

# EDITOR'S COMMENT

## Second skin



**BRIDGET FARHAM**

[bfarham@samedical.org](mailto:bfarham@samedical.org)

[ugqirha@iafrica.com](mailto:ugqirha@iafrica.com)

Well, what can I say about the September edition of *CME*? The sheer volume of content and comprehensiveness of cover speak for themselves. When Steven Glassman asked me if he could take a different approach from normal I readily agreed, as flexibility is an important attribute in an editor. And my approach was well rewarded as the team outdid themselves in producing what could reasonably be regarded as a concise textbook of dermatology.

This issue does not simply cover the old favourites of eczema, psoriasis and some of the other more common skin conditions. By looking at dermatology through the ages, just about every common, and some not so common, dermatological condition is covered. 'Neonates' covers everything from café-au-lait macules to nappy rash. 'Infants' introduces a recurring theme in atopic dermatitis and its progression to eczema. By the time we get to middle age, the list becomes even longer, by now talking about allergic contact dermatitis, hair thinning and the various skin cancers among other things. And the elderly are not left out with excellent descriptions of some distressing conditions that may be difficult to treat such as pruritis, often of unknown cause. Each condition described is illustrated with a photograph, particularly helpful for those who are not specialists in dermatology, but have to deal daily with skin problems.

Each topic in each section deals with treatment in some detail, along with suggestions for particular products that doubtless have been used with some success. This practical approach will ensure that you will keep this particular *CME* on your shelves for many years.

Because of the length of this issue some of the more regular columns have been left out, for example, AIDS Review, Websurfing and Medifile, but they will return in October. However, Health Awareness this month deals with epilepsy, and cervical cancer forms the discussion point in *By the Way*, so along with the usual case report and abstracts, there are still plenty of other things in this month's *CME* to keep your interest.

Please don't forget my request for case reports from the coalface — it would be very interesting to see what turns up in your day-to-day practice. I would also welcome contributions that discuss issues that are preying on your minds as GPs. The October edition will see the first in a series of articles on GP matters, compiled by our senior journalist, Chris Bateman, so look out for that next month. In the meantime, enjoy your reading.

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Correspondence for *CME* should be addressed to the Editor at the above address.

Tel. (021) 530-6520

Fax (021) 531-4126

E-mail: [publishing@samedical.org](mailto:publishing@samedical.org)

Head Office:

PO Box 74789, Lynnwood Ridge, 0040

Tel. (012) 481-2000

Fax (012) 481-2100