Thirteen patients selected because of resistance to usual therapeutic procedures were treated with pyridoxine ointment. Three failed to respond even though the concentration of pyridoxine was increased to 50 mg. per gram.

Patients with the raw moist or secondarily infected flexural type of seborrheic dermatitis failed to respond to the ointment and sometimes were made worse by applying it. They complained often of severe burning when the ointment was applied.

Acne vulgaris, acne rosacea and psoriasis were usually unaffected by the ointment.

**SUMMARY AND CONCLUSIONS**

1. Desoxypyridoxine, a pyridoxine antagonist, with or without a diet poor in vitamins of the B complex will induce skin lesions which are similar to seborrheic dermatitis of the sicca type.

2. These lesions clear in a few days when pyridoxine is added to the regime either by oral or parenteral routes.

3. When pyridoxine is applied to a large area of the skin, all induced lesions, both local and distant, disappear indicating that pyridoxine is easily absorbed by the skin.

4. When pyridoxine is applied topically to a small focal area of induced dermatitis, the skin lesions disappear in this area. Distant lesions are unchanged. These experiments suggest that pyridoxine can be converted in the skin to its metabolically active form, pyridoxal phosphate.

5. Very large doses of pyridoxine given parenterally or orally had no therapeutic effect on spontaneous seborrheic dermatitis of the sicca type but an ointment containing pyridoxine, 10 mg. per gram, induced healing of the lesions in 22 of 25 patients. These observations suggest that one type of seborrheic dermatitis is due to a metabolic defect in the skin which increases the local requirement for pyridoxine.

6. There is no implication in this work that seborrheic dermatitis is due to a systemic deficiency in pyridoxine. At the present time pyridoxine in an ointment should not be used on the acute moist oozing forms of seborrheic dermatitis.

**REFERENCES**


**ANNOUNCEMENT**

The Pacific Dermatologic Association will hold its annual meeting at the Palace Hotel in San Francisco August 29th to 31st, 1952. The guest speaker will be Dr. Marcus R. Caro of Chicago. This year’s program is under the chairmanship of Dr. Nelson Paul Anderson of Los Angeles. Among the features will be a demonstration of the Treponome Immobilization Test, reports on research activities of the member universities, a clinical and histopathologic meeting and a discussion of dermatologic economics.