

DERMATOLOGY IN WAR-TIME.¹

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I PROPOSE first to describe the work encompassed by dermatology in the Army and then to discuss the way in which this work is being undertaken and organized. I shall endeavour to indicate to you some important general considerations and principles which underlie dermatological work and should guide its practice, especially under war conditions.

A digression here and there, to illustrate general principles by elaborating certain details may, I hope, be of some practical value and may allow me to say a word upon modern tendencies in treatment.

Dermatology is still regarded by many as something beyond the pale, at best a relic of the magic medicine of days gone by. It is often forgotten that ills of the skin are exactly comparable with those of other organs and that they can be studied more reasonably and simply than those ills that are hidden from view. Indeed, it is a little presumptuous, a little ridiculous, to deceive oneself into believing that one has an understanding of evil working in the depths if one is ignorant of surface manifestations of the same pathological and physiological processes. The dermatologist is inevitably an honest and a modest man—he can neither deceive his patient nor himself. But for modesty I might have taken for the title of this talk, “How to Win the War—Dermatologically.” Let us consider a few facts.

You know that in the last war nearly half a million men had venereal disease. You will know how this may interfere with man-power and efficiency when I remind you that treatment and observation of a case of syphilis takes a minimum of two years, and gonorrhoea a minimum of four months. At the end of the war there were 9,000 beds in France devoted to the treatment of venereal disease alone, and over 20,000 throughout the Forces.

The Official History of the War records that in the summer of 1917 more than 90 per cent of all disability was the result of skin diseases or their complications. In the Balkans I believe that something approaching two-thirds of the medical and nursing staff of the Rumanians died of louse-borne typhus. It was the exception for our men not to be lousy, and apart from the danger of complications this means a considerable loss of efficiency.

It is, then, legitimate to link victory or defeat with dermatology, and I suspect that the issue in many wars has turned on such diseases.

Now on the credit side there are at least three important virtues attached to the study of dermatology. First it keeps in training our powers of

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observation. Secondly we have demonstrated the essential principles which underlie the practice of medicine. Thirdly we cannot evade the necessity for exercising common sense. You will perhaps agree that all these virtues have tended to be submerged in recent decades by waves of medical fashions and fads and even by scientific progress.

ORGANIZATION.

Dermatology in the Army embraces the following ills :—

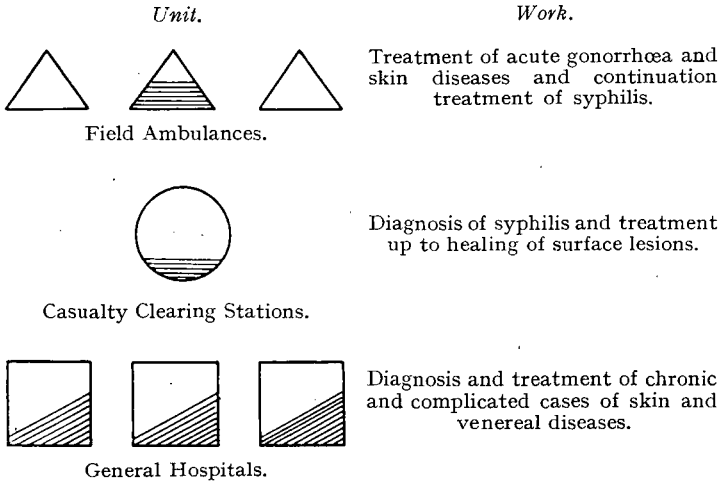
Venereal Diseases.—Syphilis, gonorrhœa, chancroid and other venereal diseases.

Parasitic Affections.—Scabies, pediculosis, and Pthirius infestations.

Skin Diseases.—Pathological, physiological.

In the last war all these diseases were dealt with in central skin and venereal hospitals established for the purpose. The results were good, but there were certain disadvantages, e.g. (1) a wastage of man-power was inevitable, a wastage which would be enormous to-day because of the more prolonged treatment which is recognized as being necessary; (2) men sent to these hospitals were soon known, at home and abroad, to be suffering from venereal disease; (3) the work at these central hospitals and the personnel were largely divorced from the spheres where the ills arose and from the rest of the medical work of the Forces.

In this war an effort has been made to avoid those disadvantages. The organization which is now taking shape may be illustrated by the following diagram.



One field ambulance in each division is dealing with the venereal and skin diseases of that division as far as possible. A minimum of necessary equipment, including a microscope, is provided. The work is in the charge of an officer interested in venereal and skin diseases who has volunteered for the work and has attended a course of instruction at the base.

