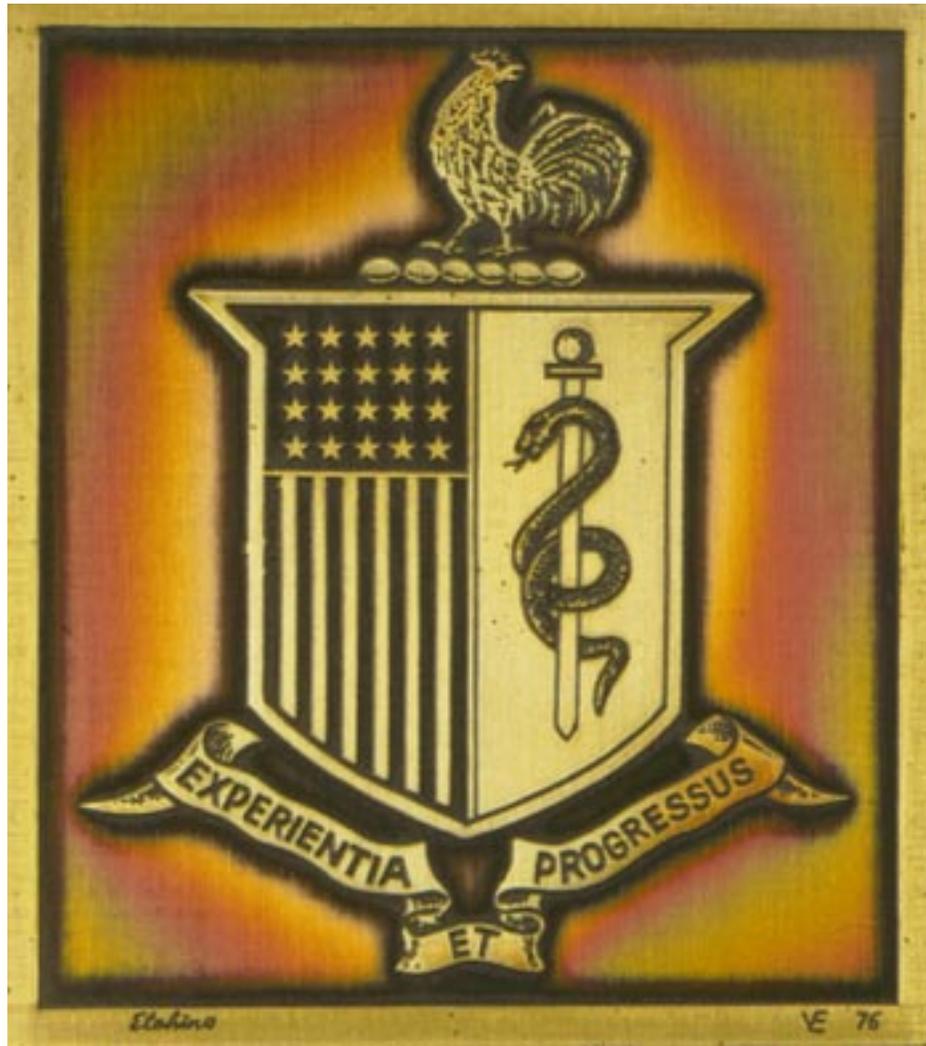


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**MILITARY DERMATOLOGY**

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The Coat of Arms  
1818  
Medical Department of the Army

A 1976 etching by Vassil Ekimov of an original color print that appeared in *The Military Surgeon*, Vol XLI, No 2, 1917

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The first line of medical defense in wartime is the combat medic. Although in ancient times medics carried the caduceus into battle to signify the neutral, humanitarian nature of their tasks, they have never been immune to the perils of war. They have made the highest sacrifices to save the lives of others, and their dedication to the wounded soldier is the foundation of military medical care.

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# Textbook of Military Medicine

Published by the

*Office of The Surgeon General  
Department of the Army, United States of America*

Editor in Chief

Brigadier General Russ Zajtchuk, MC, U.S. Army  
*Director, Borden Institute  
Commanding General  
U.S. Army Medical Research and Materiel Command  
Professor of Surgery  
F. Edward Hébert School of Medicine  
Uniformed Services University of the Health Sciences*

Officer in Charge and Managing Editor

Colonel Ronald F. Bellamy, MC, U.S. Army  
*Borden Institute  
Associate Professor of Military Medicine,  
Associate Professor of Surgery,  
F. Edward Hébert School of Medicine  
Uniformed Services University of the Health Sciences*

Scientific Advisor

Donald P. Jenkins, Ph.D.  
*Deputy Director for Health Care  
Advanced Research Projects Agency  
Department of Defense  
Adjunct Associate Professor of Surgery  
Georgetown University  
Visiting Associate Professor of Anatomy  
F. Edward Hébert School of Medicine  
Uniformed Services University of the Health Sciences*

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Combat Injuries to the Trunk

