

Editorial

Dermatology & venereology: a unique specialty?

When I taught a class of young future doctors for sexually transmitted diseases (STD) few months ago, they were rather surprised to learn that syphilology once upon a time encompassed all STD and dermatology. With the breakthrough treatment of highly efficacious penicillin treatment in the 1950s, syphilis was then no more a threat to the world albeit that it can be now found in small outbreaks in the men having sex with men (MSM) community. As a result, syphilology died out as a single specialty.

Social Hygiene Service conducted a survey on the issue of where STD patients in our community sought their consultations in 1997. It was found that 80%¹ of them sought treatment from private sector and mainly on one of the three specialties: primary care physicians, specialist in gynaecology and specialist in dermatology & venereology. Recently, it had come to my impression that the previous leading dermatologist's role in the treatment of STDs apparently decreased dramatically particularly over the past few years especially in the private sector. I shall not fully disagree that it may be my speculated observation only. However, it may also reflect the current scenario for dermatologist to choose between ideals and reality. The core training program in dermatology & venereology is often forgotten by trainees that it is dual specialties training – dermatology and venereology. Both the trainees and trainers may also tend to neglect the STD part because dermatology itself is being increasingly challenged to maintain the role of medical dermatology while facing the market driven scene of increasing popularity of surgical and cosmetic dermatology nowadays.² It is indeed not a new observation that has been documented more than a decade ago in the literature.³

From the academics' point of view, there are far more opportunities for research and development in the STD specialty locally than that in dermatology. STD far outweighs dermatology in its public health importance. There are still ample areas for research into surveillance data on STD and the behavioural science relating to it. The recent development of innovative vaccine and treatment for various incurable viral STD will certainly fuel the discussion on the specialty in near future. Every now and then I have heard of fellow dermatologists wishing to have an independent academic College on dermatology to speed up the development of the specialty. It may be more realistic to have an academic faculty of dermatovenereology well established in our medical schools or academic college first. It helps to remind our fellow colleagues as well as the public that dermatovenereology is a very unique and important specialty in Hong Kong. It is a rather common observation that only the "specialist in dermatologist" is mentioned in most of the name cards of the "specialist in dermatology & venereology". The name of "dermatovenereologist" seems to have been forgotten for a long time by most of us after the dying out of the old specialty of syphilology more than four decades ago.

References

1. Survey on Epidemiology of STD/HIV in Hong Kong 1997 - lessons to learn. Hong Kong STD/AIDS Update 1998;4:7-8
2. Poonawalla T, Uchida T, Diven DG. Dermatology's role in treating sexually transmitted diseases. Arch Dermatol 2006;142:1231-2.
3. Conant MA. Dermatology's role in sexually transmitted diseases. J Am Acad Dermatol 1986;15:533-4.