

PRESIDENTIAL ADDRESS

By

Dr. D. P. JAYRAM

I am thankful to the members of the Indian Association of Dermatologists and Venereologists for having elected me president for the year 1971. At the outset, I seek the blessings of my illustrious past presidents and the co-operation of all the learned members to enable me to discharge my duties. The first of these duties is to read this address to you.

Addressing the Indian Science Congress in Bangalore, a few weeks ago, our Prime Minister has called on all Scientists to direct their efforts for the good of the society in which they live. In this context, we may introspect on what good we are doing to the common man, and in what direction we may work to do better. In my opinion, patients suffering from Skin Diseases, Venereal Diseases and Leprosy are the most neglected persons, in increasing order of neglect, in our country today. By neglect I mean that they do not get the kind of medical care that they ought to. On any single day, I would estimate 80 million people in the country to have a skin complaint. The Indian Moral & Social Hygiene Association state that there is an alarming increase in the incidence of venereal diseases. More than 20 million people in the country are ridden with these diseases on any day (J. I. M. A. 1971). 2.5 million are known to be suffering from Leprosy (K. K. Shah 1969) in our country. These are our common medical problems, but the average general practitioner is not equipped to deal with them. The casues are not far to seek. The first cause is faulty training, a result of an un-realistic teaching programme, having no relation to the needs of the community. I am aware that this is not the first time that this is being said. It has been stated ad nauseatum. But, who is to bell the cat?

It appears to me that there is a suitable climate now for a drastic change in teaching methods and programma, as the Central Minister of Health at the last meeting of the Central Council of Health has called for a thorough revision of the teaching programme in the medical colleges of the Country to suit our needs. Our sub-committee on education should seize this opportunity to make concrete proposals regarding the allocation of time, content of teaching, method of teaching, examination, etc., to the Medical Council of India, which is the final authority in these matters to recommend and direct the respective academic council of different Universities and other Medical Institutions in the Country to make suitable changes. The Society for the Advancement of Medical Education has announced to set up three centres in the Country for experimental curriculum planning. One of these is to be at the Kasturba Medical College, here in Mangalore. We could place our proposals beforers them too.

At this point, I would like to share my thoughts on this subject. It is not enough to draw out a broad curriculum which is an easy matter. But, it is

necessary to evolve a method of teaching large groups of students effectively. The "No Examination-No Interest" attitude of the student must be remembered here. This is not an attitude peculiar to the Indian student alone but appears to be prevalent in Britain also (I. B. Sneddon 1970). In one of the Colleges in Britain, in Sheffield, this has been solved by having a common examination in Ophthalmology, Oto-Laryngology and Dermatology. Each student in the clinical part of the examination will be allotted a long case on one of these subjects and several short cases of the other two subjects. Teachers of all the three subjects are examiners, each acting as an external examiner for other than his own subject, so that he can exert a restraining influence on those going into minutae in their own subjects. This system appears to be worthy of trial.

In my opinion, students should have concurrent clinical and didactic instruction spread over a period of 3 months in their final year, during the time they are attending the out-patient department, in small groups. This entails the repetition of lectures 3 or 4 times in a year. This method is being followed in some medical colleges in India.

We should also take steps to encourage all students to study these subjects and also some to make them their life-time study. One such step would be to institute awards. I am happy to report that in the Medical Colleges of Bangalore and Mysore Universities a Dermatology Cash Prize has been instituted from the last two years. At my instance, the Organising Committee of the XIX Joint Annual Conference held in Bangalore in 1965 graciously donated sums of money to the two Universities to institute these annual prizes, and the prize is awarded to the student who stands first in the examination conducted for the purpose in each college. Some of those who get the awards may be tempted to take up Dermatology as their career. It is necessary that we should attract the best amongst the medical students to take up Dermatology. In Britain, only 0.7 per cent of fresh Medical graduates wished to take up Dermatology. It may not be very different in India.

So far as post-graduate courses are concerned, for the next two decades, it would be necessary to continue to have a one year Diploma Course and the three year Degree Course.

