Perhaps the shortest and best way to demonstrate the practical importance of a specialty in medicine is to state the number of cases which fall within the scope of that specialty, their incidence and the periods of disability produced by these diseases as compared with the total medical volume. The statistics of the U. S. Navy (Table I) show that during the ten years 1931—1940 diseases of the skin accounted for about 9.79 per cent of the total admissions to the sick list, and approximately 8.66 per cent of the total number of sick days.

Venereal diseases, exclusive of gonorrhea (i.e., all forms of syphilis, chancreoid, lymphogranuloma venereum, lymphogranuloma inguinale, bubos and penile ulcers)—represented an additional 8.04 per cent of all admissions and accounted for approximately 6.75 per cent of all sick days. Thus the total of the diseases falling within the scope of Dermatology and Syphilology, represented roughly 17.83 per cent of all admissions and roughly 15.41 per cent of all sick days.

It must also be borne in mind that in a specialty such as Dermatology and Syphilology a very large proportion of the persons affected is not incapacitated or bed-ridden, and that large numbers of patients within this specialty are seen as ambulatory cases or in consultation. This truth also applies to dermatologic and syphilidologic patients among Naval personnel and it can be estimated that for each “bed case” there will be about two which are diagnosed and treated without being admitted as bed patients. It is therefore evident that the above percentage figures must be more than doubled to give an accurate idea of the total volume of Dermatology and Syphilology in the Navy.

For many years the Surgeon General of the Navy has fully recognized the importance of Dermatology and Syphilology, and in particular, the fact that the establishment of Departments of Dermatology and Syphilology is the soundest method of making available to this very large group of patients the best possible diagnostic and therapeutic measures. In accordance with this recognition there are now in existence, or planned, Departments of Dermatology and Syphilology in all the larger Naval hospitals. As I understand the plans, it is contemplated that these will be separate departments, but under the Chief of the Medical Service of each hospital. The Departments of Dermatology and Syphilology are to be headed by men with adequate training and experience—preferably, and as far as possible, by holders of the Certificate from the American Board of Dermatology and Syphilology. The junior medical officers in this Department will receive training in the specialty, and there will also be facilities and opportunities

1 Read at the Fifth Annual Meeting of The Society for Investigative Dermatology, Atlantic City, N. J., June 9, 1942.
for training nursing personnel and hospital corpsmen in the special technics of prophylaxis, diagnosis and treatment of both cutaneous and venereal diseases.

At the Brooklyn Naval Hospital at present there are two wards of maximum capacity of 35 to 40 beds each, with all the necessary waiting rooms, treatment rooms, mess rooms, galleys, isolation cubicles, doctors' offices, etc., and full equipment for the Department of Dermatology and Syphilology. The only exception as far as equipment is concerned is that the x-ray treatment of skin diseases is still executed outside of the Department, in the Department of Radiology. This was a necessary separation in order to avoid the duplication of expensive apparatus. However, the superficial x-ray therapy of skin diseases is carried out almost entirely according to the suggestions of the Department of Dermatology and Syphilology—whenever necessary, in consultation with the Department of Radiology.

I believe it can be stated that the set-up and organization which I have just outlined has already proved itself, and that the diagnosis and treatment of cutaneous diseases has been improved, with a consequent reduction in number of sick days, as well as an earlier recognition of conditions which are likely to continue to be so incapacitating as to necessitate a man's discharge from the Service. From the military viewpoint, these two facts are, of course, the primary considerations: (1) to keep as many men as possible in fit condition as many days as possible; and (2) to disembarrass the Service as speedily as possible of the burden of men likely to be of more detriment than help because of incapacitating illness.

There are many other advantages which have been fully recognized by the
Bureau of Medicine and Surgery as favoring the establishment of Departments of Dermatology and Syphilology. When new medical officers are required by the Navy, they must, in times of rapid expansion such as these, be taken over in large numbers from the reservoir of lay physicians who fulfill the requirements of age, physical condition, character and professional ability. Therefore, when the Navy needs medical officers with training and experience in syphilology, the only groups from which such officers can be recruited in adequate numbers is the body of lay Dermatologists and Syphilologists. It therefore follows that these men, who come into the Service with adequate training and experience in syphilology, are also trained dermatologists; and vice-versa. And it would result in a waste of talent and experience to confine some of these men in the Military Service solely to the management of cutaneous diseases, and others solely to syphilology. Moreover, there is no other group of lay physicians completely trained in syphilology. Certainly the non-military urologist (in contra-distinction to many military urologists) is not generally a syphilologist as well.