The object of the course of instruction is to review the essentials in diagnosis and treatment of the more common skin and venereal diseases and to establish some uniformity in treatment. It also affords an opportunity of ensuring a knowledge of the Army Forms relating particularly to cases of venereal disease so that proper records and proper disposal and observation of cases are achieved. A further purpose of this course is to establish contact among the officers and between the officers and those of us who are organizing and directing this work—Lieutenant-Colonel J. M. Elliott, R.A.M.C., and myself. It enables us to work as one team pooling our knowledge and our resources and our purpose.

It would be ideal for each field ambulance to function in this way, but it is felt that the burden of equipment and the expense do not allow this for the present, though it is possible that a mobile unit of equipment might be employed to overcome these difficulties. In the field ambulance, all cases of acute gonorrhœa—first attacks—are given treatment along simple, modern lines, with M & B 693. Chronic cases and complications are sent to the medical base.

Cases of syphilis are diagnosed at the casualty clearing station and are retained for treatment until all surface lesions have healed and at least two injections of arsenic and bismuth have been given. After that, further treatment is continued at the field ambulance.

Cases of skin diseases which can be cured in seven to fourteen days—such as impetigo, scabies, mild cases of dermatitis, pityriasis, etc.—are treated at these field ambulances.

At most of the general hospitals at the medical bases there will be established separately a number of wings for the treatment of skin and venereal diseases, each under a specialist and equipped to undertake treatment of the complicated and more chronic cases which will be returned to general hospitals. These V.D. wings and dermatological wings will be part of the hutted hospitals and will each accommodate about 100 patients.

Such a scheme is intended for the type of static warfare which we are experiencing at present. If battle casualties arise all active cases of venereal and skin disease will be evacuated to the medical bases and will be centred round those V.D. and skin wings already functioning. Combined skin and V.D. wings under a specialist are being established at general hospitals along lines of communication and these might also be used to deal with cases evacuated from forward areas in times of battle stress. For the present the scheme avoids the difficulties associated with centralization and allows appropriate treatment to be started at the earliest stage of the disease.

TREATMENT.

Venereal Diseases.—The proper treatment of venereal disease is prevention, and in the Army the incidence of venereal disease should not be high.

To hide under a veil of secrecy all matters relating to sex must invite curiosity and encourage indecency and the risk of venereal infection. It is

wiser to allow some elementary instruction in physiology and biology as a part of education and under these circumstances to teach men the nature of venereal diseases, how they are contracted, and how they may be avoided. The Army must embrace a few whom we must describe as addicts and others, robust and adventurous youths, in whom the urge to sexual indulgence will be too strong for them to resist. Let us then deliberately provide some prophylactic measures with instructions as to their value and how they should be used. Considerable responsibility rests upon medical officers in these matters.

I must to-day not start an argument on the modern treatment of gonorrhoea with sulphapyridine (M & B 693) and sulphonamide, but I may perhaps express my belief that these drugs will never cure 100 per cent of cases and that dosage will tend to be small as compared with dosage for other diseases.

The course of treatment adopted at the moment is: Sulphapyridine (M & B 693) $1\frac{1}{2}$ tablets at 7 a.m., 12 noon, 5 p.m., 10 p.m., for five days; followed by sulphapyridine (M & B 693) 1 tablet at 7 a.m., 12 noon, 5 p.m., 10 p.m., for five days.

Irrigation may be employed at the discretion of the medical officer. Tests for cure—three tests at weekly intervals—are started five days after the cessation of treatment. Further tests for cure are conducted after an interval of three months.

The standard course of treatment for syphilis is the following:—

	<i>Intravenous</i>	<i>grm.</i>	<i>Intramuscular</i>	<i>grm.</i>
Day 1.	Novostab..	0.45	Bismostab ..	0.3
Day 5.	Novostab..	0.6	Bismostab ..	0.3
Day 12.	Novostab..	0.6	Bismostab ..	0.3
Day 19.	Novostab..	0.6	Bismostab ..	0.3
Day 26.	Novostab..	0.6	Bismostab ..	0.3
Day 33.	Novostab..	0.6	Bismostab ..	0.3
Day 40.	Novostab..	0.6	Bismostab ..	0.3
Day 47.	Novostab..	0.6	Bismostab ..	0.3
Day 54.	Novostab..	0.6	Bismostab ..	0.3
Day 61.	Novostab..	0.6	Bismostab ..	0.3

In the first year of treatment four unit courses are given with the following intervals:—

Interval between Course 1 and Course 2, four weeks.

