

PRESIDENTIAL ADDRESS
at the
**Silver Jubilee Session of Indian Association of Dermatologists
and Venereologists held at Madras on 21-1-1972.**

By
J. N. SINHA,

Dear Colleagues,

First of all I express my deep sense of gratitude to you for electing me as President of this great association. I consider it a great privilege and honour to me. With your good wishes and co-operation I undertake to discharge this responsibility to the best of my ability.

Our Association was born in 1947. Then we used to have this conference once in five years. Since 1962 with the A.P.I. we are having it every year some-time in this month, in different parts of our country. It is the 14th Conference of our Association.

My election to this high post speaks of the *democratic* principle that guides our Association. Every branch, big or small, has opportunity to realise their responsibilities and get inspiration for greater activity in the interest of our speciality.

Here there is a happy union of friends and a good opportunity to exchange views and discuss our problems besides the scientific activities. It is the Silver Jubilee year of our Association. We have to look back, pause and think of the ground we have covered. Really speaking this has been a period of great discoveries. There has been all round development of Medical Science. Dermatology has been keeping pace with it.

It is only after the last World War II that the services of our speciality as a distinct separate entity were recognised. Since then it has been maintaining satisfactory progress. The last 25 years have seen the miracles of new drugs. Before this era we had hardly a few specific drugs for our use. Now we have the valuable unending chain of antibiotics, the miracles of corticosteroids, dapsone in leprosy, and many more. Electron microscope has greatly added to our knowledge of anatomy, clarified the histogenesis of many cutaneous diseases, brought in view the very many unknown structure of microscopic organisms and even many ultra-microscopic ones. We have now a better understanding of the pathogenesis of many dermatoses, appreciate the concept of auto-immunity in skin diseases, have now better understanding of the fundamental aspect of cutaneous medicine, more reliable tests for diagnosis of syphilis and many more useful advancement which are a great source of happiness, encouragement and satisfaction to us.

Professor and Head of the Deptt. of Dermatology and Venereology,
Patna Medical College and Hospital, Patna.

The importance of the service of our discipline is now felt everywhere. The public are beginning to realise and appreciate the utility of these services. As a matter of fact it was a long felt vacuum in the armament of medical treatment in our country which is being gradually filled up. Let there be no complacency about it. We have a long way to go. There are only a handful of specialists in this subject in the vast country. I take this opportunity to thank our friends who have done so much pioneering work for the development of this speciality. It is due to their selfless service, great zeal, love and dedication for this science that we have progressed to the present stature. I am sure they will be now joined by more and more enthusiastic young workers from all over the country in this great task of development of this discipline.

It was a very wise and practical decision of the Medical Council of India to group Dermatology, Venereology, and Leprosy as one speciality in the heading of 'Broad Specialities'. This has given us more strength and greater responsibility. In certain quarters there is disagreement with this amalgamation. Some Dermatologists or Venereologists are not prepared to reconcile to this, rather they voice their objection in the public and press against it. Our learned colleague Dr. K. C. Kandhari in the Presidential Address of our 8th conference has already stated that "The Medical Council of India and other bodies have accepted this view and fostered the idea of combined speciality for purpose of teaching, training and examination". A person who has worked in any skin and V. D. Clinic will agree that the knowledge of dermatology, venereology and leprosy is essential for any one practising Venereology and leprosy is essential for any one practising cutaneous medicine. One cannot do justice to the subject by ignoring one or the other. Sometimes this disagreement is purely on personal grounds and not based on any principle. I request all my colleagues in the field of Dermatology, Venereology and Leprosy to join hands and work together against so many obstacles we face in the development and for getting proper status of our speciality in our country. The tendency of separation will open a wide gate to conflicts which will be definitely harmful to the growth of our discipline. Let all the friends concerned sacrifice their personal pride and prejudice in the interest of our science. If no one has any objection our Association should be called I.A.D.V., and Leprologists. This will be quite in accord with the decision of the Medical Council of India.

