

The Art of Learning Dermatology

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Complete mastery of dermatology is difficult, if not impossible. However, for the open-minded, inquisitive dermatologist, there are many tangential areas that can be studied. This article presents some of the items that have been of interest to me. I hope it inspires others to search out sidelights that will be equally fascinating.

Having finished my dermatology residency 40 years ago, I will presume to have acquired some experience, if not wisdom, insofar as dermatology and learning are concerned. The seemingly elongated and complex terminology of our specialty is undoubtedly a challenge and, initially, a mystery to the medical student and first-year resident. With some cursory knowledge of Greek and Latin we can decode the origins of the terminology and, thereby, illuminate its meaning. For example, the word “skin” is of Danish and Norse origin, “cutis” is of Latin derivation, and “dermis” is from New Latin.¹ Keep a medical and non-medical dictionary handy, as well as a “Dermatological Dictionary.”^{1,2}

We can not know everything in each of the many dermatological journals, but it is important to page through each one and efficiently gather the information that is of interest to you and that will help your patients. An example of a clinical pearl from a recent journal described the “ugly duckling” sign: if a patient has many similar nevi, and one lesion that is morphologically different (the ugly duckling), consider melanoma.³

Learning opportunities for dermatologists are not limited to medical terms and literature. To improve deductive reasoning skills, one can read Sir Arthur Conan Doyle’s Sherlock Holmes’ adventures. This canon of narratives with dermatological references includes *The Red-headed League*, *The Yellow Face*, *The Adventure of the Lion’s Mane*, and *The Adventure of the Blanched Soldier*. There even exists a dermatological organization devoted to the Sherlock Holmes’ tales, The Sir James Saunders Society, named after the dermatologist consulted by Mr. Holmes.

Dermatology has a rich history. At one of the meetings of the History of Dermatology Society, I learned that the great Swiss artist Paul Klee (1879-1940) suf-

fered from scleroderma, which later caused his death. Interestingly, Kaposi (of Kaposi’s Sarcoma fame) was the son-in-law of the Viennese dermatologist Hebra. Many of the greatest American dermatologists came to this country to escape the turmoil in Europe during the 1930s and 40s. They include, Drs. Stephan Epstein, Rudolf Baer, Stephen Rothman, Walter Lever, and Felix and Hermann Pinkus. Dr. Walter Shelley’s *Classics in Clinical Dermatology* presents the contributions of many of our past dermatological leaders.⁴

Learn from your patients, textbooks, journals, and conferences. Always look at the patient before looking at the protocol on which the diagnosis is written. Learn from those who are more experienced than you as well as those who are less experienced. Physicians should regularly read the *Journal of the American Medical Association* and the *New England Journal of Medicine*.

After an office visit, write down the diagnoses and instructions for the patient since they may forget what you have told them once they are out the door. Remember that your job is to make correct diagnoses and help your patients. If you pay close attention to your patients, perhaps you can discover and name a previously undescribed entity, as Dr. Marvin Chernosky did with Disseminated Superficial Actinic Porokeratosis.⁵

Dermatology is one of the few specialties where you can actually see the pathology. This is one of many reasons why I consider dermatology the most pleasant and one of the most challenging medical specialties. It is a privilege to be a dermatologist.

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