

## PRESIDENTIAL ADDRESS

By

Dr. HARBHAJAN SINGH, F. R. C. S.

*at the VII ANNUAL CONFERENCE of the*

**Indian Association of Dermatologists and Venereologists**

*at Bangalore, January 1965*

Dear Friends,

Fellow members of the association, I thank you all for the honour you have done me in electing me to the high office of the President of your association. It is indeed a privilege for a member to be called upon to serve in the highest office of an organisation and to guide its activity. I only hope, that I shall be able to



Dr. Harbhajan Singh, F. R. C. S.

association for our mutual and overall benefit.

It is indeed a great opportunity and privilege for us to serve the cause of our speciality through the medium of our association, which is now completing seventeen years of its existence.

come up to your expectations in the discharge of my duties as President for the year 1965. Your decision to choose me has been possibly due to your consideration and affection for one who has been among a small group of pioneer workers of this speciality in this country, as I started a separate department for this branch of medicine over 30 years ago (in 1932) at the Medical College, Lahore, for the training of M.B.B.S. classes, and have been associated with this discipline ever since. Of course I have had to fight a great deal at every stage to raise the standard of this speciality and to obtain the proper equipment, staff and accommodation. To comply with your wish I have agreed to your decision, with an assurance not only of your good will but of active co-operation in a combined effort to foster the interests of this

There have been many difficulties in our path, yet it is with satisfaction that we find some of those difficulties resolved by our united effort and the path becoming clearer and smoother for our future journey. The measure of success that we have achieved in bringing this association to its present stability is due to the untiring efforts of some devoted workers among us who have sacrificed so much of their time and effort in this direction. It is therefore for us one and all to come forward and share their burden by undertaking responsibilities with pleasure and zeal.

Since the time we have affiliated with the Association of Physicians of India with whom we have this opportunity of meeting annually, we have very rightly undertaken upon ourselves to increase the tempo of our activity, and in the words of my predecessor Dr. Sharat Desai, to increase our pace for adventures in this speciality by applying ourselves to public liaison, organisation and scientific programmes for an all round advancement.

When we look back we find we have undoubtedly covered some ground in completing some of our tasks, and re-organizing ourselves. Our finances today are on better footing, for which our thanks are due to our Western Branch for earlier efforts in this direction. Similarly our journal has made strides in improvement of its quality and publication, every two months. Yet a lot remains to be done and claims our attention today.

The burden of our work lies in rendering an efficient service to the sick and reach medical aid to larger number of our people particularly in the rural areas. We therefore want more doctors, and it is satisfying to find the medical colleges, increase in considerable number compared to two decades earlier. We want many more as yet but in doing so let us not forget that along with numbers and even in preference to it, the quality needs to be kept up by strict vigilance as has been justly emphasized recently by our very wise guide and Philosopher the President of India. The quality of medical graduates and Postgraduates must always be of a very high order, even if we have got to have a fewer number thereby, as a few well trained and experienced doctors are always, better than several half trained and inexperienced ones. For producing able medical man, I can say from my long teaching experience, it is necessary to have a close contact between the teacher and the taught, and to let the students learn the practical work in all its detail under the close supervision of the teacher and to let them have free opportunities to have all their doubts and mistakes removed. We must have this thought in mind while expanding or increasing our medical colleges. Only thus shall we produce great pupils and great masters in the field of medicine.

Commensurate with greater numbers of general doctors we do need to have more specialists as well, but the pace in this direction particularly in our speciality has been very slow. We still find that large number of medical colleges in this country do not have a speciality department in the field of dermatology and venereology. It cannot be said that the number of people seeking aid in this speciality

