DERMATOLOGY IN GENERAL PRACTICE

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I believe every practitioner has gaps in his knowledge either of a single disease such as diabetes or in some branch of medicine such as orthopaedics, eyes or skins. This is reflected in the large number of patients referred to consultants in these specialities. The reason is to be found in the defficiencies of medical education of twenty-five years ago. At that time the study of skins, orthopaedics, eyes and, I believe, anaesthetics were grouped together in a three month period. This unsystematic method of teaching unconsciously affected the student in his approach to these subjects, in as much as they were considered specialist branches of medicine outside the province of the general practitioner. This period of special studies arrived at the time when examinations affected the students' outlook, and so the attendances at lectures and clinics suffered. Being wise in the ways of examiners, he was right in assuming that the risk of being questioned on dermatological diseases either in viva or in the written paper was a remote possibility. Attendances were perfunctory and the teaching accordingly lacked enthusiasm. I cannot recall ever being taken into a ward for the purpose of a dermatological examination.

Today a student has at his service coloured photographs of cases seen in skin clinics, a great advance on the system of the 1930's, but this cannot train the student in his approach to the patient. We have all experienced the satisfaction of observing the emotional relief exhibited by patients who have been convinced that their fears regarding malignant disease have been groundless. It is as important for the general practitioner to realise the emotional suffering of the adolescent who, scarred and pitted with acne, is too self conscious to indulge in swimming in public baths ; or the psychological effect of extensive psoriasis on the young girl ; for her, the psoriasis is the dictator of fashion, not Dior or Hartnell. Inherent in the minds of these sufferers is the feeling that their disease is due to lack of personal hygiene, that it is contagious or infectious. No studying of beautiful, expensive, coloured photographs can teach the student that the first treatment of the acne youth or the psoriatic, is to convince the patient that his fears are false ; nor do these pictures teach that it is often the parent of the infant with eczema who requires treatment. The relief and evident gratitude shown by these patients when their fears are removed, are often the one satisfying experience of a long and tedious surgery. Looking back, too much time and wasted effort were spent on duodenal ulcers, the timing of cardiac murmurs, and the dressing of post-operative cases.

The pharmacology of skin disease is another aspect which was inadequately taught. We were well versed in the dosages of strychnine, atropine, digitalis, etc., but had little idea in what circumstances to use powders, lotions or ointments. The chemist will soon contact the doctor if an overdose of arsenic is prescribed, but there is no second line of defence when we increase the percentage of tar in a case already showing intolerance ; or when we exhibit penicillin to a case showing an allergic reaction. To-day the newly qualified doctor is presented with the list of prescriptions suitable for certain diseases : let him beware of the avalanche of literature which will descend on him, when he enters practice. Too soon will he find himself prescribing proprietaries, and too soon will he find himself unable to recall the constituents of his old prescriptions and their separate actions.

A Short Survey

The following superficial survey was carried out over a period of five months in a mixed industrial and rural practice. Of a total of 5,228 surgery attendances, 654—approximately 12.5% were dermatological cases. The figures were swollen by an unusually heavy increase in cases of papular urticaria, and a severe epidemic of impetigo. That 12.5% of all cases seeking advice and treatment in surgery, are skin sufferers is an indication that an overhaul of the curriculum is urgently necessary.

The average number of attendances for each case was 2.5. Forty-eight cases of papular urticaria attended 56 times. Fifty-one cases of impetigo needed 67 attendances. Fifty cases of eczema, where the cause was clearly either a contact dermatitis, allergic, due to drugs such as penicillin, to diabetes, or secondary to an external otitis, required 104 attendances. Six cases of unknown origin, on the other hand, required 36 attendances.

TABLE 1.

The following figures show the average attendance per case for a specific disease

Disease	Average attendances per case
Psoriasis	3
Pruritus ani	15
Neurodermatitis	7.5
Lupus erythematosus	5
Herpes zoster	4.5
Varicose eczema	4.5
Varicose ulcer	11
Acne	2.5
Erysipeloid	2.3
Intertrigo	2.6
Actinic sensitivity	1.8
Naevi	1
Warts	1
Scabies	1
Pityriasis alba	1
Epidermophytosis	2

Discussion

Of the cases requiring more than the average number of attendances, it would have been wiser to have had a consultant's opinion earlier, especially for the pruritus and neuro-dermatitis and chronic lichenified eczemas, as these were soon relieved by superficial X rays. The zoster cases required treatment for pain rather than for the dermatological condition. The psoriatics were helped by long periods of sunshine.

Varicose conditions headed the list of attendances. The varicose ulcer patient is of a type by himself : too often one gets the impression that a cure would be a disappointment. The treatment of rest in bed is repugnant for (1) economic reasons, (2) lack of home help, (3) psychological reasons, the ulcer being the magnet to attract sympathy, and, indirectly, to solve problems of loneliness and unwantedness. In these days of home helps, and the efficient aid of almoners, the problem is not as immense as in bygone days. The rate of cure is so greatly accelerated by rest, that not only is there a great saving of labour and time for the practitioner, the hospital and the consultant, but, also, a saving in the taxpayer's money. If bed rest cannot be attained, then the hospital services should provide a special clinic for leg ulcers, so that sufferers are able to have daily or weekly treatment as their condition requires. When the financial side is considered, the cost of an elastoplast bandage is 6/6d., that of an ichthopaste 2/4½d., a crepe bandage 2/3d., viscopaste 3/4d: if practitioners insisted on complete rest in bed, the present wastage of their dressings would be saved.

Considering the great majority of papular urticarias and impetigo cases which needed only one attendance, I feel that the quantities of applications prescribed could be reduced. A simple salicylic, ung. dithranol costs 3/6 per 2 ozs., the same amount of a proprietary ointment, christened with a name similar to the disease, costs 4/4. Examples of this nature are known to all, but there is one further simple means of reducing costs. In the minds of the patients there is often a medieval idea that the rapidity of cure is directly proportional to the amount of ointment applied. A few minutes spent in explaining how to apply an ointment would eliminate a great deal of waste.

My thanks are due to Dr. E. Ritter for his enthusiastic teaching. I can pass him no greater compliment than that of an aged patient with arterio-sclerosis who said of a young consultant who had impressed him by his kindness and humanity, " Dr. ..... is wasted as a consultant, he should have been a general practitioner ".