

PRESIDENTIAL ADDRESS

Ranjit K Panja

Honoured guests, guest speakers, chairman, reception committee, colleagues from all over India, ladies and gentlemen.

Since the formation of the united forum of dermatologists, venereologists and leprologists in 1973, we have developed into an ever-growing society of specialists with more than 1500 members. Yet we fall far short of the country's need for medical service in these specialities. With the soaring population of near 800 million, the ratio is less than 2 specialists per million, demanding at least a ten-fold increase.

I would like to place before you the various problems of serious concern that lie before us. Having spent every day of the precious years of my life in a small out-patients' department with a leaking roof, I think, I have earned the right to demand a better environment for our bright students and competent junior colleagues. All my working hours have been spent in patient care and teaching students. Seldom did I get any time and space to sit back and think. As a result, the stupendous clinical knowledge has hardly been expressed in written words to enrich the medical literature. This is indeed a pity, because the experience that we attain in a few years is more than what our contemporaries abroad do in their life-time. As with most of my colleagues in India, my only satisfaction has perhaps been service to the multitude of poor people and producing some exceptionally good clinicians.

We have been made to believe that the subjects of dermatology, venereology and leprology strictly belong to the postgraduated

specialists' domain, yet even today these departments function as small units under the administration of departments of medicine and surgery in some states of India including West Bengal. The tree which could grow to give shelter to so many specialists and fruits to so many patients, has been reduced to a Bonsai.

We deal with the three specialities together like a large club-sandwich. Unfortunately, the delicacy has been and will perhaps be enjoyed by the specialists alone due to the wrong perspective and planning about the diseases of the skin, VD and leprosy in education. The nescience of non-specialists about our speciality is incredible.

If service and education in dermatology, venereology and leprology continue to be undertaken entirely by specialists, then there should be more scope for production of young specialists in these subjects. The tremendous load of patients whom we serve at the Skin and VD outdoors every day with a doctor-patient ratio of 1:50 or even 1:75 hinders productive work and tends to make us tired and casual. I suggest that all departments of dermatology, venereology and leprology should be given independent status and the university seats for postgraduation should be increased in proportion to the needs of the community.

Dermatology

Dermatology has never received its due recognition and importance either in undergraduate education or in the control of communicable diseases. The incidence of infective diseases of the skin which affect more than 50% of our patients can be curbed by basic education in dermatology in the undergraduate course pari

passu betterment of living conditions, housing and sanitation, control of insects and health education.

Baths, dressings and topical applications are the mainstay of dermatologic therapy. Yet the dispensing of bulk topical medicaments in hospitals is often erratic and erroneous. Specialised nursing care in dermatology is almost unknown in India. The deficiencies should not prove too arduous to solve in a country like ours with an intelligent populace, if discipline is enforced in all spheres of working life along with a carefully thought-out decentralisation.

Venercology

We are happy that the control machinery in the realm of sexually transmitted diseases has drawn greater attention of the authorities specially after inclusion of many muco-cutaneous diseases and the virulent AIDS in the spectrum. Venereology has been in the News. We feel relieved that at least the route of transmission has attracted the attention to diseases which remained neglected so long as they were in the sphere of dermatology. I fail to understand why one has to stoop down to face facts or realise problems.

To combat the epidemiological and psychosocial aspects of venereal diseases, the Regional Training Centres for paramedical personnel and social workers need to be started and properly utilized in every zone of the country. Diagnostic and treatment facilities should be available for dealing with the viral era of venereology and to assess and counter drug resistance.

In most of the places in the eastern and southern parts of India, venereology operates as a separate department or unit, whereas in the rest of the country, these two departments are unified. In my opinion, they should operate separately, but the pros and cons of the practicability of such divisions should be discussed

very carefully. Whatever be the decision, it should have a uniform national pattern.

Leprology

It is indeed heartening to see the universal concern regarding leprosy as a problem and recognition of the ancient menace not only as an important communicable disease but a fascinating subject for study—Leprology. The research projects undertaken by the WHO and other authorities have led to better and scientific understanding of the different aspects of the disease and precise therapeutic regimes have been advocated. Such enthusiasm has evoked consciousness among the medical profession in general, regarding the importance of this enigmatic disease as a serious health hazard.

In the good old days, the study and control of leprosy in India was taken up by some dedicated medical luminaries—Low, Muir, Dharmendra, Chatterjee, Cochrane, Wade, Brandt, to name only a few. The dreadful fate of the diseased due to lack of effective drugs tormented them. The dermatologists of the past generation also participated in the treatment of leprosy after getting themselves trained in institutions like the School of Tropical Medicine, Calcutta. Unfortunately, a trend of compartmentalisation of leprosy continued though more dermatologists were engaged in the treatment of leprosy as part of their duty. Official involvement of dermatologists in the teaching hospitals came rather late in the early 80's in the form of Urban Leprosy Clinic in the skin departments as a part of leprosy control programme of the Government of India. Utilisation of qualified dermatologists has proved very effective indeed. Within a few years of starting the urban clinics, more and more early cases are coming for treatment due to easy availability of expert advice and modern treatment. This is a big step forward in the control of the social malady. Even if 75% of the patients come regularly for treatment and 100% of dermatologists are seriously involved in treat-

ing them, eradication of leprosy will not be a far fetched achievement. We should however be cognizant of the fact that over-enthusiasm may lead to over-diagnosis and over-assurance to negligence in regular treatment.

