

PRESIDENTIAL ADDRESS

G P Capt R K Dutta

I feel greatly honoured to be addressing this august gathering in my capacity as President of our association. I have been amongst you and served the association for quite some time now in various capacities. Today I stand before you with a sense of heavy responsibility and challenge to a dedicated cause and service. You have done a great honour to me by electing me as your president for the year 1986. I do feel small considering the status of our past presidents who have been exemplary medical luminaries of national and international fame. However, my optimism and your confidence in me gives me the strength I need. I sincerely wish that I become worthy of your hopes and aspirations. Please allow me to profusely thank all of you for the great honour done to me.

Our combined speciality of dermatology, venereology and leprology is no longer the same. We have come a long way over the past few decades. What we see today has been attained by the untiring and dedicated service by my senior and junior colleagues. In the recent past, the combined speciality has witnessed explosion of knowledge and challenges all over the world. We in India have not just been silent observers. The Indian Association of Dermatologists, Venereologists and Leprologists is now forty years old and well known in the field of medical innovations, research and education. Sir, you will be pleased to acknowledge that amidst us, there is a band of young upcoming dermatologists, venereologists and leprologists who have given a new dimension

to the speciality in the background of our cultural heritage, social customs and requirements of our needy people. The future of our combined speciality lies in the hands of these young people with exceptional professional competence. I have reasons to feel proud that there is no area where our specialists are second to anyone. You will be also happy to know that the association has already taken steps to encourage these young specialists by awarding MGM prize and Handa prize annually. A constant endeavour and hard work on our part is required to maintain and better the pace set to foster greater academic knowledge, scientific progress and provide "health for all" by 2000 years. Our speciality deals with many of the common but vital health and social problems of the country. It accounts on an average, for 1/5th of any hospital attendence. Leprosy and STDs afflict enormous social, physical and psychological trauma and stigma that neutralize many of the efforts made by the government in improving the lot of the masses. It is a right step that the government has taken to give national priority to control and eradicate leprosy and sexually transmitted diseases.

Leprosy

Leprosy still remains the burning problem of our speciality. Though many advances have been made over the years to control leprosy, the position still remains unsatisfactory. Fight against leprosy is one of the humanity's major crusades. An awareness must be created amongst the people that leprosy is curable and it is infectious only to the susceptible people and not contagious as such. For effective treatment and eradication of the disease, removal of social ostracism is of vital importance. As if the pathos of disfigurement is not enough,

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even when alive they are as good as dead. Leprosy patients need love, compassion and understanding from all of us. While the ultimate aim is to have a leprosy-free society, let us first make the society free from hatred against leprosy.

In India, the leper act provided complete isolation of the patients, but it remained mostly as a dead act and lost its value. Rightly now, it has been repealed by the government. Legal measures advocated from time to time by various countries, did not serve any purpose. The present consensus is that no specific legal measure is necessary or justified. Measures for other notifiable diseases should be made applicable to leprosy. Leprosy should not be taken as a valid reason for divorce, compulsory sterilisation or debarred from sharing or inheriting family property. The government has given leprosy eradication a prominent place in the country's 20-point programme. Let us join hands with the government's leprosy eradication programme to make it a success. Let us take a vow for a dedicated service to alleviate the sufferings of mankind. Let us devote ourselves to create a society free from disease and full of love, compassion and understanding for these patients.

STDs

Sexually transmitted diseases are an age-old problem. During the past decade, there has been a rapid evolution and this is very challenging. Traditional venereal diseases have been over-shadowed by a new set of STDs, which are not only more common but are posing investigative and therapeutic challenges. Specialists in various disciplines are now required to be thoroughly familiar with STDs, since an extraordinarily large proportion of these cases are frequently seen in the departments of gynaecology, urology, medicine and surgery.

It is heartening to know that in recent years, there has been a substantial change in the attitude towards these patients. Afflicted need

not be considered as an undisputable evidence of an individual's low moral character. Though numerous infectious diseases are totally under control in many of the developed countries, there has been virtually no change in the incidence of STDs. Despite noteworthy efforts, success is yet to come. Since there is a question of survival by way of atypical diseases, evolution of a new set of STDs with different modes of transmission, makes things more complicated.

Earlier, sexual promiscuity in the males and prostitution have been regarded as the attack zones of STD control. Today the problem of STD control in the developed countries is chiefly that of promiscuous girls and homo-sexual men. Prosperity is no less to be blamed than poverty which encourages frequent travels, and thus more social and sexual contacts. The present sexual evolution has to be realised as a part of the wider spectrum of social changes. STD patients are young and mobile and may be a marker of gross and serious psychological disturbances. Success of its control lies in the control of behavioural patterns which are fast changing in this ever-changing world. The appearance of acquired immune deficiency syndrome (AIDS), a devastating fatal epidemic viral infection with a high mortality rate is alarming and has elicited an interest far beyond imagination. Fortunately, so far not a single case has been reported from India. But how long? The most sinister feature of AIDS is its communicability. Preventive measures such as testing for antibody titre in high risk groups, identification and surveillance of positive cases and mass educational programme are of vital importance to safeguard our people and nation. The control of STDs is still beyond our reach. There has been a growing feeling in some quarters that as long there is sex there will be STDs. Lack of an adequate number of STD clinics, laboratory facilities, statistics and not the least, ignorance regarding STDs amongst the public at large, are attributable for the present sad state of affairs in STD control.

