

Presidential Address

Dr. T. V. Venkatesan, after qualifying for M.B.B.S. in Madras Medical College, had training in Dermatology under Late Captain A. S. Thambiah. He



was posted as Honorary Assistant Physician in Government Erskine Hospital, Madurai and worked in the Departments of Internal Medicine, Venereology and Dermatology. He qualified for F.D.S. (London) in 1947. He was posted as Clinical Teacher in 1958 and later Lecturer, Department of Dermatology and as Professor and Head of the Department of Dermatology and Leprology in 1973.

He has contributed 147 articles in Dermatology and presented a paper on "Xeroderma Pigmentosum" at the meeting of the Second Annual Conference of the International Society of Tropical Dermatology at Kyoto in 1961.

He was consultant in Skin and Leprosy for E.S.I. from 1960 to 1974. He was elected as Fellow of the Academy International of Medicine — Dermatology Division in 1953 and Fellow of the American College of Allergology in 1954. He was elected as Fellow of the American Academy of Dermatology and Syphilology in 1961.

He had training at Edinburgh in 1960 and attended Skin Clinics at Frankfurt and Vienna in 1960. In 1963 he attended the Departments of Dermatology at New Orleans, New York, Boston, Detroit and Chicago. In 1971 December, he was a delegate at the 30th Annual meeting of the American Academy of Dermatology at Chicago.

In Social Work he is an active member of the Lions Club and became its District Governor for 1963-64. The district comprising of Tamilnadu, Kerala, Andhra, Karnataka and Ceylon.

He has conducted eleven Free Skin Camps in Tamilnadu.

He was elected as President of the Indian Association of Dermatology, Venereology and Leprology for the year 1977.

Fellow Members of the Association of Dermatologists, Venereologists & Leprologists and Distinguished Guests,

Let me thank you for the honour you have bestowed upon me by electing me as the President for the Year 1977. It was William Shakespeare who said "There is a tide in the affairs of men which taken at flood, leads on to fortune". The tide is the opportunity you have given me to serve you as the Leader for the Year 1977, for this august body.

It is my bounden duty to convey my most sincere thanks to the Chairman of the Reception Committee and to all other members for playing host to the Annual Conference of our combined Speciality, in this beautiful and historic city which has produced the Sabarmathi Ashram of our Father of the Nation

Mahatma Gandhi and the birth of our architect of unifying India Sardar Vallabhai Patel. I hope our stay here will be enjoyable and most memorable one.

Medical relief to rural areas :

Our Association should flow with the main stream of our country making a tremendous progress in the economic and social welfare programmes. It is our prime duty to do our best in the same line. Our beloved Prime Minister's 20 Point Programme has been welcomed and its main objective is to uplift the socially and economically underprivileged, particularly in the rural areas. We as members of the Association must give medical relief to rural population in our specialities by running Free Skin, Venereal and Leprosy Camps and thus improve the health of the Rural Population and bringing relief to underprivileged. This will strengthen the hands of our Prime Minister.

The time has come for the Indian Association to form our Indian Academy of Dermatology, Venereology and Leprosy bringing into its fold, talented men and women in the field. The Association will strive its best to form the Academy during the current year 1977.

Dermatology :

The field of Dermatology has abundant opportunities for a young physician to acquire knowledge by keeping in touch with the recent trends in the field. As Sir William Osler has rightly said "Periodic brain dusting" is sine-qua-non.

The commonest manifestation in Dermatology is itching. The itch is a mean, unconfessable ridiculous malady; one can pity some one who is suffering; some one who wants to scratch himself makes one laugh; scratching is one of the nature's sweetest pleasures and nearest at hand. Itching is often preferred over its elegant synonym pruritus. The current knowledge suggests the following frame work for discussion of itching; stimulus, mediator, receptor, peripheral pathway, central processing and central interpretation. The last is an area about which information is so scanty and contentious. The study of pathophysiology of itching will be a fascinating one for all the Dermatologists.

During the last decade many advances have been made in the field of Bacterial infections. In most developed countries the prophylaxis of bacterial cutaneous infection has been given a prominence. The normal skin is an effective barrier for most pathogenic organisms. The ability of the skin to destroy the organisms has been called "Self-disinfection". But these may be affected by chemical substances or by physical factors. Dermatologists must devote time on the study of this problem.

Genetics has been the focal point of contemporary biology since Watson & Crick proposed their famous double helix model for D. N. A. The physical substance which one generation hands on to another. Attention is being directed in particular to this

common inherited disorders of the skin, and those which are amenable to treatment. Especially when this treatment to be effective must begin as soon as possible after birth. Genetics counsel, essentially consists in giving parents an accurate genetic prognosis which is fairly simple when the condition considered is inherited as simple Mendelian trait—an accurate clinical diagnosis supported by careful laboratory examination and cytological findings of both parents, all of the siblings and as many near relatives as available.