is lesser, as many reports published so far contradict this impression altogether. Nor can we say that the problems in this field do not need an intensive understanding based on scientific thought. There is no justification therefore, to find this field being neglected in our teaching Institutions. To continue to do so, would only mean closing our minds to the facts, and to create a void which would be difficult to fill. I therefore find it my duty to call attention in this direction not only for creation of the speciality department in all our medical colleges but to have the same equipped with appropriate needs. In doing so we shall be attracting talent and numbers who would be usefully employed for specialist service in this field in hospitals of our country. In this direction, I would assure the authorities of all our help if they call upon this association for useful suggestions and utilise its agency in fulfilling these requirements. I also crave the sympathy and co-operation of our contemporaries in other fields of medicine to assist us in this urgent matter in fulfilling these gaps, as by re-orientating our approach in the study of skin diseases, a mutual gain is envisaged in unfolding the mystery of many human ailments so far not well understood.

We all know that skin as an organ bears the brunt of environmental onslaught, and at the same time acts as a mirror for many systemic bodily activities. Its reaction patterns are thus indicative in a large measure of the general state of individual's health and illness. That many a skin lesion give useful information about bodily ailments becomes obvious when we see the allergic and infective rashes, urticarias, id reactions, erythema multiforme, altered pigmentary states and a number of other dermatologic patterns on the surface, deeply associated with a concomittant disease. Recent reports about association of malignant disease and dermatitis herpiformis, dermatomyositis, and herpes zoster are further indications in this direction. It is therefore a challenge for a collaborative study which has been taken up by many workers abroad, and needs to be gone into.

#### EQUIPMENT AND STAFF

Time and on it has been noticed by most of us, even by general public, that our speciality department, though existing in certain hospitals and colleges, is not fully equipped and is miserably short of the necessary staff. All that is done is to have a speciality; yet the provision of facilities for proper service to the patients and for research are sadly neglected. It is very much needed that the attention of the authorities be drawn to this fact that the speciality of Dermatology and Venereology has to be raised in its standard to come at par with other specialities and with clinics abroad. Modern dermatology is based on the understanding of fundamental basic medical sciences and their application in the metabolism and physio-pathology of the human organism. Considerable amount of work has been done during recent years about biochemistry, histo-chemistry and histo-pathology and Isotopes study on the processes of cutaneous disorders. An orientation of thought in this direction along with the advances in scientific knowledge is the only way to bring this important speciality to its proper level and to provide a

satisfying career to those who opt for it. The clinics have to be properly equipped accordingly and also to be properly manned, particularly with regard to the ancillary staff in the way of technicians, laboratory assistants and other similar personnel.

I must point out here that there is an increasing tendency now a days to rely more and more on the laboratory aids, and our clinical faculties and observations are thereby dulled from a lack of stimulus and challenge. Our thinking becomes lazy, as we leave it to the laboratory and the microscope to do the diagnosis for us. Of course the microscope and the laboratory are essential and we must utilise their service as often as necessary as also that of any other scientific advance that we can command to our aid, but these aids and advances must not be allowed to dampen our enthusiasm for a clinical diagnosis or decrease the importance in our minds of clear concentrated and penetrating observations. This is particularly important for a specialist in this field of medicine, as the organ he has to deal with is mostly exposed to his view, and he has a great opportunity to train his eyes regarding the nature of lesions in various skin diseases. When the students come first to the skin department, they say that all or most of the skin lesions appear to be similar to them, but when the details and differences are demonstrated to them they begin to 'read the skin' after learning its alphabet, just as a child begins to read a language after the alphabet. If a person sees a large number of skin cases every day, as we do in most of our OPD's and closely observes, studies and compares their lesions in detail, under the guidance of an experienced specialist, he begins to acquire an intuitive knowledge regarding the diagnosis and the treatment needed. As I used to tell my students the skin is an open book before us and the more we study it the more knowledge it yields to us.

