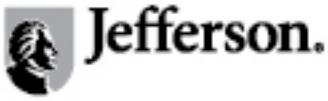

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Dermatology 75 years ago.

Lawrence Parish
Thomas Jefferson University, larryderm@yahoo.com

Joseph A Witkowski
University of Pennsylvania School of Medicine

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Lawrence Charles Parish, M.D.
Department of Dermatology and Cutaneous Biology, Jefferson Medical College of Thomas Jefferson University and Editor-in-Chief

Joseph A. Witkowski, M.D.
Department of Dermatology, University of Pennsylvania School of Medicine

It seems that the practicing dermatologist in 2007 is being attacked on all fronts. The Food and Drug Administration has mandated a cumbersome program for monitoring isotrentinoin usage, its analogue barely comes under scrutiny. iPledge is just a plain nightmare. The acumen of the board certified dermatologist is being challenged by Maintenance of Certification proposals because other specialties are doing it; yet, the neighborhood pharmacist is unhampered in dispensing all sorts of advice about treatment. The insurance clerk thrives on denying medication, prescribed by the physician, using flawed reasoning or else suggesting that a ten days' supply of medicine should be increased to 90 days in the name of economy, thus even further demeaning the sacrosanct prescription concept.

Something is not right. Could the situation have been better seventy-five years ago? The Depression was worsening in 1932 and the American Board of Dermatology and Syphilology had just certified its first group of dermatologists. Let's see what the Yearbook of Dermatology and Syphilology for the period records, its editors being two distinguished New York dermatologists, Fred Wise and Marion Sulzberger.

Atopic Dermatitis

The term *atopic dermatitis* was coined that year by Wise and Sulzberger, utilizing the word *atopy,* created by Arthur Coca and Lewis Webb Hill, a Boston allergist, who noted an association between asthma and allergic rhinitis Wise and Sulzberger included eczema that had positive skin tests in their atopic group. There were dermatologists who wanted to distinguish between eczema as one disease and dermatitis as another.

The role of food was already controversial, with dietotherapy and saltpoor diets being used in a variety of diseases. Some observers believed that diet played a role in this new entity, while others suggested that elimination of egg-whites did not lead to a lessening of the eczema by itself.

Complicating the issue further was the fact that the concept of allergy was being introduced, and many physicians wanted to attribute all inflammation of the skin to allergic changes. "Alterations in the sensitivity and reaction of the skin to external stimulus may depend upon various conditions within the body and are, therefore, not to be too readily accepted as a sign of allergy." (1933:65) Sulzberger believed that diet played some role, supported by his laboratory experiments whereby guinea pigs reacted differently in New York, Zurich, and Breslau.(1931:15)

Psoriasis

Experimental treatments for psoriasis included intramuscular injections of a 10% alcohol suspension of pulverized psoriatic scale. Not only was it ineffective but it also caused severe transitory pain. (1932:104). Because there could be an hormonal role, an endocrinologic workup is indicated. Where an abnormality is found, diathermy or x-ray treatment of the offending organ is recommended. High doses of arsenic are quite effective, and possibly manganese, in the form of psorimangen as a colloidal preparation, is to be recommended. Indirect approaches included administration of sulfur or gold or even introduction of diet therapy. Even though a salt-free diet was not helpful, it was thought that it warranted further study. (1933:278)

In a search for the cause of psoriasis, investigations into the role of fat metabolism were made. Some evidence was given that psoriasis is in some way related to xanthomatoses, due to hereditary history and to similar morphology. This was supported by the fact that there are familial histories of diabetes mellitus and that fat-poor diets offer improvement to psoriatic patients. (1933:279)

Syphilis

There was much discussion about whether syphilis was being controlled by the advent of the arsenicals, but in the early 1930's there were 423,000 new infections reported annuall y in the United States. Whereas in 1930, it was estimated that 62.5% of patients were treated by private practiioner, as the Depression continued there were more patients attending public syphilis clinics. Erich Hoffmann who was the first to identify *Treponema pallidum* wrote that "every case of fresh syphilis is curable if tretaed with sufficient energy and for a sufficient time with salvarsan and bismuth; this holds not alone for primary syphilis but also for syphilis in the secondary stage if not too old."

There were studies on fever therapy for neurosyphilis using malarial inoculation or typhoid vaccine. Wise and Sulzberger commented: "Bismuth is probably the only antisyphilitic drug for which the true treponemacidal action has been demonstrated. Even arsphenamine, which admittedly kills the Treponema pallida in the infected macro-organism, may do so indirectly. (1933:359)

Conclusions

The next time, patients wish for the good old days, let's remind them of the state of medicine a mere 75 years ago and how much progress we have made.