

EDITORIAL

MORE THAN SKIN-DEEP

Dermatology has always been the Cinderella of medicine. It lacks the glamour of cardiology, the urgency of surgery, the emotive appeal of paediatrics. There were other reasons for the neglect of this stepchild. The early separation of "external" from "internal" medicine led to its isolation. For years it wandered around the wilderness of descriptive (morphologic) dermatology, accumulating a voluminous nomenclature few people could remember, let alone understand. Its traditional association with dirt, contagion, leprosy and venereal disease did not help to improve its image. It was considered too obvious to merit serious study.

In recent years the importance of the skin as an organ, and dermatology as a speciality, is recognised.

The skin is vital for man's survival and enjoyment of life. It forms the interface between man and his environment. It projects our personality and protects our inner organs. It is an indicator of age. It keeps us warm, it keeps us cool. It keeps us germ-free. It activates our vitamins and our hormones. It mediates our emotions and our feelings. It is our beauty and our ugliness.

Skin diseases are responsible for much physical and mental suffering, and economic loss. It has been estimated that 10 to 20 per cent of patients seen by general practitioners present with skin complaints. People with dermatological problems form the second largest group of patients seen in our outpatient service clinics in Singapore today.

Industrial dermatitis is probably responsible for the biggest loss in man-hours amongst our factory workers.

In the practice of dermatology the intimate relationship between skin and inner organs must not be forgotten. Oftentimes the skin reflects what goes on inside the body, and sometimes gives valuable clues to the presence of grave internal disease. Dermatitis or urticaria may have an immunological basis. A soft, silky, smooth skin together with warm, moist, red palms suggest an excess of circulating thyroid hormones. Hyperpigmentation when associated with asthenia may be the first indicator of Addison's disease. Dermatomyositis in the adult is a well known cutaneous marker of an underlying malignancy. On the other hand, an apparently trivial skin condition such as impetigo can lead to glomerulo-nephritis if the skin infection involves a nephritogenic strain of streptococcus.

Dermatology as a science has moved on to exciting new frontiers. The skin is easily accessible to observation of basic physiological and pathological processes. Over a quarter century of research on the biology of the skin *pari passu* with the great unifying advances in the realm of genetics, mechanisms of damage and repair, and principles of ecology, has placed dermatology on a firm footing. Its interaction with other medical disciplines has borne fruit.

Dermatological medicine is indeed more than skin-deep.

NEW FORM

With this issue of the SMJ, we see a change of the Journal's publishing agent. We take this opportunity to thank Andre Publications for having worked with us through the Journal's infancy to its present state of maturity, and to welcome Seair International to a close teamwork for the further advancement of the Journal.

This change has given us the stimulus and opportunity to improve the presentation of the edito-

rial content. We hope the new form will not only appeal aesthetically but also make the material more inviting, thus enabling the Journal to compete more effectively for the busy readers' attention. It is hoped that this sincere attempt at improvement will prove to be an important milestone in the Journal's evolution. Of course, the proof of the pudding lies in the eating.