There is an urgent need for greater participation by the state and the central health authorities for STD control programme.

Sex education and sexual diseases

Another important aspect of our speciality is to cope with the numerous sexual problems. Every one of us receive patients suffering from various sexual inadequacies and related problems, the causes of which are often deep rooted in the society. At present, some apathy prevails amongst us to take up these cases and even the subject is not included in most of our text books.

This leads to the problem of sex education. It is a burning problem not only in India but all over the world. The question is whether sex education be included as a routine in the teaching curriculum of schools and colleges. Of late, there has been a parliamentary question in this regard. I hope our distinguished delegates from India and abroad would find some time to discuss this important issue. Sex education at the elementary school level will help to generate a healthy attitude towards sex and to remove social misconceptions.

Teaching

You will all agree with me that even today, the teaching of this triple speciality remains incomplete and inadequate. In India, the lecture programmes in this discipline are merely included as off shoots of medicine and surgery, and in most institutions, the subject continues to be taught by a member of the faculty of internal medicine, and in some cases even by a parttime teacher or a lone teacher. The students neglect the subject since this speciality does not figure in the final MBBS examination. As a result, most of our fresh graduates have very little knowledge about skin, leprosy and STDs. General practitioners treat these patients without having a due about the condition. The teaching of dermatology, venereology and leprology has been restricted to the post-graduate level. In a developing country like ours where leprosy and STDs

are rampant, it is essential for every general practitioner to have a working knowledge of the conditions. The practice of this speciality to become effective in the broader perspective, must penetrate to the grass-root level in the villages where most of our people live. My endeavour will be not only to upgrade the speciality at the medical colleges level but also at the secondary level of health care i.e., district and tehsil levels. This will give considerable impetus to the nation's 20-point programme.

Investigative dermatology

Investigative dermatology has not been attracting much of our attention. Our work on this aspect is a mere translation of well-thought of ideas in a very small scale. Originality needs to be promoted. Until and unless the efforts are intensified, we will not find solutions to our problems. Dermatology is an integral part of scientific medicine and it is time that we prepare ourselves to tackle clinically based questions in the laboratories. Research does not mean very high-flown things. Every place, every corner of the society has its own problems and peculiarities. We are the right persons to solve them. We are not much aware of our problems due to a lack of adequate epidemiological work.

Bioengineering

This is another important field of research. In spite of the fact that skin offers itself as a tissue of abundant interest, the skin biologists have not adequately availed themselves of this opportunity. Bio-mechanics has become an essential part of the studies of diagnostic and therapeutic problems of our patients. Every-one in the teaching and research institutions should recognise the need for promoting and encouraging research in the field of bioengineering.

Speciality and association activities

Dermatology, venereology and leprology are the integral subjects of our combined speciality. Without the knowledge of dermatology, it is not possible or proper to practice

venereology or leprology or vice-versa. My personal opinion, as also the views of many of our learned colleagues present here are, that every-one should have a basic qualification and knowledge regarding all these 3 subjects. It is essential that every teaching institution should have a well-established, separate department of dermatology, venereology and leprology, and all postgraduate students must complete a fixed tenure in each of these sections. Venereology and leprology should be taken as super-specialization. I do not see any harm in having associations of disciplines of super-specialisations like IASSTD and IAL. It is encouraging that we now have well-established associations and institutions which are regularly bringing out periodicals and journals, and are organising many scientific programmes. The specialists practicing STDs or leprosy, should not feel completely cut-off or separated out from the main stream. They are an integral part of the same discipline.

Special Treatment Assistants

Venereology, dermatology and leprology are well-recognised and major specialities in their own right. At present, no trained and skilled technical assistants are available to the department. Medico-social workers help in leprosy and STD clinics. The misconception in the minds of non-specialists about the infectious nature of skin is well known. The beauty being limited to the skin, any blemish or disease of the skin is considered ugly. So, there is obvious reluctance

on the part of a nurse who temporarily comes to the skin ward in handling these patients.

It is high time that we should have a separate cadre of trained staff who will be fully trained in the treatment, dispensing, investigative and minor surgical procedures, akin to paediatric nursing, orthopaedic nursing, psychiatric nursing etc. I feel that there is an urgent need for opening a separate diploma course for this category of people, both male and lady-staff, for better patient care. May I request every one of you to take it up with the respective university.

General

Though there has been an increasing awareness of our speciality amongst under-graduates, post-graduates and specialists from other branches, those of us in the teaching staff of medical institutions, should continue to spread the message of our speciality, guide research programmes of direct consequences to the sufferer, and promote scientific learning.

I take this opportunity to welcome and thank all the delegates, specially the foreign delegates who have come from far away places and added lustre to the occasion. My sincere thanks and congratulations, are due to the Chairman, Organising Secretary and all the members of the Organising Committee, who have made our stay most enjoyable and the conference a grand success.

I wish you all a very happy and prosperous new year and a most enjoyable conference.