I am frequently asked what the chances are that the Dermatosyphilologist who enters the Naval Reserve Medical Corps, "will be used" in his specialty. The answer is that there can be no guarantee of any kind, and that in the Navy we are all physicians. When needed, and in times of emergency we must all be prepared to do our share in every aspect of every problem which may confront the military physician in time of war. Nevertheless, as far as the exigencies of the Service permit, and except when emergency measures are necessary, it is the policy of the Bureau of Medicine and Surgery to employ all personnel in the capacity for which they are best suited by training and experience. There are at present on active duty about 25 medical officers of the Naval Reserve who are qualified in Dermatology and Syphilology. All but one of these, who himself requested general duty, are now employed in dermatology or syphilology, or both. The Surgeon General has recently estimated that an additional 75 specialists in Dermatology and Syphilology will be required in the coming year. It follows from what I have just said that the Dermatosyphilologist who now enters the Naval Reserve will be employed in his specialty are excellent, with the exception of such temporary assignments to other duties as may be necessitated from time to time by emergency conditions.

Among the many considerations which have led the Bureau of Medicine and Surgery to adopt the policy of establishing Departments of Dermatology and Syphilology are the following: 1) these Departments in large, fixed hospitals will be able to function as consulting services for those cases requiring specialistic diagnosis and treatment, when the patients come in from their ships, or are referred from the other activities of the Naval District in which the hospital is situated. 2) the Departments of Dermatology and Syphilology will be able to render great assistance and support to the Venereal Disease Control Officers of the Naval Districts, by means of their trained personnel, diagnostic and therapeutic facilities and constant expert collaboration in matters of prophylaxis, running down of sources of infection and early diagnosis. 3) the Departments of

(For example, at the Brooklyn Naval Hospital at present, within the first hour after admission of a patient with a penile lesion, the man has been questioned and a report made as to the possible source of contagion, has had a dark-field examination made of the lesion and
has had intracutaneous tests performed for lymphogranuloma venereum and intracutaneous tests and smears for chancroid.

Dermatology and Syphilology will be of material assistance and support to the Industrial Disease Officers of the Navy Yards and Districts in all matters pertaining to the very large group of industrial dermatoses, including the running down and elimination of external irritants and allergens causing occupational eczemas. 4) the Departments of Dermatology and Syphilology will be in a position to evaluate diagnostic, therapeutic and prophylactic procedures whenever they are authorized to do so by the proper superior authorities. In this way, accurate information will be obtainable on such matters as new vehicles, new water-soluble emulsion creams and bases; on local remedies for the treatment of superficial burns; on measures to prevent or combat the cutaneous effects of chemical warfare agents; on improvements aiming at more effective and rapid treatment of scabies, on prophylactic measures for fungous infections; on new, intensive, forms of therapy for early syphilis; to mention only some of the problems actually under investigation in the Department of Dermatology and Syphilology at the Brooklyn Naval Hospital within the last year. The conditions of the Naval Service are such that permanent, accurate and precise records can be kept, and the most satisfactory and prolonged follow-ups can be carried out on every patient. Moreover, every patient is constantly under some form of medical supervision, with periodic examinations and check-ups. All these advantages favor the best possible evaluation of medical procedures, and the evaluation of their end-results. 5) the Departments of Dermatology and Syphilology will be able also to insure the future Medical Corps a constant supply of men, both medical officers and nursing personnel, trained in the special procedures and technics required in this branch of medicine. For, in the adequately staffed and equipped departments, younger medical officers and internes can receive indoctrination and training, and nurses and corpsmen can be instructed in the technical phases of such special procedures as intravenous and intramuscular therapy, dark-field examinations, skin tests, bandaging, dermatologic dressings and the technics of topical therapy.

At the Brooklyn Naval Hospital courses for nurses and corpsmen, for internes and general medical officers, have been under way during the last year, and have been attended with great interest.

The above list is, of course, incomplete, and is intended to give only an idea of the progress which has been achieved, and the much greater progress still to be expected through the development of Departments within our specialty in the Navy.