We may next consider how best we can spread the knowledge of Dermatology amongst the General Practitioners. Considering the magnitude of the morbidity rates of these diseases, not even the fringe of the problem can be touched by a few hundred members of our Association.

1. Refresher Courses may be organised at the I.M.A Conferences, at the District, State and National Levels.
2. A section of our Journal may be set apart as a regular feature for publishing articles on Dermatology, Venereology or Leprosy, suitable for General Practitioners.

3. A more useful and practical method of reaching the remotest general practitioner, is through the radio. Many of them would not be able to leave their places to attend refresher courses or to be able to read journals even if they are able to get them. If lectures are broadcast over the radio two or three times a week, in the night between 9.30 to 10 P. M., they can profitably listen to them in the comfort of their own homes. Our Association can plan a series of lectures which could be taped for broadcast.

I am basing this suggestion on an editorial in the Journal of the Indian Medical Association (1970) in which A. K. Bose has considered refresher courses over the radio as suitable for our Country. It is said that the University of New South Wales in Australia is offering Post-Graduate Courses through its own radio station. It may be possible for us to utilise the facilities of the A. I. R for continuing medical Education of Medical men.

4. Senior Members of our Association like Dr. Rajam, Dr. Rangiah Dr. Kandhari, Dr. Chacko, Dr. Desai and others could write books suitable for the use of General Practitioners based on their life-time experience.

I have refrained from making any survey of recent developments in our field as Professor, K. C. Kandhari is addressing us tomorrow on this subject in relation to our country.

In view of our limited resources in planning research, priorities should be given to the solution of urgent needs of medical care of the community in preference to the solution of basic problems. By this means, we will be doing greater and meaningful service to the community.

A word about our Journal. A Journal can be assessed for its intrinsic and extrinsic value. The intrinsic value of the journal depends on the scholarship of the members who contribute to it. The extrinsic worth depends on the printer and editor. The work of the printer and editor in turn depends on the time and money we can provide for them. Let us remember that these are limited supply. Many members express that our journal should be improved. I agree that it should be as we should in all avenues of our activities. I would invite concrete feasible proposals for its improvement. We are a comparatively small group and with increase in our fold, I am confident that the number and quality of the contributions will improve. Most Journals pass through this phase. Similar comments were heard about the Journal of the Indian Medical Association two or three decades ago. But, today, no one can deny that it stands equal to any other similar Journal in the Medical World. There is one simple thing our members can do to improve our journal. That is to make it a point not to publish their articles in foreign journals in preference to our own journal. May I cite the example of

late Dr. C. V. Raman who never published any original article in foreign journals and enhanced the excellence and stature of the journal, "Current Science" founded by him in Bangalore.

I thank you for the patient hearing you have given me. I WISH YOU ALL A HAPPY NEW YEAR.

REFERENCES

- (1) Journal of Indian Medical Association, 1971—Notes and News on "Alarming Increase in the Incidence of Venereal Diseases, J. I. M. A. 56, 1, 18 (January 1, 1971).
- (2) Shah, K. K.—1969—Presidential Address to the VIII Biennial Conference of the Indian Association of Leprologists, Leprosy in India, Vol. X No. 3, 133 (July, 1969).
- (3) Sneddon, I. B.—1970—Thoughts on Under-Graduate Medical Education in Dermatology British Journal of Dermatology, Vol. 83, Page 101, Special Issue (1970).
- (4) Bose, A. K.—1970—Refresher Courses on the Radio, Editorial, J.I.M.A. Vol. 55, No. 11, Page 386-387 (December 1, 1970).

PLACENTREX

AQUEOUS EXTRACT OF HUMAN PLACENTA
DERMATOLOGY

Eczema, varicose ulcers, allergic dermatitis, atrophic and septic ulcers Psoriasis etc.

ALBERT DAVID LIMITED

15, Chittaranjan Avenue, CALCUTTA-13.

BRANCHES: BOMBAY * MADRAS * DELHI * VIJAWADA * NAGPUR * SRINAGAR
JAMMU * LUCKNOW * GAUHATI