Overall progress in leprosy research in the country is no meagre. The super-structure has been solid but I am afraid the infra-structure to produce more doctors trained in the fundamentals of leprology is very weak. This can only be achieved by teaching leprosy more seriously and vigorously in the undergraduate curriculum to ensure diagnosis and treatment of uncomplicated leprosy at the rural level.

Undergraduate Education

Some years ago, I was called at a meeting in the office of the Director of Health Services, West Bengal, at the instance of the Central Leprosy Directorate regarding the proposed training programme for the undergraduates. We decided on a two weeks' clinical teaching and consolidated seminar type lectures involving pharmacologists, pathologists, dermatologists, neurologists, ophthalmologists, plastic and orthopaedic surgeons and community medical specialists. Unfortunately, nothing happened. This would be, in my opinion, an ideal method of training the undergraduates in all aspects of leprology. Not only that, I believe that this system of education could be used as a pilot study on the comprehensive type of teaching at the undergraduate level in all clinical subjects.

In this connection, I would like to point out that though the undergraduate course has been reduced in years, the medical curriculum has grown out of proportion. If the idea of the undergraduate course is to produce doctors who will be capable of diagnosis and treatment of common diseases prevalent in the country, then in practice, we are doing just the reverse. As for example skin, venereal diseases and leprosy cover 15-20% of ailments in general practice and in rural health centres, yet only 2% of the

academic schedule is allotted in theoretical and practical training in these diseases. Anybody would agree that this is blatantly disproportionate and irrational. As a result, an undergraduate would be prepared to answer the details of a rare heart disease or the intricacies of a complex surgical manouvre that he may never perform in his life, yet remain totally ignorant about scabies, gonorrhoea and leprosy that he will encounter every day as a basic doctor. Moreover, the MBBS course being totally examination oriented, dermatology, venereology and leprology are considered "unimportant". In medicine, nothing is unimportant. If priority is given to common diseases that a basic doctor is liable to face when he is left alone to diagnose and treat a patient in the village, then and then only our speciality will receive its due importance. I want to make it very clear that not all diseases of the skin and muco-cutaneous regions belong to the specialists' terrain. The general practitioner and the young doctor at the rural health centre have much to share as they do for diseases of other organ systems.

To correct this derogatory trend, we need change of basic thought processes regarding the purpose of undergraduate education. Is it just for passing the three professional examinations and procure a degree or to become a doctor to treat the suffering country-men? Reorganization of the undergraduate curriculum at the national level should be undertaken immediately and this should be decided by the men of the trade and the panel should include teachers in dermatology, venereology and leprology along with others.

The Institute

In India, we have a wealth of clinical material but we don't possess the machinery for its record and publication. Modern facilities are not available for the assessment of intricate diagnostic problems. On the other hand, there is dearth of books and journals and modern

libraries to pursue comparative study of tropical variations of the various disease states.

It is indeed a pity that though we have the ores and the intelligencia to handle it, we cannot produce finished material for consumer utilisation due to lack of the factory and the machinery. I expressed it in these terms to emphasize that the Government should take up the problem as seriously as it did for industrialisation of the country in the early years of independence. Let the self-sufficiency that we have today, be also in the sphere of health care, medical education and research at par with any other prosperous country in the world.

I feel that productive research can only be undertaken from Institutes especially built for the purpose. I suggest that the Union Government in collaboration with the states should start founding such institutes for providing higher education and research in dermatology, venereology and leprology for a brighter future for the young medicos of the country and for the ultimate welfare of the humanity at large. A big country like ours will need four such institutes at selected zones to act in liaison. The state authorities should provide the land and the lodge. If the shell is there, the rest is not so difficult to acquire. The institute should have sufficient autonomy in its function and funds to enforce strict academic discipline and to operate smoothly.

Calcutta is the pioneer city to start the first independent department of dermatology at the School of Tropical Medicine in 1923 with Dr. Ganapati Panja and Col. Acton at the helm. Hence, it will not be out of place to propose that the first regional Institute of Dermatology, Venereology and Leprology be founded in this City of Joy to sow the seed of modern scientific

education and research in the subjects of dermatology, venereology and leprology in the country and wait for the harvest, much before the end of the century. On your behalf, as the President of the All India Association I request our respected guests to ensure all the help in our endeavour. I can assure your goodselves that it will not be for personal gain of any individual but for a noble cause in the greater interests of medical service, education and research.

In the wake of the year 1988, our target 'Health for All by 2000 AD' is only 12 years away. We should be aware of our responsibilities for fulfilling the pledge. If we don't want people to suffer with a deformed hand, an awkward sore or an intractable itch, let us work hard and train our students during the next few years to produce enough practically equipped basic doctors to cope with the common problems of skin, VD and leprosy at least.

To the planners and law-makers, my earnest request is to call us for consultation for any planning and development project in our speciality. We shall be very pleased to help. On behalf of the Association, I can assure you that none of us will harm the Indian Health and Medical Education system.

I am grateful to all my colleagues for electing me to the exalted chair of the President of the IADV. Whatever issue may arise, I will make my decision in accordance with the interest of each of my fellow members and endeavour to live upto your expectations. I want to express my sincere thanks once again and hope that you and I, with equal fervour, will spare no pains to keep the banner of our Association flying in glory.

Thank you, Bandemataram.