Combat Injuries to the Extremities and Spine

Rehabilitation of the Injured Soldier

**OK to print**

This World War II scene painted by Franklin Botts, titled *Jungle—Ally of the Enemy*, exemplifies Major General Sir W. G. Macpherson's insight regarding the profound toll that dermatologic problems can take during wartime:

*Diseases of the skin ... are generally regarded as lesser maladies, that is to say, conditions which as a rule neither threaten life nor seriously impair health. For the individual this is true, but in the case of an army the collective results of such minor affections may become of high importance because, for military purposes, a man incapacitated for duty is a loss to the fighting force whatever the extent or cause of his personal disability.*<sup>1</sup>

—Major General Sir W. G. Macpherson, K.C.M.G., C.B., L.L.D.

<sup>1</sup>In: Macpherson WG, Horrocks WH, Beveridge WW, eds. *History of the Great War*: Vol. 1. London, England: His Majesty's Stationery Office; 1923: 68

# MILITARY DERMATOLOGY

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*Specialty Editor*

COLONEL WILLIAM D. JAMES, MC, US. ARMY  
*Chief*  
*Dermatology Service*  
*Walter Reed Army Medical Center*

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*Office of The Surgeon General*  
*United States Army*  
*Falls Church, Virginia*

*Walter Reed Army Medical Center*  
*Washington, D.C.*

*Uniformed Services University of the Health Sciences*  
*Bethesda, Maryland*

*Armed Forces Institute of Pathology*  
*Washington, D.C.*

1994

**Editorial Staff:** Lorraine B. Davis  
Senior Editor  
Colleen Mathews Quick  
Associate Editor/Writer  
Scott E. Siegel, M.D.  
Volume Editor

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Published by the Office of The Surgeon General at TMM Publications  
Borden Institute  
Walter Reed Army Medical Center  
Washington, DC 20307-5001

**Library of Congress Cataloging-in-Publication Data**

Military dermatology / specialty editor, William D. James  
p. cm. — (Textbook of military medicine. Part III, Disease and the environment)  
Includes bibliographical references and index.  
1. Dermatology. 2. Medicine, Military. I. James, William D (William Daniel), 1950- . II. Series.  
[DNLM: 1. Skin Diseases.. 2. Military Medicine. 3. Military Personnel. UH 390 T355 Pt. 3 1994]  
RL72.M54 1994  
616.5'008'80355—dc20  
DNLM/DLC  
for Library of Congress

94-24682  
CIP

PRINTED IN THE UNITED STATES OF AMERICA

03, 02, 01, 00, 99, 98, 97, 96, 95,

5 4 3 2 1

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# Foreword

Skin diseases such as infections, infestations, and immersion foot may devastate the fighting strength of a unit by incapacitating its soldiers. In addition, whereas environmental insults such as severe cold will affect an entire force, the sheer numbers of troops who fall victim to frostbite or nonfreezing injuries can easily cripple an entire force. It is important to keep in mind that incapacity due to skin disease is usually preventable. When preventive measures fail, the soldier may be back on the front line relatively quickly with proper treatment, as opposed to the more dramatic missile wounds, where evacuation and replacement are often necessary. The role that military dermatologists play in educating, implementing preventive measures, and treating these common disorders is indispensable.

Owing to the historical perspective of the Textbook of Military Medicine series, this volume contains several lessons to be learned. First, dermatologists who can function as consultants, educators, preventive medicine officers, and healers need to be available for deployments of a division or greater. Organization that will provide them mobility so they can provide on-the-spot advice to unit commanders in the field regarding preventive strategies will help avoid many days of soldiers' incapacitation. Second, training of nonsurgical medical officers in the diagnosis and treatment of skin disorders should be firmly established as a portion of the core curriculum. This volume will provide a useful tool from which such training can be modeled. And third, research efforts directed at protective and preventive strategies needs to continue to be supported.

This volume will be useful to active-duty and reservist dermatologists, family practitioners, general medical officers, internists, nurses, physician assistants, and medics. It provides an up-to-date, in-depth, highly visual resource both for teaching and for providing medical care to our soldiers in the field.

Lieutenant General Alcide M. LaNoue  
The Surgeon General  
U.S. Army

August 1994  
Washington, D.C.



# 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.<sup>1</sup>*

— Andre J. Ognibene  
Grigadier General (ret)  
Medical Corps, U.S. Army

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.

Brigadier General Russ Zajtchuk  
Medical Corps, U.S. Army

August 1994  
Washington, D.C.

