

6 TAR AND KEROSENE PAINT FOR TINEA COMPLICATING LEPROSY

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Various forms of tinea constitute one of the most distressing complications of the more chronic forms of leprosy. Some of these infections seem to flourish because of the hyperhidrotic condition of the skin of the trunk, which compensates the suppression of the sweat function in the limbs. Other forms of tinea appear to prefer the dry epithelium left by old tuberculoid lesions.

The back of the trunk is a favorite site when one or more large tuberculoid patches, after overrunning the whole dorsal area, have receded to leave a dry, insensitive, atrophic surface. On this surface the dermatophyte spreads causing a rough, scaly, shiny condition which is often mistakenly supposed to be a result of leprosy itself. In other cases a congenial soil is found on the hands or feet, after the neural form of leprosy has died out.

The condition produced is illustrated by the accompanying photographs Plate (3). The patient's first appearance gave the impression that he had drawn on thick gloves of rough Morocco leather. He was treated at the outpatient clinic with the application of tar-kerosene paint on two occasions with an interval of one week. Within a month the condition had entirely resolved, as is shown in Figs. 2 and 4, leaving only the original neural deformities of the hands.

This case is an outstanding example, but tinea is one of the commonest complications of leprosy in India and Africa and other warm countries. Often it underlies a chronic folliculitis or dermatitis of the legs, extending from the ankles to the knees. Sometimes it is confined to the feet, affecting either the dorsal or plantar surface, or both.

In our experience tar-kerosene paint is generally effective in all the ordinary wide-spread forms of tinea, and in many cases it clears up septic complications at the same time. If, however, there are hard thick crusts these should first be removed with poultices; or if there is a weeping surface, it should first be dried with lead lotion or some other astringent.

Tar is of course one of the oldest and best known remedies of the dermatologist, but generally the more refined tar prepara-

tions are used. In India tar-kerosene is invaluable in the leprosy clinic, as it is cheap and the patient readily learns how to prepare and apply the paint as a home remedy.

The usual instructions are to get a wide-mouthed bottle, buy a small quantity of tar from a local shop, pour it into the bottom of the bottle, and then pour on five or six times the amount of kerosene. By shaking, a thin solution of tar is obtained which is painted onto all affected parts once a day. The kerosene allows the tar to penetrate and then dries off, leaving a very thin layer of tar scarcely sufficient to soil the clothes. The daily applications should be continued for a month, or even longer if necessary. Generally the irritation and desire to scratch are relieved within a day or two, and the keratosis and acanthosis soon clear up. It is advisable to continue longer, however, so as to remove the fungus as thoroughly as possible, and the patient should be told to renew the application on the earliest signs of recurrence.

DESCRIPTION OF PLATE

PLATE 3.

FIGS. 1 and 3. The condition before treatment.

FIGS. 2 and 4. The condition a month later, after two applications of tar-kerosene paint.



PLATE 3.