I could, of course, continue with anecdotes and discussions illustrating the many exceedingly interesting and instructive special problems I have encountered since being called to active duty in January, 1941. However, my time is limited, and I shall mention only a few of the problems which may be of special interest to this audience. In the first place, in visiting the wards as a full-time Dermato-
syphilologist in a large Naval hospital, one becomes more aware than ever before of the fact that almost everyone, at one time or another, suffers from some type of skin disease. No day passes without the skin specialist being stopped by patients on other wards, by medical colleagues or other Naval officers; by nurses, by corpsmen or by the dependants of Naval personnel, and being asked for “a good prescription” for “dandruff” or for oily hair, or for acne, or for itching, or for mild “athlete’s foot”, or for freckles or for sun-burn, or for hyperhidrosis, or for warts, etc., etc. I bring up this point simply to introduce the fact that the number of ambulatory cases seen is usually tremendous. By no means are all of these ambulatory cases minor ailments, such as just mentioned. During the last year I saw one patient with mycosis fungoides, who introduced himself casually to ask for “something to stop itching”; a patient with Kaposi’s sarcoma which had been diagnosed as a “wart”; and a patient with epidermolysis bullosa hereditaria, who asked for a prescription for a “blister on the foot.” The recognition of such rare conditions is, of course, important, but not nearly as important as the service rendered by the dermatologist who sees to the proper management of mild and beginning conditions, and thereby can prevent many a case of severe or protracted incapacitating disease. The treatment of beginning fungous infections, of beginning boils and other pyodermas, the early recognition, segregation and treatment of scabies, are examples illustrating the number of days which may be saved, and the number of men kept off the hospital sick list through early, accurate diagnosis and rational dermatologic therapy. While it is impossible to state just how many man-days can be saved for the Navy by a well staffed, well equipped, modern Department of Dermatology and Syphilology, it can be stated that the aggregate number will be great. For no other department sees as many ambulatory and inefficient cases; and no other department has so brilliant an opportunity for preventing illnesses from becoming rebellious, chronic or permanently incapacitating.

A second point of particular importance in the Navy is the fact that heretofore the Hospital corpsmen who constitute the main body of the nursing personnel, and the female trained nurses of the Navy Nurses Corps have very often had little or no training in the technics of dermatological procedures, or in special dressings and application and removal of local remedies. This training, together with the introduction of an adequate Dermatologic Formulary, is one of the first requirements for successful therapy of the common diseases of the skin. Surely it is unnecessary for me to tell this particular audience how many sick-days will be saved when the proper local remedies can be obtained, and the special nursing and treatment procedures can be correctly executed.

Still another important consideration in regard to the special problems of Naval Dermatology and Syphilology is the fact that patients must generally be kept in the hospital until they are so completely cured that they will be able to resume their full duties, which may of course, include many diverse and exacting occupations under conditions varying from those in a submerged submarine to those obtaining in a stratospheric bomber. It is not astonishing, therefore, that the hospitalization of a man in the Naval Service is an entirely different problem
from the hospitalization of a lay patient; and that in most instances, the stay in the hospital will necessarily be longer than for the corresponding disease outside of the military establishment. For no man, on discharge from the hospital, can be told to "take it easy", or to "go home and rest", or not to wear certain types of clothing, or do certain kinds of work. When he is discharged from the hospital he must be fit, fully fit, and be able to resume his previous duties to the full.

In closing, I should like to mention briefly the problem of "shore liberty" in relation to venereal diseases. It is not to be wondered that after being released from the strain of Naval duty on the North Atlantic patrol, or from a submarine or tanker or mine sweeper, or from any one of the thousands of arduous and important tasks of our sailors and marines, these healthy and virile young men, when they receive a pocket full of pay, and 48 hours of complete freedom ashore, should seek the most intensive form of relaxation and amusement. It is, therefore, the duty of the Medical Officer to understand these particular circumstances, and through his understanding and comprehension of the problems involved, to meet the situation of venereal disease control and venereal disease prophylaxis with practical and human methods. Much can be, and is being done by Naval Medical Officers who know how to speak to and handle the young men in their charge on the Venereal Disease wards; and the proper relationship between the physician and the enlisted man who has contracted a venereal disease is the best guarantee of the discovery of the source of infection, of the prevention of recurrences and of the completion of the proper courses of treatment.

The Naval medical set-up also permits the discovery and study of the best methods of Venereal Disease prophylaxis. For the man who has been ashore on liberty returns to his ship or station, and to its respective Medical Officer. This favorable set-up has led Naval Medical Officers to develop improved methods of prophylaxis and the accurate evaluation of these methods. In this connection, I should like to mention only the interesting studies of Joses, (Comdr. Maurice Joses, (M.C.), U.S.N., U.S.S. Houston,—Naval Medical Bulletin, Vol. 40, p. 113, January, 1942), who recently showed that the administration of 6 to 7 grams of sulfathiazole during the day following the return from shore liberty, proved to be an almost infallible preventive of gonorrhea, chancroid, and perhaps also, of lymphogranuloma venereum. Comdr. Joses, and subsequently other Naval Medical Officers, have now employed this new prophylactic method on approximately two thousand men, with no ill effects; and with only one case of gonorrhea being encountered, despite the fact that the men were exposed in the heavily infected districts of the Asiatic stations. The experiment demonstrates the peculiarly favorable circumstances which the Navy offers for studies of this type, not only in regard to venereal diseases, but in relation to many other problems, including those within the province of the Departments of Dermatology and Syphilology.