#### THERAPEUTICS

With the use of sulfa drugs and antibiotics in the field of venereology, much advance has been made in controlling infection in an individual patient, yet lot remains to be done in this direction to control and eradicate this scourge from our population. A concerted effort is therefore needed to improve methods of follow-up of the cases, contact tracing and case holding methods and to educate the public on proper lines at various levels. We also need to introduce the system of reference from one clinic to another with full records forwarded under confidential cover to the entertaining clinic when a patient moves from one station to another. It is only by these methods that venereal diseases in other countries have been controlled to a great measure. We may also have to institute a mass survey of blood samples to find out the quantum of luetic infection in our population particularly in some areas where the incidence is supposed to be high. Recently there have been reports about the lowered sensitivity of gonococcus towards penicillin. It is however found that it is increased resistance to the usual dose and not to the raised dosage now suggested. Similarly there is the problem of drug

sensitivity and of some severe reactions to penicillin. The question of relapses vis-à-vis re-infection needs better understanding and better explanation.

So far as the skin diseases are concerned, there have been great advances by the beneficial use of antibiotics and even more by the use of steroids. With these medicines, many conditions intractable of cure have been tackled, with symptomatic relief during their critical and emergent phases. The balance however seems to be swinging much in the opposite direction by the use of these drugs rather recklessly and injudiciously by some, so that we find even trivial dermatological complaints being treated by systemic use of steroids. Such practices in an attempt to give relief to patients and produce dramatic effects are ultimately dangerous. The prescribing doctor has therefore to ask his mind about a correct and reasonable approach in an individual patient. Greater use should be made of simpler, and general measures, with steroids being employed only when absolutely necessary, and again only topically if possible.

As for leprology, it is a common experience of all of us that apart from a few centres in the country, medical aid with a scientific approach is not satisfactorily rendered in general hospitals. By and large the patients of this chronic yet treatable malady seek medical aid in general hospitals. The standard of such aid needs to be looked into and mastered with modern remedies. Cases discovered in early stages can be cured and saved from the ultimate sequelae of disfigurement and loss of function.

This composite speciality of dermatology, venereology and leprology thus offers us a wide field of challenge, and entails on us the responsibility of great significance, involving in its fold the study of problems of public health, public education, epidemiology and socioeconomic factors. A deep understanding, and co-operative approach becomes inevitable.

All those working in V. D. clinics or combined skin and V. D. clinics have frequently noticed that a fair number of cases come there seeking help for disorders of sex, both regarding potency and fertility and as these disorders may often be the result of V. D., some study of sex disorders is also needed.

Similarly a good knowledge of other systems as the nervous system, cardiovascular system, etc. is needed for a practitioner of this Speciality, as Syphilis may affect almost any organ or system of the body.

#### TRAINING IN THE SPECIALITY

Much has been discussed in this direction from many platforms and a number of symposia and talks have been held. Contributions have also gone into press bringing forth different points of view from many medical workers and educationists. There is thus a great confusion in many minds as to what is the best method of teaching and ultimate by training a specialist with a large measure of competency and efficiency.

It is said that much less of the subject in this composite speciality may be taught to undergraduates a view with which I beg to disagree. The education of an undergraduate should essentially mean training him for the problems he is likely to tackle later on, which naturally differ in different regions of the globe depending upon the ecological factors prevailing in a particular region. In our country we can hardly afford to neglect teaching (tropical) dermatology, and leprosy.

In the OP. Department of any general hospital or dispensary particularly in the rural areas, you will see a large number of skin cases which have to be handled by a general doctor. Some of the venereal diseases also abound in some tropical regions. Our country also falls in the world wide belt of treponematosiis. The training of an undergraduate in these fields to my mind therefore seems to be most essential and in fact in some necessary detail. The exposure of an undergraduate to these subjects would further mean inculcating in him an interest to be pursued at the postgraduate level.

#### POSTGRADUATE STUDIES

It is gratifying to note that attempts are being made for comprehensive training in Dermato-Venereology at some centres in the country. The All India Institute of Medical Sciences is the pioneer in introducing a residential training course culminating in M. D. examination in this speciality. It is hoped that some other important centres of medical education will follow suit. The Medical Council of India recently held a seminar for postgraduate medical education in all specialities. A similar seminar was held in 1959 and again in 1962. At all these occasions our members put forward useful suggestions and urged that studies in this composite speciality of dermatology, venereology and leprology be fostered and advanced in accordance with the developing knowledge, and our needs.