In any general hospital clinics our subjects account for more than 20% of the total attendance. It is time to impress upon the Health Administration the importance of the service of these subjects. No doubt there is less mortality in these diseases but morbidity, suffering and loss of valuable man-hours is not less. I would suggest that in that M. B., B. S. examination there should be a separate paper on dermatology, venereology and leprosy. In addition if another paper is not possible then in Medicine II paper let there be two sections. A and B to be answered separately. One of these should contain only questions on Dermatology, Venereology and Leprosy and this should be examined by a duly qualified teacher of this speciality. This will give a proper and respectable place for this speciality

and for the teacher also. The present practice of setting questions in this subject by general physicians does justice to none. To be fair to all this must stop forthwith.

There are still no separate departments of this speciality in many colleges. Even where it exists it has no adequate staff, proper equipment and accommodation etc. There is apathy from the authorities and step-motherly treatment is given. It is time, the situation must change. We are prepared to do all we can for the proper place of our subject in keeping with time.

I share the common experience that some of the departmental heads in Medicine and Surgery are still having Churchillian attitude. They want to keep this under their subordination. The Medical Council of India should take note of this unhealthy tendency and help in giving necessary protection so that there is proper growth of this discipline in various medical colleges and universities in our country.

Post-graduated Study :

M. D. (Derm.) teaching was first introduced in my University Patna in 1959 and so far 20 doctors have qualified. The Government policy is not to encourage scholars to go abroad for postgraduate study. But suitable facilities are not available for research work in large number of institutions. There is no proper library nor a well-equipped laboratory. How can one expect a standard type of research in such environment. There is no dearth of clinical material but facilities for necessary specialised investigations are wanting in many places making it difficult for any honest scientific research work. Any requisition in this respect is turned down with usual excuse 'for want of funds'. There cannot be real scientific progress unless very liberal grant is provided.

We do know the present cost of books and journals etc., of our speciality. The present price is exorbitant and many of us cannot afford to purchase these. A very up-to-date library is essential for any research work. If these discrepancies are not made good our boys will always like to go abroad for study and even settle down there; also our progress cannot keep pace with rapid advancement of modern medical science.

With modern means of communications no infection or contagious disease can be confined to any geographical boundary. India is a vast country. Teaching and training should include problems on all-India basis. Any of our doctor can serve in any part of the country and as such he must have working knowledge of every part of this great country. In post-graduate teaching I would suggest that the candidates should go round in study tour in the big institutions in our country and stay there for sometime. This will have a very good effect in broadening their outlook and creating a sense of cohesion and understanding in the unity of our ranks. We will be able to appreciate each others problems and views. For this study tour financial help should be extended by the authorities.

I will take this opportunity to emphasize the importance of the need of our brave army. Our doctors have to be familiar with problems of our speciality to

which our Jawans are exposed, be it on mountains, hills, jungles, desert, sea or air. Special attention has to be given to the teaching and training keeping in view these problems to enable our specialists to tackle them when called upon to join army service.

Our treatment should be rational, cheap and easily available. A common impression still exists, since skin ailments are simple any ointment advised by any body is good enough to cure it. There is more quackery in treatment of dermatoses than in any branch of medical service. When a wrong treatment makes the conditions worse, the excuse is 'there is no cure for skin diseases; once a skin disease always a skin disease'. The deception is played on the patient. We are consulted rather late when the condition becomes worse after some easily available treatment. We have long ago condemned sulpha or penicillin for local use but people are still using this with impunity. There are daily advertisements in the press, radio, cinema slides etc., claiming easy cure rather panacea for all dermatoses. Such practice must stop in the interest of public health. It is the simple village folk who are the main victims of such propaganda. Let us do as much as we can to protect them and extend our services to them.

