogenesis classification problem from the point of view of comparative dermatology, we carried out clinical and histo-pathological study on so-called m.c.o.s. and its allied states.

2. By the clinical observation on m.c.o.s. it is possible to classify it into three types, acute, chronic, and intermediate. *Syndroma mucocutaneo-oculare acutum*, Fuchs (Proppe) belongs to the acute type and Gilbert-Behcet's syndrome belongs to the chronic type according to our classification. From the point of view of comparative pathology, it is desired to add chronic recurrent aphthous disease, erythema multiforme etc. as allied states of acute and chronic types:

3. About the relation between acute type (m.c.o.s.) erythema multiforme, it is difficult at the present standard to settle the relationship between them from the clinical point of view, for there is borderline form between the two. Therefore this problem depends on the success of the future research especially the future etiological research.

4. We reported 15 cases of Gilbert-Behcet's syndrome. We added hypersensitivity of the skin, L.E. phenomenon like phenomenon, and result obtained from comparative histo-pathological (and histochemical) observation.

5. There is a possibility of future alteration in nomenclature and conception of so-called m.c.o.s. because of decision of etiology of the syndrome. But at the present standard of knowledge of clinical aspect we still hesitate to give a definite position as an independent entity to the syndrome.

ON THE PROBLEM OF COSMETICS IN THE FIELD OF DERMATOLOGY

by

TOSHIO NAKAMURA,
(*Jap. J. of Derm.* 69: 129)

The problem of cosmetics should be treated in the field of esthetic dermatology. Cosmetics should always make skin beautiful. From such viewpoint, studies were performed on the following four items:

(1) Cosmetic cream and ointment:

Cold cream, cleansing cream and vanishing cream which did not contain any perfume were applied to the guinea-pigs and histological studies were performed. The effect of the cold cream and cleansing cream (w/o type) on the skin was more prominent than that of vanishing cream (o/w type). The changes of the skin appeared first on the fifth day by the successive application of the cream and reached the peak about three weeks later. The changes of the epidermis were mostly the swelling of the horny layer, hypertrophy and proliferation of prickle cells, hypertrophy of nuclei, and the fact that nuclei, became round and clear, and the broadening of interspace between prickle cells suggested the increase of the quantity of water in the epidermis. The changes of the dermis appeared a little later than those of the epidermis and were the hypertrophy or swelling of collagen fibres, the increase of water in quantity in the ground substance, dilatation of vessels and hypertrophy of sebaceous glands. Those changes of the skin did not proceed so far more than three weeks in spite of the application of the cream and rather had the tendency to subside. The effect of hydrophilic ointment, polyethylene-glycol ointment and lanolin to the skin was slight. It seems that the stagnation of the effect of the topical treatment of skin diseases using the ointment may be partly explained by those findings on the changes of the skin when cream is applied.

(2) Treatment of senile degeneration of the skin:

In order to keep or make the skin soft, elastic, and smooth, and to regain the youthfulness by giving the skin tension and elasticity, estrogen, progesterone, pregnenolone, nicotinamide, chondroitin sulphuric acid, heparinoid, placental serum and plasma were topically applied and at the same time massage was also performed. Such treatment was found effective in all cases. Pregnenolone cream was particularly effective. Wrinkle almost disappeared by the daily application of pregnenolone cream for three weeks and the youthfulness could be remarkably expressed. According to the results obtained by the animal experiments, seems that the increase of the water content in both epidermis and dermis and the increase of circulatory blood in the dermis may play some important role in producing the above-mentioned effects.

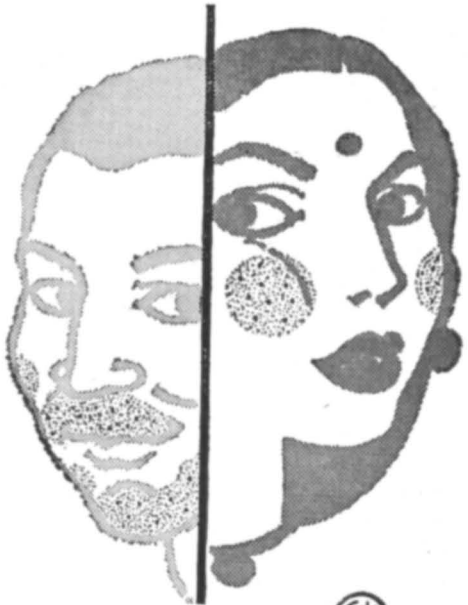
(3) Color of the skin:

In bleaching the skin, ammoniated mercury and P.M.H. (2-hydroxy-2'-phenylmercury-hydroxyl 3,5,6,3',5',6' hexachloro-diphenylmethane) are effective. Using these agents, it takes generally 1 to 7 months to bleach the skin. The mechanism of the action of these agents may be explained by the theory that copper of active tyrosinase is substituted by mercury and tyrosinase becomes inactive. The Redness of the skin due to telangiectasia should be treated by electrolysis. To treat white hair, the injection of vitamin B₂ and the topical application of vitamin A ointment are recommended.

