



Thomas Jefferson University
Jefferson Digital Commons

Department of Dermatology and Cutaneous
Biology Faculty Papers

Department of Dermatology and Cutaneous
Biology

11-1-2006

Dermatology is a specialty; dermatology is not a subspecialty.

Lawrence Parish

Thomas Jefferson University, larryderm@yahoo.com

Larry E Millikan

Tulane University School of Medicine, New Orleans, LA

[Let us know how access to this document benefits you](#)

Follow this and additional works at: <http://jdc.jefferson.edu/dcbfp>

 Part of the [Dermatology Commons](#)

Recommended Citation

Parish, Lawrence and Millikan, Larry E, "Dermatology is a specialty; dermatology is not a subspecialty." (2006). *Department of Dermatology and Cutaneous Biology Faculty Papers*. Paper 28. <http://jdc.jefferson.edu/dcbfp/28>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Dermatology and Cutaneous Biology Faculty Papers by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

As submitted to:

Skinmed

And later published as:

**Dermatology Is a Specialty; Dermatology Is Not a
Subspecialty**

**Volume 5, Issue 6, pp. 265-6.
Nov-Dec 2006**

PMID: 17085990

Lawrence Charles Parish, MD
Department of Dermatology and Cutaneous Biology, Jefferson Medical
College of Thomas Jefferson University,
Philadelphia, PA

Larry E. Millikan, MD
Division of Dermatology, Tulane University School of Medicine,
New Orleans, LA

Specialization began in American medicine about the time of the War Between the States. Several factors spurred the direction of practitioners away from being the so-called "complete physicians. Most important were the advances in instrumentation made by the 1860's, which allowed ophthalmology and otolaryngology to develop into distinct divisions of allopathic medicine; sometimes, they even joined together, viz eye, ear, nose, and throat specialist. Dermatology, too, became one of the early specialties for a myriad

of reasons ranging from the obvious – visual inspection - to the mundane, viz. default – syphilis was too ugly and complicated for every physician to diagnose and treat. (1)

When American medical education began to expand in the early to mid-nineteenth century, the surgeons and even the obstetricians (2) often gave the lectures on skin diseases. After all, to paraphrase an early discourse at Jefferson Medical College by a surgeon – all skin disease can be divided into those treated by sulfur ointment and those not treated by sulfur ointment. (3)

Dermatology in the United States can boast of having the first dermatology society in the world and one of the first specialty societies – New York Dermatological Society – founded in 1869. *The American Journal of Dermatology and Syphilography* (1870-1874) was among the first of the specialty publications, not only in the United States but worldwide. (4)

A Distinct Discipline

The study of skin disease has remained a separate discipline since its inception. Initially, in American medicine, dermatology included syphilography that became syphilology. Even when syphilis appeared to be conquered by penicillin and the specialty was called only dermatology, there was the implicit notion that sexually transmitted diseases were under the purview of dermatology.(5) At one time, genito-urinary surgery appeared to be combined with dermatology due to the common areas of syphilis and gonorrhea, but by the beginning of the twentieth century, the field of urology had developed in different areas/ (4)

Louis Duhring (1845-1913), pathfinder for American dermatology, considered dermatology to be cutaneous medicine, as evidenced by the encyclopedic work he started in the 1890's. (6) Throughout the twentieth century, departments of dermatology have toyed with this name and/or have even required some internal medicine training. In more recent years, dermatologic surgery has been incorporated into department names, (University of Miami - Blank, H.: personal communication 1990), as has cutaneous biology, where the emphasis has been on basic science research (Jefferson Medical College - Uitto, J.J.: personal communication 2006). Most recently, the University of British Columbia has awarded dermatology department status as the Department of Dermatology and Skin Science.

Among the specialties, dermatology has been in the forefront with the organization of national societies, journals, and certifying boards. (4) (7, 8) (9) Dermatologists have also been the leaders in public education, starting with syphilis awareness in the 1920's to sun awareness in recent years.

Department Status

Dermatology has earned the right to be separate department along with ophthalmology, otolaryngology, pathology, etc. While dermatology was initially focused on medical

treatment and any physician needs a basic knowledge of general medicine, having dermatology as a unit of medicine, makes no more sense than having psychiatry as a division of medicine. Dermatology now encompasses cutaneous surgery, but we doubt any “lumper” would merge dermatology into a general surgery unit, albeit one medical school placed dermatology under pathology (Albany Medical College – Mihm, M. C.: personal communication 2006)

We appreciate that hospitals often include dermatology within the department of medicine, and we have no quarrel with this status. Contemporary dermatologists function as consultants and have few to no in-patients, either due to the advances in dermatologic therapeutics or the artificial restraints of insurance carriers. For these reasons, medical grand rounds and hospital committees have little interest or input upon the practicing dermatologist; however, the dermatologist can opt out of these activities.

A medical school is a much different situation. Because dermatology encompasses so many disciplines, it cannot be reasonably included as a section of medicine. The modern dermatology residency program encompasses medical and surgical approaches to skin disease, cosmetic surgery, immunology, mycology and microbiology, microscopic and immunofluorescent pathology. Dermatologists treat newborns and the elderly along with toddlers and young adults. With the development of instrumentation, there is training in lasersurgery and phototherapy, with radiotherapy being included in the curriculum.

Conclusions

Dermatology is a grown-up - translated mature - specialty. Dermatology departments are comprised of general dermatologists, pediatric dermatologists, dermatopathologists, surgical dermatologists, and cosmetic dermatologists. There are epidemiologists and basic scientists in such fields as molecular biology, immunology, and biochemistry. With the sum-total of members including the researchers, the full-time clinicians, and the volunteer faculty, dermatology departments are often as large as the department of pediatrics, medicine, or surgery. Dermatology should be given its just due.

References:

1. Jackson R. The importance of being visually literate. Observations on the art and science of making a morphological diagnosis in dermatology. *Arch Dermatol.* 1975;111:632-6.
2. Friedman R. A history of dermatology in Philadelphia; including a biography of Louis A. Duhring, M. D., father of dermatology in Philadelphia. Fort Pierce Beach, Fla.,: Froben Press; 1955.
3. Parish LC. Department of Dermatology. In: Wagner FB, editor. Thoms Jefferson University: tradition and heritage. Philadelphia: Lea & Febiger; 1989. p. 457-64.

4. Parish LC. American dermatology journals. Their growth from 1870 to 1920. Arch Dermatol. 1967;96:77-88.
5. Dennie CC. The dying syphilologist. AMA Arch Dermatol Syphilol. 1950 ;62:615-21.
6. Duhring LA. Cutaneous medicine; a systematic treatise on the diseases of the skin. Philadelphia,: Lippincott; 1895.
7. Parish LC. [American dermatologic publications and the New York Dermatologic Society]. Hautarzt. 1981;32:136-8.
8. Szymanski FJ. Centennial history of the American Dermatological Association - 1876 to 1976. Arch Dermatol. 1976; 29:1651-3.
9. Livingood CS. History of the American Board of Dermatology, Inc. (1932-1982). J Am Acad Dermatol. 1982;7:821-50.