Skin is the largest organ of the body. Dermatoses do not mean that they are always a local condition. It could as well be manifestation of some internal disorder. The most important point to help in diagnosis of any dermatosis is repeated close observation and training our eyes. Laboratory investigations are useful in confirming our clinical suspicion but these reports should not be accepted unless it is in keeping with the clinical findings. Our responsibility is great. The practice of looking at the disease from a distance and prescribing something is not desirable. It is obligatory on us to have a thorough necessary examination before diagnosis is made. Detailed examination may not be necessary in all cases but it will be greatly rewarding if we are conscious of our broad clinical approach.

A new problem with ever increasing dimensions that we have to tackle at present is reaction to drugs. It is so vast that it is not possible for any clinician to be aware of all types of reactions by so many drugs. However, it is obligatory to be familiar with reactions to drugs which are being given to a patient for any disease. Not only this, when prescribing it is necessary to enquire from the patient the past history of reactions to the drug prescribed. The matter becomes all the more compelling when a number of drugs are given at the same time. One drug can cause a variety of drug reactions. The skin lesion is not specific for any particular drug, rather drug reaction has now become the biggest imitator of so many dermatoses.

Corticosteroids are much used by dermatologists. It is a great weapon in our hands. When properly used the result is really gratifying. While local application may not produce any reaction, the internal administration may have serious complications. There is great temptation of getting immediate relief from symptoms by corticosteroids. Corticosteroids or for the matter of any potent drug should not be prescribed without diagnosis. We all are aware of the hazards in indiscriminate use of corticosteroids.

Our Association magazine has made good progress. We are now having six copies a year. Time is not far off when we expect to have it published monthly. For this we are all grateful to the selfless service rendered by Dr. T. K. Mehta, our popular editor. Our magazine should present an all-India picture of the diseases and the contributors. As far as possible our young colleagues should be encouraged to write for the journal. Keeping in view our present resources and the facilities available, it may not be possible to have all the laboratory investigations done but a correct clinical assessment and case report should also be considered for publication.

With advent of modern antibiotics it was presumed that V.D. will be controlled and eventually eradicated. The result of treatment by these antibiotics were encouraging in the beginning but gradually it has started fading and there is disquieting report of the increase in the incidence of the V.D. It is not only the resistance strain developing against these antibiotics which account for this increase besides there are many other important factors. The hectic affluent modern society, rapid urbanization, unattached family life, changed attitude towards sex relation, lack of sex education, birth control, too much congestion in the educational institutions and cities are mainly responsible for increase in the incidence of V.D. Whatever has so far been done it is the W.H.O. who has contributed a great deal in control of V.D. The State Units have not lived up to expectations. To do sincere and actually work with a sense of dedication, devotion and missionary zeal in the field is one thing and prepare an office return is a different thing. Let all of us be conscious of our responsibility and do our best in control of this menace.

Leprosy is a great blot on our country. From the figures available it is said that out of the 10 millions leprosy cases in the world about 2.5 million (25%) are in India. It is one of the most important health problems and Government cannot shake off its responsibility in control of this disease. The social stigma attached to this is by no means less than before in spite of our cry that it is a contagious, communicable and curable disease. Recently the bacilli have survived in animal inoculation. Though we claim that Dapsone is the drug of choice but we cannot hide the fact that it is far from satisfactory. 3-5 years is said to be a usual duration of treatment in non-infective type of leprosy but we do not know when to stop in cases of lepromatous type. We have not yet come to any final conclusion about the dose of dapsone. We started with 300 mg daily in 1950 and today we talk of few milligrams a day. I am sure when we have found a drug which can cure leprosy in a short time the prejudice against leprosy will disappear.

The importance of our speciality is growing. The people are appreciating its service. With modernization, urbanization, industrialization and better health service schemes the incidence of diseases in our speciality is increasing. Our aim will remain to make all efforts to extend our services in all the nook and corner of our country. Let everybody know this speciality is by no means less important than others, and that it must be given due place everywhere.

Long live our Association to give inspiration, guidance and strength in the service of our science.
