

Dermatology For Nurses

By

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Introduction

The skin is an organ of the body and skin diseases are of common occurrence. Although there are few, if any, statistics to prove the exact incidence of these diseases in this country, my personal experience here would put the estimate at 10% of all cases seen in Delhi Hospitals, this being no small number. Skin diseases, probably more so than others, bring a great deal of misery, suffering, and incapacity to the patient. To a sensitive person, even a minor skin ailment assumes monstrous proportions because of the cosmetic disabilities which are sometimes impossible to conceal. In such cases we must adopt a psychological approach to the patient's treatment.

Unfortunately for us, the population, and even members of the medical and nursing profession, have strange and peculiar ideas about this important branch of medicine. I am sure all of you will have heard of the common adage that "Skin patients are never cured and never die." This, I can assure you, is quite untrue and as you, the nurses of India, become more aware of the prevalence of skin diseases, you will be able to draw your own conclusions about the cure rate obtained. It is up to you also, to root out the superstitions prevalent amongst the people that certain diseases e.g., small-pox and leprosy are attributed to visitations by evil spirits or the anger of gods. Much can be done by you to stamp out these false notions. Contrary to popular belief, only a few skin diseases are really contagious.

The lack of well-equipped skin departments in hospitals, few or no in-patient beds, and little practical training provided for nursing and medical students, leads to a belittling

of this speciality. This attitude must be corrected. It is recommended that greater emphasis be given to dermatology in medical and nursing education and that post-graduate and refresher courses be made available to both doctors and nurses.

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Appreciating the role of the nurse in the treatment of skin diseases, Dr. Behl readily accepted our invitation to write a series of articles on Dermatology for Nurses.

The prevalence of skin diseases in India calls for a deeper knowledge of dermatology and a wider understanding of the psychological needs of afflicted patients.

A good nurse is acquainted with the art of dealing gently with her patients and their attendants. Her personal approach combined with tact, firmness and common sense form essential factors in the practice of her profession. She must make an attempt to alleviate their fears of which there are many due to newspaper advertisements, personal superstitions and prejudices.

At the present juncture, the burden of nursing falls on the patients themselves or their attendants; most often they are quite unequal to the task with the result that discouraging results are obtained and human suffering is increased manifold. Trained nurses under the guidance of specialists can remedy these defects. A nurse, trained in dermatology, may

be required to work on her own as a field nurse in the villages and towns, or in conjunction with a dermatologist in private practice or hospitals. The training would be varied for the different fields of practice. Though a specialist's help should be sought when in difficulties, the nurse should know how to deal with an emergency whenever she meets with one. In these series of articles attempt will be made to familiarise the nurses with the basic facts about the subject.

The practice of Dermatology demands a good background of general medicine and is by no means alien to it. However super-

ficial its subject-matter, it is not merely skin deep. Its scope includes the whole range of life from the human mind to the various micro-organisms, multiple external agents and complex endocrine and metabolic transactions within the body. Powers of observation and deduction almost like those of Sherlock Holmes pay dividends in the diagnosis of cutaneous diseases, since the skin is a superficial matter and so available for observation.

In my next article, I will take up the principal cutaneous lesions and discuss their significance.

(To be Continued.)

South India Tour — 30 days

Armed with a bundle of papers from home, I set off to read my way through the three day journey from Delhi to Trivandrum but, alas! for good intentions...a train journey is like a hypnotic to me and I was soon overcome by sleep. I believe I have travelled on most of the main, and many of the small lines, in India and I am convinced that they are hard to beat. From an engineering point our 34,000 miles of rail track is something to wonder at; and our rolling stock compares favourably with that in many advanced countries. What more could you ask than a well padded berth complete with reading light, and such modern conveniences as a shower, and a service that brings meals to you at any time? You have guessed it...I like train travel. Also it gives me time to sit and stare...and there is so much to see.

The last part of my journey through my beautiful home state, Travancore made me think of Burn's Poem "Breathes there a man with soul so dead that never to himself hath said 'This is my own, my native land. Whose heart has n'er within him burned when home his footsteps he hath turned'..."

etc. It was so green and lush though it was deceiving for I know the depth of its people's poverty. But this was no time for dreaming for we had arrived and there was Miss Lillian Johnson and Mrs. Rukminiamma waving to me. Off we went and I stayed with Miss Johnson in her attractive home with its beautiful garden.

Busy and exciting days were ahead. What wizard had waved his wand over Trivandrum! Where before there was so little, now in a mere four years was a fine new School of Nursing built by the Rockefeller Foundation. And new hospital blocks and staff houses.

Nursing is news in Travancore and for the first time in history, the public are showing signs of interest. Rockefeller Foundation have made a large contribution toward the organisation of a nursing service and with a Surgeon General like Dr. V. R. Narayanan Nair we can expect rapid progress. Miss Lillian Johnson, Rockefeller Nurse Consultant, has drawn up a very ambitious programme for the State Nursing Service and its development should be worth watch-