(4) Cosmetics: The unfavourable effects of cosmetics as well as curative ones and the methods of preventing injury were studied. Contact dermatitis is the most frequent among the types of injury due to cosmetics. Contact dermatitis is usually evoked in a person whose skin is very sensitive. Perfumes, oils and fats, which are the chief components of cosmetics, are able to become the cause of contact dermatitis. Irritant and photodynamic action of perfume seems to play especially an important role in evoking dermatitis. It is still difficult today to prevent contact dermatitis completely due to cosmetics even if cosmetics are carefully chosen and the potential sensitizers are removed as possible.

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NEWS & VIEWS

International Committee of Dermatology (I. C. D.)

Report of the Official Statutory Meeting on September 18th and 19th, 1960 in the Department of Dermatology, Hopital Cantonal, University of Geneva, Switzerland

All the members of the International Committee were present, with the exception of Dr. Flodén, who was excused. In addition, there were present the invited guests:

Dr. Donald M. Pillsbury, President of the XIIth International Congress of Dermatology in Washington, D. C., in 1962, and

Dr. Clarence S. Livingood, its Secretary-Treasurer.

At 09:15 on September 18th, the President, Dr. Marion B. Sulzberger, opened the meeting and welcomed the members and guests. The Secretary-General and Treasurer of the C.I.D., Dr. Sven Hellerström, read his report, which was approved and accepted with thanks.

It was announced that the proceedings of the XIth International Congress of Dermatology in Stockholm, 1957, had now been published and sent to all the active members of that Congress.

Dr. Pillsbury and Dr. Livingood then submitted a detailed but tentative program which contained suggestions for the scientific sessions of the XIIth International Congress, which had been prepared by Subcommittees appointed in the United States. After lengthy and lively general discussion, the following points were agreed upon by the I.C.D. and the representatives of the U.S. Congress Committee.

It was decided that every one concerned with the planning of the Scientific Program should be advised that the main objective of the Congress will be to present each selected topic not only from the aspect of basic science and not only from the aspect of practical clinical dermatology but also from the aspect of their inter-relationships. It was therefore proposed that the over-all motto for the forthcoming Congress should be stated clearly in each scientific program, and should read somewhat as follows:

"The Basic Sciences; Clinical Dermatology; Their Inter-relationships"

After careful examination and critical analysis of the proposed tentative scientific program, which had been submitted by Pillsbury and Dr. Livingood, the I.C.D. thanked the U.S.A. Congress Committee and subcommittees for their excellent suggestions and expressed confidence and satisfaction with their work. It was decided that the further elaboration of the Scientific Program could best be accomplished by the appointment of Consultants representing the I.C.D. to work closely with each of the U.S.A. Subcommittees, which are arranging the different divisions of the program.

The following topics are selected and Consultants appointed:

TOPICS EACH TO BE GIVEN SIX HOURS

1. *Cancer* (Consultants: Dr. S. Lapiere of Belgium and Dr. G. B. Mitchell-Heggs of Great Britain).
2. *Physiology and Physiopathology of the Epidermis* (Consultant: D. Alfred Marchionini of West Germany).
3. *Immunology and Allergy* (Consultant: Dr. Werner Jadassohn of Switzerland).
4. *Radiobiology and Dermatological Radiation Therapy* (Consultant: Dr. Guido Miescher of Switzerland).
5. *Systemic Diseases* (Consultants: Dr. R. Degos of France, Dr. F. Flarer of Italy, and Dr. F. Kogoj of Yugoslavia).
6. *Epidemiology of Diseases of the Skin* (Consultants: Dr. M. Quiroga of Argentina and a Consultant to be appointed by the World Health Organization).

TOPICS EACH TO BE GIVEN THREE HOURS

1. *Thesaurismosis* — "Maladies de Surcharge" (Consultant: Dr. R. Degos of France)
2. *Treponemal Diseases and Non-Treponemal Venereal Infections* (Consultant: Dr. Sven Hellerström of Sweden).
3. *Microbiology* (Consultant: Dr. Sven Hellerström of Sweden)
4. *Pigmentation* (Consultant: Dr. Oscar Gans of West Germany).
5. *Agne group* (Consultant: Dr. Marion B. Sulzberger of the U.S.A.).
6. *Psoriasis* (Consultant: Dr. F. Kogoj of Yugoslavia).
7. *Methodology of Experimentation including Therapeutic Assays* (Consultant: Dr. Werner Jadassohn of Switzerland).
8. *Occupational Dermatoses* (Consultant: Dr. S. Lapiere of Belgium).
9. *Virology* (Consultant: Dr. A. Marchionini of West Germany).
10. *Mycology* (Consultants: Dr. G. B. Dowling of Great Britain and Dr. M. Quiroga of Argentina).

It was pointed out that the Statutes and By-laws clearly placed the responsibility for the selection of the Topics and the choosing of the Principal Speakers at International Congresses in the hands of the International Committee of Dermatology, and that this responsibility could not be delegated. However, since the U.S.A. Congress Committee must have the power to arrange all further details of the program in the interval between the meetings of the I.C.D., it was decided that in case of any disagreement between the U.S.A. Committee or Subcommittees and the Consultants appointed by the International Committee of Dermatology, the differences should be resolved by the decisions of the President of the International Committee of Dermatology.

The scientific program will also include ample time and facilities for the following:

1. Free communications (confined to subjects related to the topics enumerated above).
2. Local case presentations and discussions in three hospitals.