





# MODERN DERMATOLOGY AND SYPHILOLOGY

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461 ILLUSTRATIONS IN TEXT

37 FULL COLOR PLATES



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PLATE I



Exudative infantile eczema. Patient was hypersensitive to egg, which on ingestion produced immediate intense aggravation of the dermatitis. (Frontispiece)



*To my son*  
S. W. BECKER, JR.

---

*To my sister*  
ANNIE OBERMAYER  
*who awakened my  
interest in Language*



## Preface to the Second Edition

"Modern Dermatology and Syphilology" has been brought up to date, in this second edition, by necessary revision of the original text and addition of new material. The importance of functional factors in etiology and therapy, which have received increasing attention since publication of the first edition, and the value of viewing dermatoses as processes rather than as morphologic entities are again stressed.

The use of dioxan, which greatly facilitates the preparation of microscopic sections, is described in the chapter on diagnosis.

The chapter on dermatologic therapy has been enlarged. The modern vehicles developed for the preparation of remedies for local use are discussed. The role of the sulfonamides and penicillin in dermatologic therapy is evaluated.

In the amplified chapter on pigmentary dermatoses attention is given to disturbances of pigmentation associated with medical disorders which are of interest primarily to internists.

The chapter on trophic and deficiency diseases has been completely rewritten to reflect the great advances in vitamin therapy.

The concept of lepra has been radically changed as a result of recognition of its two distinct varieties. The new chapter on lepra considers in detail the bearing of this changed viewpoint on the individual patient's prognosis and the public health aspect of the disease.

The chart which has been appended to the chapter on cutaneous diseases due to animal organisms is an attempt to present graphically a classification of the enormous variety of agents responsible for these dermatoses.

The chapter on tropical diseases, which was added when the text was translated into Spanish after publication of the first edition, was incorporated in later reprints of that edition. It is timely because tropical diseases have become important as a consequence of World War II.

In the thoroughly revised section on syphilis the value of quantitative serologic and verification tests for diagnosis, the rapid treatment methods so important in the control of the disease and the therapeutic use of penicillin are discussed.

The nomenclature has been brought into essential conformity with that of the Standard Nomenclature of Disease.

Criticisms of the first edition were a valuable aid in the revision of the text. Further comments and criticisms will be welcomed.

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## Preface to the First Edition

Dermatology has entered its biologic era. Great strides have been made by studying disease processes rather than the static morphologic pictures of the older dermatology. As a result of this fundamental departure the treatment of many important cutaneous disease complexes has been revolutionized.

Functional diseases are being studied by workers in many fields of medicine. The dermatologist has the unique advantage that the skin is the only organ of the body which is constantly exposed to view. Signs of disease can be visually observed from their inception through their entire course to their healing, sections can be removed for biopsy at all stages, and various experiments can be performed on the normal and pathologic skin. For this reason, it seems logical that the dermatologist can obtain more knowledge with less effort than a worker in some other field of medicine.

In this volume, several definite departures have been made from the style of the standard textbooks on dermatology, some of which have in fact become single-volume encyclopedias on the subject. Their comprehensiveness has enhanced their value for the postgraduate student of dermatology, but has introduced difficulties in the path of the undergraduate medical student and the nondermatologic practitioner of medicine. In the present volume, the usefulness for the student and the practitioner of medicine has been the prime consideration, although we hope that the volume may prove useful to postgraduate students and specialists as well. The diseases discussed are those commonly seen in the United States, Canada and Great Britain, and an effort has been made to devote space to the various conditions in proportion to their importance. Diseases which are seen more rarely and tropical diseases which are encountered only occasionally in seaport towns are not included.

An effort has been made to keep the work "modern," in conformity with the title. Methods of diagnosis and treatment that have been largely abandoned or are decreasing in popularity due to introduction of better ones are not given, or are mentioned briefly. This by no means indicates that untried new therapeutic procedures are recommended, to the exclusion of old reliable methods.

In an endeavor to make of the book a living thing, less stilted and more informal than some textbooks, explanatory material has been incorporated at the beginning of each chapter under "Orientation," in the intimate language of the demonstrator to small groups of students. We hope that this will not only add to the knowledge of the subject, but will enhance interest in the presentations. The subject matter, too, is presented in the lecture style rather than in the encyclopedic style, which we hope will make it more interesting. We have incorporated a table presenting a cross section of cutaneous lesions, which will enable the student to visualize at a glance the significance of the terms designating primary and secondary cutaneous lesions.

It is our opinion that a textbook should present primarily the ideas and methods of the authors, and secondarily those of other workers. For this reason, the methods of teaching and the therapeutic procedures in use at the University of Chicago Clinics have been emphasized. Since our own method of treating patients with functional dermatoses, while not entirely original, has proved to be of decidedly practical value, it is given in considerable detail. Many of the elements in the management of the patient with functional dermatoses have resulted from research carried on during the 12 years since the founding of the Clinics. Simultaneous improvement noted in several co-existing nondermatologic functional diseases (functional colitis, vasomotor rhinitis, migraine, etc.) makes



us feel that this method will be of assistance in other medical fields. However, it does not replace but rather supplements orthodox treatment for these disease complexes.

Arrangement of material has been made from the functional viewpoint as much as possible. Where this has been impracticable, dermatoses have been grouped according to common etiology (infections) or based on diagnostic considerations (papulosquamous eruptions). When the cause is unknown, the condition has been put into the classification which we considered most useful. Diseases of the appendages are considered separately, as are those of the mucocutaneous junctions and mucous membranes. Premalignant lesions are grouped together to emphasize their importance as precursors of neoplasms.