We feel sure that our suggestions will receive due consideration, so that a broad based pattern for all specialities is evolved for postgraduate medical education in this country.

We are also grateful to the Indian Council of Medical Research, who have in recent directives given greater attention to this speciality.

An ad hoc committee was appointed to call suggestions for fostering research in dermatologic field in particular reference to our problems, and the expert group in venereal diseases was enlarged and reshaped to incorporate a wider area of activity in fields of venereology and Dermatology.

We hope such measures will continue through these agencies, and I would even venture to suggest that time is now ripe for the Ministry of Health to foster the idea of starting an institute for the study of skin and venereal diseases including leprosy.

#### RESEAPCH

Very little research has been done in India in our speciality. Nevertheless research is the only field of work which satisfies an investigative mind and opens

vistas of newer knowledge about things. It also helps corroboration or contradiction of thought in many minds on similar problems, and is thus a touch stone for the value of one's observations. The more one devotes to this field, the more conclusive does one's mind become. We should take upon ourselves to conduct and foster investigative pursuits, for better enlightenment. I am glad to find that a slow but steady step in this direction is being taken by a few of us but they are very few indeed. It may appeal to all of you and more so to the younger element among us and to those attached to teaching institutions with facilities for research, to devote themselves seriously to research and apply their minds in this direction with a great zeal and concentration, so that the name of India may shine before long in the firmament of world Dermatology.

The most important equipment for research is the spirit of 'seeking the Truth'. Seeking the truth to the exclusion of all else—all desire for any profit, name or fame. When such a spirit possesses a man he is delivered from the shell of his ego, he is freed from the bondage of 'self', and thereby acquires a new vision, a clear vision not clouded or fogged by any thoughts of 'self' which begins to see glimpses of Reality. You would say this sounds like the renunciation of a mystic. Yes, such a mental attitude of liberation from 'self', a mental detachment from all worldly ambitions, and attachment solely to the search for truth, rewards the worker with the sweet fruit of success in his quest in the sphere of science or religion.

Another very interesting phenomenon that occurs in a group of workers of such a spirit is that there develops a bond of affection between them, and there are no jealousies, rivalries or stealing the work of others or discrediting others or feelings of superiority or inferiority etc. Which are often seen amongst research workers. There is unstinted honest and sincere co-operation amongst them which greatly facilitates and hastens the work, as research is now a days always a team work. The credit for a success is attributed to the whole group or institution and not to an individual. Such is the effacement of 'self' in their quest.

The great fact of human nature that truth breeds and nourishes love is often forgotten by us in our dealings with others. Here is a great opportunity for the medical profession in India, for by practising truth and love amongst their fellow beings for which they are so well suited and equipped, they will, not only advance the value of virtue and success of their profession, but also become leaders of society, by kindling the light of their example to show clearly the way towards national integration and eradication of corruption towards which so much discussion and effort is now being directed.

In the olden days in our country, persons who practised the art of medicine showed an exemplary behaviour of Truth, Service and Compassion towards others and thus earned a great respect and real leadership in society.

I may point out here a couple of directions in which our research workers in this speciality may adventure forth. One such line is the relationship between

mind and skin. It is being increasingly recognised today that various states of the mind may have their effect on the skin, just as they do in some other organs of the body. Some of the skin conditions are definitely recognised as neuro-dermatoses while some other, not included in this group, are known to be made worse or better by the state of the mind. It is being felt therefore that some knowledge of psychology should form part of the training of a dermatologist. The mind is the most hidden organ, and the skin the most exposed, and yet our feelings are sometimes clearly portrayed in our skin. Beauty is not skin-deep, but soul-deep; so our soul or mind is mirrored in our skin, and to gauge the nature of the mind from the condition of skin, to visualise the deepest the most profound the 'invisible man' from seeing the most exposed part of the body, is indeed a very rewarding adventure and experience. The physio-pathology of the skin (changes in texture, chemistry, circulation, colour, temp, electric, variations, perspiration, and histology etc.) under various psychological conditions may be studied in a scientific way.