Interval between Course 2 and 3, five weeks.

Interval between Course 3 and Course 4, five weeks.

Cases of primary syphilis with a negative Kahn reaction receive the treatment indicated above. Cases of syphilis with a positive reaction receive three-unit courses after the blood reaction has become negative. A rest of three to six months is given after the first four unit courses have been completed.

Parasitic Affections.—The problem of parasites is as important as that of venereal disease because of the loss of efficiency involved, the secondary septic complications which are so common, and the seriousness of louse-borne disease such as typhus, trench fever, and relapsing fever. Our present

methods of treatment for scabies and for lousiness are good but, as with venereal disease, we should be able to prevent these diseases. In pediculosis, the ideal is to spray the clothes with something repellent to the louse and harmless to the skin and clothes. Considerable advances have been made recently, particularly by Professor Buxton, and research along the lines indicated holds out hopes for an early attainment of the ideal proposed.

Such methods would not, I think, solve the scabies problem completely, for this is more intimately a bed-contact affection. A word on the treatment of scabies might not be out of place as it stresses the importance of common sense. The *Sarcoptes scabiei* burrows under the skin and lays her eggs there. To cure scabies the *Sarcoptes scabiei* and eggs must be exposed, and to achieve this the overlying skin forming the roof of the burrow must first be macerated and then removed by scrubbing. This is achieved by rubbing all scabietic sites with soft soap for several minutes, then soaking in a hot bath for several minutes and finally scrubbing. It is not achieved by jumping into a hot bath with scrubbing brush and soap and having a casual scrub, neither is it achieved under a shower bath. Having exposed the parasites and eggs there are a hundred and one effective remedies, all of which are ineffective without the preliminaries. Not only so, but to achieve results the medical officer, the responsible orderly, and the patient must know something of the sites attacked and the habits of the *Sarcoptes* and so of the rationale of the treatment.

Skin Diseases.—It is consoling to find in dermatology confirmation of our faith in those fundamentals which at the start of our medical careers we believed all-important, but which we lost in the fog of scientific progress which was later heaped upon us.

Skin affections are either pathological entities or physiological reactions. Pathological diseases are real and substantial; they are almost invariably symptomless; they have or should have specific causes and are cured, or should be cured, by specific remedies. Physiological reactions, e.g. pruritus, eczema, urticaria, erythema, seborrhoeic manifestations, psoriasis, etc., are the counterpart of those multitudinous ills in general medicine which, I believe, are being rediscovered under the title of Neo-Hippocratic or constitutional medicine. They are the reactions of a physiologically sensitive being to the various traumata, physiological, dietetic, climatic, environmental in the widest sense, to which he is exposed. Their permanent solution lies in the understanding of the individual (as opposed to disease) and the imparting of that understanding to the individual so that, after removing such offences as are removable, he may cure himself by adjustment and adaptation. A very different problem from the cure of disease. It will be appreciated that skin reactions differ one from another as much as individuals differ, and for the same reasons. Unless the underlying principles are grasped these minor differences make the study of dermatology appear difficult.

The local treatment of skin diseases has advanced considerably in recent

years largely along reasonable and intelligent lines. The value of rest has been recognized and of supporting and occlusive dressings which shut out external influences and put the affected part out of sight and out of mind.

It is interesting to note that this relatively tough organ is very intolerant of interference ; that dermatological ills are readily aggravated and provoked from trivial to grave dimensions often through treatment. Masterly inactivity will often score the highest marks. Lassar's paste, for example, a harmless remedy, applied to the most inflamed skins will assist the cure. Lassar's paste removed and re-applied three times daily instead of being left alone will generally aggravate a dermatosis. The ordinary antiseptics—which have a definite though small place in treatment—may readily cause trouble because of their irritant properties. In the aniline dyes which are non-irritant we now have measures which are of great value in the treatment of infected skins, in pyoderma, sycosis, and seborrhœic affections. It is absurd to apply to a skin which breathes, secretes, and excretes, and which when it comes to us, is often weeping pus or serum, an ointment which interferes with all these functions and which merely rides harmlessly upon an exudate. The appropriate application is a paste which, by reason of the powder it contains, overcomes these faults. The introduction of an emulsifying agent into an ointment base, a recent advance in skin therapy, also overcomes some of the disadvantages by effecting emulsification of the application with discharges or secretions.

There is a wealth of interest and instruction to be derived from dermatology ; it inculcates a sense of proportion and keeps you near to the simple truths and facts of life. When you recall that there are few of us who escape all dermatological troubles it is obviously unwise to neglect this branch of medicine.