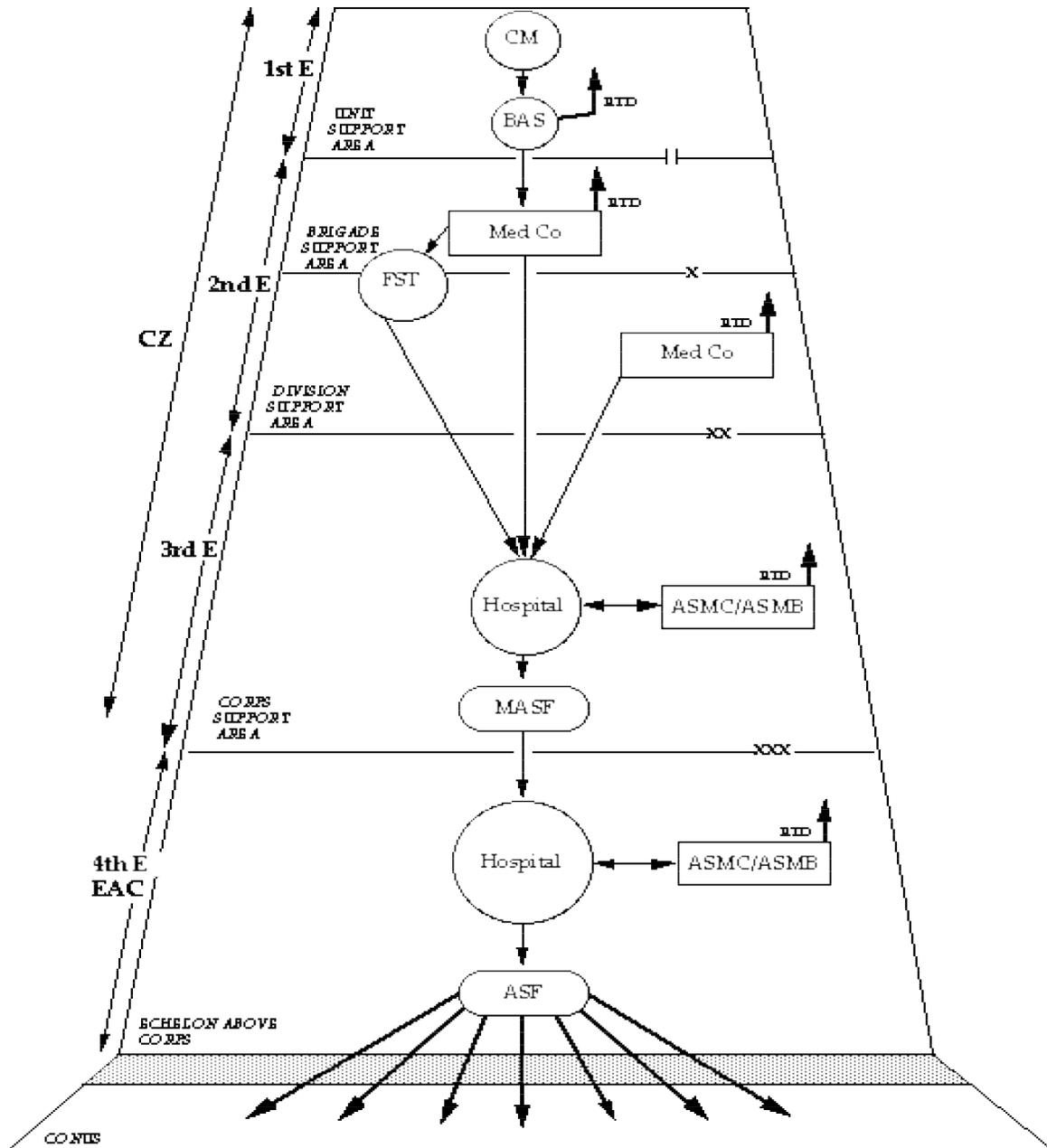
<sup>1</sup>In: Allen, AM. *Skin Diseases in Vietnam, 1965–72*. In: Ognibene AJ, ed. *Internal Medicine in Vietnam*. Vol 1. Washington, DC: Medical Department, US Army, Office of The Surgeon General, and Center of Military History; 1977: xi.

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The current medical system to support the U.S. Army at war is a continuum from the forward line of troops through the continental United States; it serves as a primary source of trained replacements during the early stages of a major conflict. The system is designed to optimize the return to duty of the maximum number of trained combat soldiers at the lowest possible level. Far-forward stabilization helps to maintain the physiology of injured soldiers who are unlikely to return to duty and allows for their rapid evacuation from the battlefield without needless sacrifice of life or function.

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## Medical Force 2000 (MF2K) PATIENT FLOW IN A THEATER OF OPERATIONS



ASF: Aeromedical Staging Facility, USAF  
 ASMB: Area Support Medical Battalion  
 ASMC: Area Support Medical Company  
 BAS: Battalion Aid Station  
 CM: Combat Medic  
 CONUS: Continental United States  
 CZ: Combat Zone

E: Echelon  
 EAC: Echelon Above Corps  
 FST: Forward Surgical Team  
 MASF: Mobile Aeromedical Staging Facility, USAF  
 Med Co: Medical Company  
 RTD: Return to Duty