In common parlance we call certain types of persons thick-skinned; and certain types of noble wise spiritually cultured minds are known to have fine lustrous hair and refulgent skins; the skin is bright in joy, and dull in grief, there is pallor in fear and redness in enthusiasm, and so in various ways the mind is reflected in the skin, and the changes in skin with the changes in moods of the mind may be investigated in detail.

There are tremendous changes in skin from childhood through youth to age these are closely related to the changes in the personality or the temper or the mind of the individual as he grows through these periods. A study of the chemical and physiological changes in the skin as it passes through these stages may yet give us some clues about the age-old dream of man of a perpetual youth, or at least enable us to prolong the glamour of a youthful skin for another decade or two.

Another field that awaits research is the disorders of pigment in the skin, the aetiology and treatment in various conditions of increased pigmentation or depigmentation. In several such cases we fail to grasp the aetiology or advise a successful treatment. Several persons desire a fairer skin than they have and I wonder if our research on the nature and synthesis of skin pigment may enable us to help such persons.

Another point I wish to put before you is that we should give some training in cosmetics to our dermatologists. We should know the nature and pharmacology of the various ingredients used in cosmetics and their methods of preparation as the patients often enquire about their use, abuse or disuse. The proper care of skin and hair should also be more thoroughly studied, as they contribute a large share to 'beauty' which is always in great demand. This may need much research in cosmetics, which if carried on in collaboration with a dermatology department would give better results than if left to chemists or commercial concerns alone.



The seat of formation of Vit D, and its method of synthesis, in the skin and hair has been the subject of some research and needs further elucidation.

I have endeavoured to put before you some urgent points that need your attention though there are many more which need to be looked into. A dermatologist has to devote himself to the study of ancillary subjects of Mycology, microbiology, allergy, immunology, biochemistry, histochemistry, and physical methods of therapy including radioactivity. He should also have a good knowledge of elements and fundamentals of the practice of psychology. The scope is wide enough, yet to keep pace with developing knowledge it is essential to do so. The challenge is therefore far greater today and it is for us to face it by mutual discussions, on problems that confront us.

In conclusion I have to thank you all who have assembled here to exchange ideas on the common interest of our speciality. It is only through concerted mutual efforts that we shall be able to solve our problems.

I welcome you all and hope our deliberations to be more than a success.

In the end, I must express my indebtedness and thanks to my friend Prof. K. C. Kandhari whose affections I cherished so much and whom I have the pleasure to have known as my student at the Medical College, Lahore as my assistant and colleague and then as my successor at the Medical College, Amritsar, and again as Secretary of our Northern Branch while I was the President and as my successor as the President of the branch, and now as our General Secretary, and occupying a very eminent position as a dermatologist as the head of the Department at A. I. I. M. S., for the great assistance he has rendered me in the preparation of this address, and I am sure his affectionate co-operation and esteemed co-operation of all of you will be available to me in full measure for the responsibility you are now placing on me.

I thank you all and wish you all a great success in our speciality.

---

### IMPORTANT TO OUR READERS

We receive many enquiries from both old and new subscribers to supply them with back numbers of the INDIAN JOURNAL OF DERMATOLOGY AND VENEREOLOGY. We usually run out of stock due to heavy demands. Hence all our Subscribers and Patrons are kindly requested to intimate the non-receipt of this bi-monthly Journal to the Managing Editor by the fifteenth of the succeeding month of publication. *INDIAN JOURNAL OF DERMATOLOGY AND VENEREOLOGY* is published always in last week of **February**, April, June, August, October and December during the year.

**PLEASE MENTION YOUR SUBSCRIPTION NUMBER IN ALL YOUR COMMUNICATIONS WITH US**

---