The military is one of the oldest and the largest organizations in existence. It serves to defend and protect the nation, and is an instrument of the national policy. Ideally a well-trained, well-equipped, and well-led military serves to deter hostilities, however, when deployed; it has to be ready to carry out its combat mission. From ancient battles to modern conflicts, disease and non battle injury have claimed more soldiers than combat itself.¹ A single qualified dermatologist at the start of World War II had to face with a high rate of hospital admissions for dermatologic disease, as high as one man for every ten soldiers in the Middle East and Southwest Pacific theaters of operation.² Military training traditionally emphasizes combat. More recently, however, operations other than war e.g. as peacekeeping humanitarian assistance and nation building have become major items in the lexicon of military responsibility. In the military system, the physicians have no financial incentive or disincentive for using specific modalities in treating patients. Most military physicians are interested in the best treatment for their patients at a reasonable cost. Dermatologic disease has been a major source of morbidity for military personnel whether at war or in peace.³ Dermatologists have a significant role in maintaining the health and readiness of troops. In fact, cutaneous diseases are an important factor in determining whether an individual is considered medically fit to enter or continue in the military. Dermatology practice in armed forces is somewhat different, because the primary purpose of military medicine is to support the active duty soldier, sailor, marine, or airman wherever he or she may be assigned. This occasionally means being deployed to remote parts of the country, sometimes for peaceful missions and sometimes for not so peaceful missions in other third world countries. Military patients may be involved in mountain climbing, exploring the desert, or wandering in the jungles and they can bring remote diseases and unusual injuries into military dermatologist’s office.

Military dermatology in Pakistan

Military dermatology in Pakistan has produced many of the great leaders in our specialty and it has made immense progress during the last two decades. Today, many of our peers continue to be active in research, writing, speaking and teaching and military training programs have a reputation for training excellent dermatologists.

Military and cutaneous leishmaniasis

Military has traditionally played a prominent role in the study of globally important infectious diseases.⁴ In our country
dedicated military dermatologists have made significant contributions towards understanding of the epidemiology, pathogenesis, diagnosis, and treatment of leishmaniasis. Contracting leishmaniasis is an unavoidable risk to military personnel, especially those who are deployed in Baluchistan and interior Sindh and isolated areas of Punjab and NWFP. The complicated epidemiology of this parasite, deficiencies in rapid, reliable diagnostic tests, and the need for safe, less costly and more effective treatment make Leishmania a unique challenge to medical science. Military dermatologists, working under supervision of an eminent researcher in the field of leishmaniasis “Brigadier Simeen Ber Rahman” and with collaboration of WHO are endeavoring to contribute greatly to the discoveries impacting this ubiquitous infectious disease.

Centre of excellence (Military Hospital Rawalpindi)

Introduction

The department of dermatology in Military Hospital Rawalpindi was established in 1962 and Major S.M. Jaffer (later retired as Brigadier) was the first dermatologist appointed, followed by Major Mahboob Ahmad (later retired as Lieutenant General). In 1977, Major Ashfaq Ahmad Khan (later retired as Major General) (Figure 1) took over as head of department and remained in chair for 22 years. Due to his endless efforts and commitment to the profession, dermatology gained recognition in the country and the department was recognized as postgraduate training institute in 1988. He had the honor of training the first fellow in dermatology from Pakistan. He trained a large number of dermatologists. Few big names include Brigadier Simeen Ber Rahman, Colonel Khalid Hussain, Colonel Zafar Iqbal, Lieutenant Colonel Ahsan Hameed, Lieutenant Colonel Dilawar Abbass, Lieutenant Colonel Nasser Rashid Dar and Lieutenant Colonel Rehan, who had earned very good name in the field of dermatology, not only in the country, but also at the international level. After the retirement of Major General Ashfaq Ahmed Khan, Brigadier Simeen Ber Rahman (Figure 2) became the next head of department in 1999 and she is performing her duties till date. Under her dynamic leadership, the centre has gained a newer, more attractive look; latest equipments and techniques have been acquired for the management of complex dermatological conditions. Now the centre is equipped with PUVA, UVB machines, microdermabrasion, diode laser, eximer laser, mycology lab, leishmaniasis research cell, patch testing facilities, various modalities for electrocautery, cryosurgery and dermatosurgery. Dermatopathology services provided in collaboration with Armed Forces Institute of Pathology are considered the best in the country. The centre has a huge bank of clinical as well as histopathological slides. To facilitate learning and research work a library containing all well-reputed international journals has also been maintained. Simultaneously latest computer, printer, scanner and digital camera are notable contributions to enhance the training facilities for both postgraduate and undergraduate level. Complete renovation of the department provides healthy working environment and patients’ satisfaction.
(Figures 3 and 4). With modern and sophisticated equipment, highly qualified staff, the ultimate goal of patient management and training facilities are comparable with any center in the world.

Figure 1 Major General (Rtd) Ashfaq Ahmad Khan: the real builder of dermatology services in Armed Forces.

Figure 2 Brigadier Simeen Ber Rahman, the Present Head of Dermatology Department, Military Hospital, Rawalpindi.

Figure 3 and 4 Dermatology Department, Military Hospital, Rawalpindi

Satellite dermatology centres

About two dozens of peripheral centers, situated in all four provinces, Azad Kashmir and Northern areas of the country, are providing the best dermatological care to the afflicted population. These are reasonably equipped and are being supervised by competent and devoted military dermatologists. Some of the dermatologists have also served in United Nations peacekeeping missions.

Achievements

Dermatologists Dermatology department of Military Hospital, Rawalpindi has so far
produced more than 50 dermatologists that make about 1/3rd of total number of dermatologists in the country. About half of them have cleared fellowship examination (FCPS). In addition, two (Major Khalid Mehmood Raja and Major Nadia Iftikhar) have also attained MRCP, two are qualified dermatopathologists (Brigadier Simeen Ber Rahman is the first and leading dermatopathologist of the country). Colonel Zafar Iqbal acquired special training from UK in prevention and management of sexually transmitted infections and did his Dip GUM (Diploma in Genitourinary medicine) from UK.

Publications

More than 100 research articles covering various fields of dermatology have so far been published in different well reputed national and international journals by researchers working in this institution. A large number of these articles are indexed in Medline (Appendix “A”). A significant contribution has been made towards research in cutaneous leishmaniasis.

Conferences, workshops, symposia, seminars

To promote academic activities various conferences, workshops, symposia and seminars have been organized from time to time. The centre has the pride of organizing two Biennial International Conferences of Dermatology in 1985 and 2000 and three dermatopathology workshops in 1990, 1992 and 2000.

Leishmaniasis research cell

A research cell has been established in the skin centre (in collaboration with WHO) to carry out further research in management and prevention of cutaneous leishmaniasis that has become an endemic parasitic disease in various regions of the country. A large-scaled vaccination trial was carried out (2500 cases) in 1995-96. Recently another vaccination trial has been started in an attempt to prevent and control the disease.

Future plans

UVB chamber and photodynamic therapy unit are very soon expected in the department. The centre is also ready to host the 11th National Conference of Dermatology in 2005.

References


Appendix “A”

List of the publications indexed in Medline.

2. Bari AU, Iqbal Z, Rahman SB. Tolerance and safety of superficial chemical peeling in various facial dermatoses. Ind J Dermatol