In discussing cutaneous eruptions due to drugs, we have made a departure by tabularly listing the cutaneous disorders along with causative drugs in addition to the customary method of listing drugs followed by the diseases they produce. Since the physician is confronted by the dermatosis and not by the history of ingestion of drugs, it is felt that correct diagnosis will be facilitated by consulting this table.

In order to conserve space, an early chapter is devoted to general considerations of therapy, followed by prescriptions and detailed instruction in preparation and use of medicaments which will give satisfactory results in a high percentage of cases. Therapeutic preparations are arranged alphabetically, so that they may be readily referred to from the various portions of the text where they are recommended. Increasing interest in allergy in various branches of medicine has, we believe, justified inclusion in a special chapter of such concepts of cutaneous allergy as will withstand scientific scrutiny. Growing interest in industrial medicine has inspired us to devote a chapter to the various aspects of dermatoses encountered in occupations.

The nomenclature used is that of the Standard Classified Nomenclature of Disease, compiled by the National Conference on Nomenclature of Disease, with certain revisions and additions. These alterations have been discussed with the executive secretary of the Conference and the chairman of the Committee on Dermatologic Terminology.

The intimate association of syphilology with dermatology in practically all Class A medical schools and the necessity of dermatologic knowledge of syphilitic dermatoses and cutaneous complications of syphilotherapy justify a combined dermatology and syphilology. We believe that the dermatologist, by virtue of his patient attention to details in management of dermatologic conditions, is well fitted for the same detailed and persistent care which is so necessary for best results from syphilotherapy. In a discussion with the medical supervisor of syphilis and gonorrhea clinics in a large city as to just who should be responsible for the management of patients with syphilis, it was finally agreed that the syphilologists who are also dermatologists have done the best work in the field the world over. This does not mean, however, that the practice of syphilology is the hereditary prerogative of dermatologists. The usual dermatologic text devotes a certain amount of space to cutaneous syphilis, along with a brief discourse on the disease, including therapy. There is often insufficient discussion of the various syphilologic problems with which the practicing physician is daily confronted. An effort has been made in this text to furnish a comprehensive view of syphilis as an infectious disease, including all information necessary for the practice of everyday syphilology, which should be the prerogative and duty of all practitioners of medicine. Advance in syphilology has been so rapid that it is impossible to incorporate detailed information on the more unusual aspects, therefore more complete texts on syphilis should be consulted for less common features.



In order to simplify the task of choosing treatment and controlling complications therefrom, a chart, conceived by Van de Erve and amplified by Ginsberg, is presented, giving all essential details in logical fashion.

Special mention should be made of the work of the Co-operative Clinical Group, consisting of five University Clinics, that of the University of Pennsylvania, the University of Michigan, The Mayo Clinic (University of Minnesota), Western Reserve University and the Johns Hopkins University, co-operating with the Division of Venereal Diseases, United States Public Health Service. While only brief mention of the work has been made in places, a complete bibliography is given. The same applies to the Committee on Evaluation of Serodiagnostic Tests for Syphilis, composed of leading syphilologists and serologists of the United States.

A short bibliography is appended to each chapter. It is not intended to be exhaustive, but rather to present more recent work and includes most of the significant publications during the last five years, and the more valuable ones previous to that time.

In the belief that colored illustrations are indispensable for accurate presentation of cutaneous disorders, 32 such illustrations are used, only one of which is not clinical. For the most part, the illustrations are from the collection of the Section of Dermatology, University of Chicago Clinics. Acknowledgment is made in the legends for those which have been kindly furnished by others.

While we assume full responsibility for the choice of material included in the text, we are fully aware that omissions and errors may inadvertently have been made. We welcome criticisms and suggestions, which will be given serious consideration in any future editions that may be warranted.

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- Simon, C.: *Nouvelle pratique dermatologique*, Paris, Masson et Cie., 1936.
- Arzt, L., and K. Zieler: *Die Haut und Geschlechtskrankheiten*, Berlin and Vienna, Urban & Schwarzenberg, 1935.
- Schulman, E., and G. Basch: *Traite de Dermatologie, Clinique et Therapeutique*, Paris, G. Doin & Cie., 1933.
- Ormsby, O. S., and H. Montgomery: *Diseases of the Skin*, Philadelphia, Lea and Febiger, 1943.
- Sutton, R. L., and R. L. Sutton, Jr.: *Diseases of the Skin*, St. Louis, C. V. Mosby, 1939.
- Andrews, G. C.: *Diseases of the Skin*, Philadelphia, W. B. Saunders Co., 1938.
- Stokes, J. H., H. Beerman, and N. R. Ingraham, Jr.: *Modern Clinical Syphilology*, Philadelphia, W. B. Saunders Co., 1944.
- Moore, J. E.: *The Modern Treatment of Syphilis*, Springfield, Ill., Charles C Thomas, 1944.
- McCarthy, L.: *Histopathology of Skin Diseases*, St. Louis, C. V. Mosby Co., 1931.
- Gans, O.: *Histologie der Hautkrankheiten*, Berlin, J. Springer, 1925.

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We are deeply grateful for the assistance rendered by our dermatologic associates, past and present, and for the stimulation derived from discussions with our students, undergraduate and postgraduate.

Our publishers, J. B. Lippincott Company, have displayed unremitting patience and co-operation.

S. W. B.  
M. E. O.



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