

SKIN DISEASES AMONG STUDENTS

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I. DRY AND OILY SKINS

Oddly enough, students, like the rest of the world, have skins that lead to some type of discomfort. Those with excessively dry skins are predisposed to itching in winter, or whenever the air is warm and dry. Such skins also chap easily in windy or cold weather, and often sunburn in summer rather than tan.

The other extreme, however, is more common: skins with an excessive oil production. This results in enlarged pores, blackheads, and finally the pustules of acne.

Acne occurs by preference on the face, upper back, chest, and shoulders. It is particularly common during the "teens," when the oil glands take part in the metabolic adjustment that the entire glandular system is undergoing. Hence doctors used to say, "Leave it alone and grow out of it." But that is hardly good advice when the disease may leave disfiguring scars, as well as cause untold embarrassment to children in their most self conscious age. Acne *can* be helped, but it takes the full cooperation of both patient and doctor, for many months.

The first aim is to keep the patient from manipulating the spots. Have the doctor remove all comedones and open the large pustules. Tell the patient that blackheads do not depend on the manner of washing the face, but result from oily secretions held by large pores, and are black on top from oxidation by the air. Have him throw away his wash cloth, and wash the face with clean fingers only.

Keep the carbohydrate content of the diet on a low level by entirely avoiding sweets and pastries. Allow the patient no white bread, and only small quantities of potatoes, but make up the needed bulk by other vegetables, fruit, milk, cream, meat, and eggs. Take care that he has good elimination. Keep the kidneys active and the bowels free.

Finally, and this is the factor usually neglected, rid the scalp of dandruff. For seborrhea is to the scalp what acne is to the face, and from the same cause. Have him shampoo twice weekly or oftener,

and rub a good alcoholic tonic vigorously into the scalp every night. This will stimulate circulation of both face and scalp.

But kindly remember that acne is not cured in a day, and yields only gradually to the best type of treatment.

II. COMMON CONTAGIOUS DISEASES AMONG STUDENTS

Scabies, or "the itch" is to be mentioned only in passing. It is a frequent invader of even our "nicest" families, because of the ease of transmission by contact or clothing. It is no disgrace to catch it, but quite the opposite to keep it! But a word of warning. Too much treatment makes the skin itch worse than the disease; so follow your doctor's orders, and stop treatment after a few days as he directs.

Ringworm of the feet is such a commonplace, nowadays, that every good gymnasium, locker room or shower has its contribution to offer. The symptoms of itching, maceration between the toes, and the formation of small blisters have been so well described by the advertising profession, that I will not dwell on them further.

Ringworm is in reality a fungus, preferring the deep skin layers to any other habitat. Moreover, certain people have a greater susceptibility than others, and pick it up on public beaches, where their companions never seem to acquire it. Treatment belongs to the dermatologist, but prevention of re-infection consists of wearing fiber sandals while in showers, lockers, and to the edge of the swimming pool. These slippers should be discarded frequently. Recently there has been advocated a footbath of sodium thio-sulphate, or hypo, before entering the gymnasium or shower.¹

With nearly the same universality, we see students from grade school to postgraduate school, infected with palmar and plantar warts. Such a sudden occurrence among groups of people, points to an infectious etiology, although none has been deciphered as yet, but we are assured that they are probably caused by a filterable virus. Methods of treatment are entirely destructive, such as X-ray or the fulgurating spark.

More rarely, but occurring with unfailing regularity every year when the wrestling season starts, we have students come to us with "molluscum contagiosum," or warty, button-shaped elevations. This infection is harbored by the wrestling mats, and seems to be resistant to any type of sterilization to which the mats are subjected. Treatment consists in curretting out the individual lesions with a sharp metal spoon, and it takes a well trained wrestler to "take his medicine and like it."

¹ Gould, Wm. L., Jour. Amer. Med. Ass'n., Vol. 96, No. 16. April 18, 1931.

III. SYMPATHETIC INSTABILITY GROUP

Our main contact with students, however, consists of a group coming largely from the graduate schools; or perhaps school teachers spending their summer "vacations" at the University. These people come to us in multitudes, complaining of a diversity of itching conditions, varying in location from the eyelids, nape of the neck, genitalia and anus, to fingers, ankles, and forearms. They are unanimous in one thing—the itching was there first, then scratching or rubbing brought on dry, well defined plaques or scattered papules of so called "dry eczema." These lesions are lichenified, scale covered, and frequently fissured. The condition is designated neurodermatitis.

Such people form an interesting personality study. They are high-strung, mentally alert, usually physically active individuals, never content with their attainments, but always striving for more knowledge or bigger and better positions. Some bite their finger-nails; all have nervous mannerisms. On questioning, we find that they have always been good students, usually leading their classes in grades, and sometimes in outside activities also. One or both parents has been of similar nature; often very exacting.

Others come to us complaining of severe attacks of urticaria. Hives in adults, in our experience, are not often instigated by a particular article of diet, but come only when the patient is fatigued, or "let down" after living on "nerve." This signifies a fatigued nervous system. One of our medical students has hives regularly during every examination, but for the rest of the quarter is quite free.

A third group come in with deep seated vesicles on the hands, and have excessively moist palms. The old diagnosis of "dysidrotic eczema" expresses the condition, but the personality of the patient expresses the reason.

These three groups depend upon an underlying vaso-sympathetic instability, in which the skin reaction is only a symptom of the fatigue or stress of the individual. Such people have usually been the rounds of many doctors, and have tried every salve and local application. But one thing they have never tried—that is *rest*. And that alone in many of them, effects a cure.

In obtaining a personal or family history from such patients, it is not unusual to have them mention asthma, hay-fever, hypertrophic rhinitis, migraine headaches, or colitis. Often this group of diseases will be scattered through a family, each person may have one or several manifestations. The patient attributes this to diet, or "acid in the blood," and the Allergists, who have studied these people in detail,

make many skin-tests, and tell the patient he is allergic or sensitized to certain internal or external factors. But the skin tests do not tell the whole story, and the resulting diet is usually inefficient for this type of patient; for it does not get at the cause. The relationship of these medical and dermatological conditions with the exhaustion background had not been clear until Stokes of Philadelphia, pointed toward such evident etiology as a common basis.

Our conclusion is that a complacent attitude in life, and a regular vacation each year, play a more important rôle in successful attainment than had ever been acknowledged.