Preface

Historically, diseases of the skin have not been accorded the concern they deserve. This fact may result from the low mortality generally associated with skin disorders. The high morbidity rates and the noneffectiveness rates, however, demand critical attention to the skin.... The noneffectiveness rates must be calculated at the dispensary and sick-call level, where nonduty days caused by dermatologic disorders are a considerable source of manpower loss.

—Andre J. Ognibene
Brigadier General (ret)
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The skin is an effective barrier against ordinary environmental intrusions. In time of war, however, when the soldier is deployed to environments quite foreign to ordinary peacetime conditions, minor skin insults and irritations can progress to debilitating illnesses. During wartime, the knowledge and application of the principles of simple skin care and routine hygiene are essential. Exposure to extremes of temperature and humidity and excessive sunlight and wetness are only a few of the environmental insults to which the skin is exposed. When further compromised by blisters and cuts and attacked by insects and microorganisms, the skin’s protective barrier is breached and soldiers are rendered unavailable for duty.

This volume places military dermatology in its historical context and emphasizes the conditions that specialists and general medical officers in the field are likely to see (eg, friction blisters, macerated feet, superficial fungal infections). Owing to the military’s new peacekeeping role, this volume also discusses diseases that are uncommon in the United States but prevalent worldwide in specific geographical locations (eg, cutaneous tuberculosis, mycobacterial infections). Chapter 5, Cutaneous Reactions to Nuclear, Biological, and Chemical Warfare, is unique to a textbook of this type.

As then-Colonel Ognibene understood when he wrote the preface (quoted above) to Lieutenant Colonel Allen’s masterly treatise on the skin diseases seen during the Vietnam conflict, combat mortality from dermatologic disorders is low but morbidity from mundane skin conditions can render soldiers noneffective. Prevention and treatment of the ordinary dermatologic disorders and recognition of tropical diseases and infections should therefore be central to the practice of military medicine. Commanders must continually be educated that protecting the individual soldier’s skin is integral to conserving the fighting strength.

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