Despite a considerable amount of endeavours during the last decade, the pathogenesis of Psoriasis remains an enigma. At the present time the most possible hypothesis is that Psoriasis is due to the failure of maturation of keratinocyte with abnormal keratinisation. This induces hyperplasia and an altered cell cycle. Psoriasis is worldwide in distribution. In a number of countries efforts have been made to have Psoriasis Care Centres. Psoriasis is always a recurring disease.

“Smile at us - pass us - But do not forget
Only you do not know us, for we have not
Spoken yet”.

The study of the pigmentary disorders of the skin has had rapid advances. But the problem of vitiligo is still to be tackled. Vitiligenous skin reveals the marked absence of Melanocytes and melanin granules in the epidermis. Either the pathogenesis is due to primary structural abnormality or total loss of secreting functions of melanocytes. Vitiligo is probably an auto immune disorder. Unless we produce dedicated research workers, Dermatology will not progress.

Modern Cosmeticology :

The art and science of cosmetology, cosmetic surgery have been increasingly sought after by women and men to make the skin beautiful rejuvenated and socially and sexually seductive and the man wants to look like a woman and woman like a man.

I think if a woman looks good, she feels good and if she feels good she works better. It may shock the average man to know that the skin supports a large population of micro-organisms and that bathing and showering with the use of detergents, soaps and shampoos far from lessening the microbial population actually increases the total by many fold by bringing out the colonies hidden in the innumerable crevices and niches in the skin. Another factor to remember that Allergic Manifestations may occur due to cosmetics.

The moderate use of reputable cosmetics and toilet preparations has earned the approval of the majority of modern Dermatologists. The application of emolient creams has been valuable to check the premature aging of the skin.

Venereology :

Syphilis is now apparently a milder disease with a few exuberant lesions. Re-infection and Ano rectal infection have

become more common. The speed and simplicity of modern treatment is its own undoing and the cause of incidence of reinfection. The gonococcus continues to flourish and defy in succession the chemotherapeutic, antibiotic and antiseptic assault.

Thus we get cases of penicillin and sulpha resistant gonococcal infections. There has been a neglect of fundamental research in gonococcal infections. Is it possible, any mutation has occurred in strains of organisms under the impact of antibiotics?

Leprosy :

Leprosy continues to be epidemiological and microbiological puzzle. A number of problems are posed on several aspects of the disease.

1. Why leprosy continues to be a dominantly rural disease?
2. Source of contagion and mode of transmission; person to person or insect or mammalian vectors are being worked out.
3. The Immunology of leprosy is a conundrum. Hyper-gama globulinaemia in Lepromatous Leprosy with plenty of bacilli in the tissues and negative lepromin reaction : Normal gama globulinaemia in tuberculoid cases with fewer bacilli and positive lepromin reaction.
4. On the preventive side, the relative merit, feasibility and desirability of chemoprophylaxis versus B. C. G. vaccination has to be reviewed and considered.

The National Leprosy Control Programme has now been in progress for a little over 25 years. Individual persons under treatment have been benefited as shown by decreased deformity index and infrequency of plantar ulcers. However it must be emphasised that the common drug Dapsone must be available for the Practitioners as this is the sheet anchor and main specific drug in Leprosy.

The recent report of Skinsnes and his associates that *M. Leprae* has been successfully cultured offers a hopeful picture in the control of Leprosy.

Another new approach is the treatment of Lepromatous Leprosy, by means of transference of cell mediated immunity as injecting Lymphnode cell or Lymphocytes from Tuberculoid Donors. Leprosy has been a challenge to advances of many problems in this disease.

Journal :

The Indian Association of Dermatologists, Venereologists, and Leprologists can easily be proud of our journal under the distinguished editorship Dr. R. Mathai.

Word of praise :

Our Team of Office Bearers under the dynamic leadership of Dr. Gurmohan Singh deserve all encomium for the excellent manner with which they have performed the duties for the year 1976.

Membership roster :

It is very essential to publish a Membership Roster of our Indian Association of Dermatologists, Venereologists and Leprologists detailing the names and addresses of Office Bearers and all members. There is no doubt, our energetic Secretary Dr. A. G. Amin will publish the Directory and make it available to all Members.

Team work :

In the success of our Organisation, every member is earnestly requested to lend a hand of fellowship and co-operation as the future of this organisation depends on this team work. In the word Team there is no letter "I". Let me conclude with the prayer.

सहना व व तु ।
सहनी भुनक्तु ।
सहवी र्थं करवावहं ।
तेजस्विनावधीतमस्तु ।
माविद्विषावहं ।
ॐ शान्तिः शान्तिः शान्तिः ।

"Sahana Vavathu
Sahano Bunakthu
Sahaveeryam Kravavahai
Thejasveenam Atheethamasthu
Mavidvishavahai
Om Santhihi Om Santhihi Santhihi"

"Let us all work together
Let us not hate each other
Let us be united
Peace! Peace! Peace!