DISCUSSION

Lt. Col. C. F. Lehmann, (MC) Army of the United States: It is indeed a pleasure to hear that the Navy dermatologists are faring so well, and I was pleased to hear the short resumé
Dr. Sulzberger gave us of some of the problems the Navy has and how it is taking care of them. There are of course, some differences between the dermatologic problems of the Army and the Navy and those of civilian medicaments; for example, the types of cases encountered, indications for hospitalization, etc. It is a fixed routine for us in the Army to hospitalize cases of impetigo; cases in which you certainly would not use the patient’s money for hospital fees in civilian life.

Right now, in the Army in the South, with maneuvers in Texas, poison ivy has put many in the hospitals, and this is of extreme concern to enlisted men and officers. This is one dermatologic problem that needs further study. Probably Dr. Sulzberger can tell us something about that—whether they are going to use prophylactic creams or ointments. Personally I do not think it very practical—it means something else for the soldier to carry in his duffel bag; he has enough as it is.

As you know the dermatologist is not used exclusively in his field in the Army. I think there is a good reason for that at present; but as time goes on they will be used more and more in the specialty. We want and need dermatologists in the Army. Another responsibility that you who are going into the Army will have to face will be to instruct medical officers in the kind of dermatology which will be useful and practical in the type of war we are now fighting. This is a rapidly changing sort of war. Troops are moving fast, and the dermatologists want to keep up with them. As an illustration: recently I was asked to give a talk at a large Aviation Training Field. The medical officers there get a six week course and are then sent to all parts of the world. Imagine a man trying to give a talk on tropical skin diseases in one hour! To sum up: the dermatologist in military service, be it Army or Navy, is not only to be called upon as a consultant, but is to teach, to disseminate information, and standardize treatment for the non-dermatologist to use. We must look upon this practically, and advise the use of that which is most expeditious. Is it better to treat a patient with calamine lotion and nothing else? In the hospital I refer to, they had a gallon of calamine lotion, and the men went up to the great big barrel and painted themselves with it, t.i.d.

The nature of military medical problems today makes it inevitable that the ideal conditions for highly specialized dermatology will not always obtain at all places. I am sure, however, that plans are being made to utilize specialties to the best possible advantage; but after all, the designation of anyone to serve as a specialist in the Services will depend entirely upon what is most feasible and what is most expedient at the particular time and place.

**Dr. Marion B. Sulzberger,** New York: Of course what Col. Lehmann has just said is correct. You have to meet the exigencies of the situation. But I think most dermatologists will meet—and I am sure, solve—many interesting problems in military medicine. Just to illustrate one point—if you are asked to recommend a remedy which will be generally used by armed forces it means that carloads full of each ingredient will be required. And if a preparation is to stay in general use its constituents will have to continue to be available in almost unlimited quantities. “Critical materials” will have to be avoided, and such substances as glycerine, magnesium, sulfate, tannic acid, etc., should not be recommended unless no other, less critical, substances can be used in their place. There are hundreds of special military dermatologic problems which take ingenuity and keen powers of observation to solve. By and large, dermatology and syphilology in the Navy is not very different from that in the Army. But there are some minor differences. For instance, a man out with his regiment and being treated by his battalion surgeon cannot stop marching and take care of his feet or halt and put on wet dressings or sit down to take sitz baths, etc. In the Navy, on the other hand, every ship carries a “sick bay”, and the man who needs them can have wet dressings or sitz baths. Aside from small differences of this kind there is an astounding degree of similarity in skin diseases in both Services. Let us examine, for example, the incidence of skin diseases: in the Navy 7.79 per cent of admissions to the sick list were for skin
diseases. And the corresponding figures for the Army in the last year were 7.80 per cent admissions for skin diseases. These figures show how close together the two services are in the incidence and also in the problems of dermatology and syphilology.

And the armed forces offer the best opportunity for careful, controlled and exact evaluation of diagnostic, prophylactic and therapeutic measures on large numbers of patients. Take for instance the problem of fungous infections. Where will there be a better occasion for the comparative evaluation of preventive measures and of treatment methods than is offered by the military personnel aboard ships or in camps or battalions?