SECTION EDITOR: MARK BERNHARDT, MD

THE JOURNAL OF
CUTANEOUS DISEASES

VOL. XXX NOVEMBER 1912 NO. 11

REVIEW OF DERMATOLOGY AND SYPHILIS

Topical Bacteriotherapy of the Skin. BY J. PEYRI, P. 1083.

The author conducted a series of experiments with local applications of brewer's yeast, milk bacilli, milk combined with the Bulgarian bacillus and with staphylococcus cultures; he employed these agents in impetigo contagiosa, impetigo of Bockhart, echthyma, sycosis, eczema, acne, seborrhœa, tinea tonsurans, etc. He concludes as follows:

1. The similarity between infectious processes of the skin and of the alimentary canal, induced the author to employ a form of local bacteriotherapy to the skin, by means of large quantities of harmless bacteria applied to the diseased parts, very much as is done in the bacteriotherapy of the intestinal canal.
2. Various forms of harmless bacteria were employed, notably those forms which, when administered in similar pathological processes as those mentioned above, acted favorably through a natural autophagy of the pathogenic germs with which they came into contact.
3. In the superficial pyodermias the application of brewer's yeast always resulted in a more rapid care of the lesions than is the case under ordinary forms of treatment; to a lesser degree, the same holds good for the lactic acid ferments (Bacillus Bulgaricus, sour-milk bacillus of Metschnikoff and Bacterium paralacticum).
4. In all lesions associated with seborrhœa, the use of Bulgarian bacillus cultures in milk seemed to act very favorably.
5. The application of staphylococcus cultures derived from inflammatory lesions of tinea tonsurans, when administered to non-inflammatory forms of trichophytosis in the shape of warm, moist compresses, showed moderately good results.

J Cutan Dis.
1912;30(11):688-689.

Every dog hath his day.
John Ray (1627-1705)

What could be simpler? Introduce a harmless bacterium, which will then outcompete a pathogenic bug. Why did bacteriotherapy never catch on? First and foremost was timing: The brave new worlds of chemotherapy, vaccine therapy, and soon-to-come antibiotic therapy promised a glittering future of pharmaceutical cures. Based on the premise of avirulent nonpathogens, even the most minor adverse reactions (such as occurred with *Staphylococcus* 502A against *Staphylococcus aureus*) curbed enthusiasm. There was natural reluctance by patients to be inoculated with *any* germ, even a supposedly beneficial one, and *never* pooh-pooh the yuck factor: In the area that showed the greatest promise—fecal bacteriotherapy—patients just would not embrace someone else's feces being injected into their own bowels. Bacteriotherapy did not die; it just languished at the fringes of mainstream medicine.

Until now. As physicians, laypeople, and the popular press have become increasingly concerned about antibiotic resistance and the emergence of super bugs, there has been renewed interest in alternative approaches to infections. Bacteriotherapy has shown promise in the treatment of skin conditions, respiratory ailments, dental diseases, and gastrointestinal problems. Furthermore, bacteriotherapy has an appealing organic, holistic cachet. Bacteriotherapy after all might not be a relic of the past, but a harbinger of the future.

©2012 American Medical Association. All rights reserved.
Downloaded From: http://archderm.jamanetwork.com/ by a Medical College of Wisconsin User on 02/09/2014