



Commentary

De profundis

For this issue, we wanted to express opinions on a variety of subjects. In all cases, we have wished to state candid points of view from individuals who constitute authoritative sources. There is an acknowledged and unashamed whiff of subjectivity in those opinions and in the choice of authors.

Lord Dorwin

We did NOT want to include reviews as those provided by Lord Dorwin, a fictitious character created by Isaac Asimov (1920-1992) in the first part of his Foundation trilogy.^{1,2} That is to say, a collection of information garnered from diverse sources and authorities and outlined in a totally neutral way. In reviews, such as these, the reader would or could make up his or her mind from the presented material. Lord Dorwin made no effort to state his own opinion. In truth, he had none. His Lordship did not have special knowledge or training in the subjects that he covered, but he did have an ability to obtain information, stash it away, and summarize it.

The degree of subjectivity in this issue varies with the respective authors. Many are fair and balanced by nature and so are their viewpoints; others have followed our example and have given free vent to their own opinions. In all cases, the papers are supported by a lifetime of experience and achievement.

To some of us, these are times of anxiety, submerged and subdued, or open. This is an epoch of seeming progress, with efforts to achieve world justice and well-being. There are important advances in science and technology and betterment in living standards for several huge populations.

Still, these are also times that in science, medicine, and dermatology, at least, seem to be without a definite goal or grail. It is a period of selfishness and death or slumber of previously cherished goals. Among these are world peace (as opposed to an uneasy lack of unabashed warfare), world health, an effective United Nations organization, and a planetary human order. Old rivalries and fanaticisms are reborn or reactivated. Blood-stained, allegedly religious actions are not something to be exhumed from a dead past but remain strikingly alive.

We have chosen the first words of Psalm 130, *De Profundis* (“from the depths”) as the title for this contribution due to the anxiety evoked by the previous features that were outlined, adding a hope for improvement in the not too distant future, as underlined in the last paragraphs of the same psalm.

Why employ a dermatologic journal for this task?

If the skin is the mirror of the organism, dermatology might be the mirror of medicine and the latter, a mirror of society and civilization.

All senior authors are masters in their respective areas. They do not have uniform backgrounds or origins, nor is English the native language in all cases; yet, they have a long and deep familiarity with the English language, its literature, and scientific and medical structures. There is a strong historic backbone in each of the presentations. We all see science, medicine, and dermatology as evolved and evolving living structures. For us then, there is no basic conceptual difference between history and clinical history. In other words, history at large is the clinical history of civilizations or of intellectual disciplines scientific or otherwise.

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Salient observations

In “The Inevitability of Change,” Dr Rokea el-Azhary acknowledges that change must take place. She contrasts what she considers to be “traditional dermatology,” that is, the dermatology structured in major medical institutions in the United States in the second and third quarters of the twentieth century, with current and future tendencies. The latter are due to the effects of a technologic revolution. The exact concepts of what will be held to be a physician and a dermatologist are foreseen.³

The United States is, at the same time, one of the most permissive and most restrictive of societies. Although in many

countries, standard allopathic medicine is the only method allowed, the United States has traditionally permitted diverse philosophies to shape medical curricula and to issue different types of practitioners; yet, requisites for medical schools and licensing including the existence of board certifications and recertifications are thorny and demanding in the United States.

Dr William Abramovits, in his paper about where “nonphysicians rightfully belong,” stresses the actual place that should be allotted to physicians and dermatologists in their way of practice and that of other practitioners. The latter have had a vigorous growth during the last decade or so. This development has allowed for more efficient handling of large numbers of patients and consults; unfortunately, this is not always with the best scientific and humanitarian results.⁴

The relationship of pharmaceutical companies with medical institutions and practitioners, government, and the general public, is a complex issue and sometimes tense. It is unquestionable that this relationship is inextricably intertwined in Western-type societies. Dr Luis Villalba-Pimentel provides an unjaundiced view of the role of pharmaceutical companies in current medicine. In his opinion, the former have been much maligned. In truth, little progress has been found in medicine and dermatology in countries or societies, where such pharmaceutical companies do not exist or are kept unproductive.⁵

Dr Ricardo Pérez-Alfonzo and his coworkers employ the Ibero-Latin American College of Dermatology, at which he presides, as an example of a working international dermatologic society. Among its key differential features are¹: that it integrates dermatologists of all Latin America and the Iberian Peninsula (many countries, two languages and several intertwined but with distinguishable cultures); and² that it was not and is not formed by a confederation of other societies (be they national or otherwise) but by individual dermatologists from this vast region.⁶

Dr Anthony Benedetto has studied medical travel as a teaching tool and as a way to learn. He approaches his subject from a historical perspective. Dermatologists have been and are peripatetic, and the nuclei of excellence have emerged in diverse geographic areas. Travel has a similar effect on dermatology that it does on gastronomy.⁷

Dr Fabián Michelangeli is a multifaceted scientist and individual. His main love, however, is for visual arts and photography. Vision and interpretation of images are what distinguishes dermatology (and some other disciplines) from most other specialties. Michelangeli’s analysis does have a strong historical background but reaches toward an exciting future. “An image is worth a thousand words,” he writes.⁸

Dr Mauricio Goihman-Yahr has long been involved in editorial activities, but he has not served as Chief Editor for quite some time. He analyzes current features of the editorial process and its interactions, just as a denizen of a city would do, when he returns to it after a long absence. Vigorous growth and dangerous tendencies are recognized and analyzed in his paper.⁹

Many publications appear only online, after years of being on paper. Dr Barbara Burrall has edited a journal that

for many years has been online. She and her associates analyze the methods for maintaining quality in such a publication.¹⁰

In a second paper, Dr Mauricio Goihman-Yahr expresses a rather personal point of view for the profound structural changes needed in the organization of medicine at large and more specifically for dermatology. Physicians are now either dispersed on little island fiefdoms of their own or are subject to great feudal lords or to central governments. This is both unsatisfactory and inefficient.

The Catholic Church and medicine, whatever their respective evolutions, were both designed to serve and save mankind. The model of the former, not in its evident and respectable belief grounding but in its world-wide structure, is worthy of close study and emulation.¹¹

In the closing contribution, Dr Lawrence Parish reflects on the importance of a historical approach to the growth of dermatology, focusing on the American viewpoint. He has presented the available tools to study the specialty.¹²

Our crystal ball

We have attempted to provide essays on the current status of dermatology, reflecting on the ways by which we have reached the present position and suggesting what the future may be. We do not expect agreement with all that we wrote, nor do we have absolute confidence in our own statements as written here. We do anticipate that what we have stated will induce thoughts and actions.

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