Our specialities have come of age since long. Our specialists have proved themselves in the fields of clinical, investigative and fundamental research. Our numbers, too, are steadily increasing to cope up with the increasing needs. But as Christ said to the one seeking everlasting life, "One thing is lacking."

There is a social content to dermatology as to every other branch of medicine. Without full social responsibility our specialities will remain no more than insipid trades, while acceptance of it will lead to greater fulfilment. In any case it is doubtful that we shall be allowed to ignore it for long, in the context of the prevailing conditions.

Easily fifty per cent of the skin conditions seen in hospitals and in private practice consist of pyodermas, scabies, tinea and other contagious diseases. There is no reason why these should continue to occur in such large numbers. It may not be true that diseases increase, as Bernard Shaw claimed, in proportion to the increase in the number of doctors. It cannot however be denied that these diseases have not decreased despite the doctors. The approach of the doctors must be preventive and periodical statistical surveys should demonstrate a fall in the incidence of preventible diseases before the existence of the doctor can be considered and justified. Theskin doctor must move out of the out-patient department and the consulting room and seek, with or without the help of para medical personnel, the sources from which the contagious and infectious diseases arise so that he may attack them at the root.

Periodic meetings of dermatologists in a given area, in small and large units, should be held to delineate the extent of this problem and to evolve means for its control. A large part will have to be played by education of the people, in the matter of personal hygiene and the recognition of simple diseases and their treatment with simple remedies. The Press, the public platform and other means of communication may have to be utilised for this purpose. If an adequate organisation is evolved under the auspices of the Association with the co-operation of official and unofficial social agencies, a beginning will have been made which may be expected to produce results in the long run. If due priorities are assigned to the tasks before the dermatologists, the sophisticated research in which some of them are engaged may be relegated to a latter time, if it does not leave the researcher sufficient time to attend to these more pressing duties.

The venereologists have a big job on their hands. The complaceney that followed the advent of penicillin and the hope, long since belied, that these diseases would become extinct left the anti-venereal campaign in total disarray. Only scanty figures are now available on the incidence of these diseases. The hospital records show no more than the tip of the iceberg since the venereal diseases have fled from the hospital and public clinic to the private dispensary where nobody keeps count of them. During the period of decline of these diseases following the initial impact of penicillin the attendance at the venereal diseases departments of our teaching institutions was so poor that enough case material was not available for teaching under-graduate and post-graduate students, with the result that a generation of practitioners and consultants

arose with scant knowledge of venereal diseases. This is at least one of the many causes of the current rise in the incidence of the diseases.

Our hospitals, with few exceptions are ill-equipped to deal with the intricate problems posed by the changing pattern of venereal diseases particularly in the matter of the sensitivity of our diagnostic procedures. Follow-up and case tracing are rarely attempted.

An organisation on the lines of a Co-operative Clinical Group at all levels for pooling information and sharing know-how and technical facilities and for implementing control measures seems to be indicated. The venereologists must activise themselves either sectionally within the broader Association, or if necessary through a separate association of their own. It is significant that only three of the thirtynine papers read at the last annual conference dealt with venereology.

Our leprosy work has to recast itself. The identity of the leprosy patient is usually lost in the very process of establishing the diagnosis. The leprosy patient in particular needs and demands a recognition of his identity. Much is being done against leprosy but not much for the leprosy patient. It may be apt to quote here the observation of Voltaire "doctors are men who prescribe medicines of which they know little, to cure diseases of which they know less, in human beings of whom they know nothing". The mental well-being of the leprosy patient is not receiving the attention that it deserves. These patients, both inside and outside leprosy hospitals, live under great mental tension, and neurotic as well as psychotic breakdowns are more frequent among them than in the general population. A study of leprosy hospital records will show that not a few of these patients go mad every year. At least some of these derangements could be avoided if regular psychological treatment were available.

Even in the physical treatment of the leprosy patient with regard to other medical and surgical diseases that a leprosy patient may develop prompt help is rarely forthcoming even in general hospitals. A leprosy patient is invariably sent back to the leprosy hospital no matter whether he has tuberculosis, acute abdomen, appendicitis or any other internal itis.

It is a matter of regret that few of the members of our Association are connected with the anti-leprosy organisation of their area. Leprosy hospitals in most States do not have a qualified leprologist on their staff. Consequently the medical aspect of the anti-leprosy work remains below par, and these institutions which could become centres for leprosy research remain unutilised.

Enough of this pontification !

— **Dr. A. A. Carvalho,**
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