

**ASSOCIATION ACTIVITIES**  
**INDIAN ASSOCIATION OF DERMATOLOGISTS AND**  
**VENEREOLOGISTS**  
**OFFICIAL REPORT 1962.**

We have great pleasure in presenting this report on the activities of our Association.

This is the first time that we have embarked on a new phase of activities of our body, by meeting within less than year of the Fourth all India Congress. Our thanks to the Association of Physicians of India for enabling us to do so, by agreeing to our proposal. Henceforth, we shall meet yearly. The yearly meeting calls for increased activities on part of all the members. Unless every member takes it as his professional responsibility to contribute to the Scientific Programme of the Association, such Congresses cannot succeed. This is now our most urgent need. I should also like to indicate the way in which we can organize these activities. We should plan our programmes one year ahead. Current topics of interests may be selected to be worked up by as many members as possible. Symposia, Panel discussions, and free communications may be organized, some exclusively for our Association and others jointly with the other specialist bodies. Thereby not only we shall keep in touch with the broad stream of General Medicine which we cannot afford to neglect, but also contribute our experiences to it. Additionally, we should also plan teaching sessions in which a group of members undertake to prepare a comprehensive teaching in a Seminar of 3-6 hours, on any one topic. This will not only attract the Post Graduates but also improve our own standards.

The other urgent need is to streamline the organization into a unitary body in line with all the other specialist organizations. This would centralize finances, secretarial work and minimise the load on office work. From this point of view the Central Council has proposed a Sub-Committee to revise our Constitution and we crave your support for this.

**ACTIVITIES OF OUR ASSOCIATION IN THE LAST YEAR**

Our Association has been active on several issues which concern the membership.

Our Association is one of the founder members of the International League of Dermatological Societies, which was established at the Stockholm congress in 1957. We pay a subscription of Re. 1/- per member (now it will be Rs. 2.25) to be in this league. This gives us a right to send 2 delegates (1 delegate upto 100 members; 2 upto 200 and maximum 3) to the "House of Delegates" which meets once at every congress. This body elects the International Committee of Dermatology which is a smaller body of well known and experienced members who formulate the programmes for the International Congresses, and represents our speciality on all policy matters. Unfortunately, on account of a split in our ranks, with the existence of two Societies a controversy arose for selecting the

National Delegates. We have a register showing membership of 145 while they claimed 110 without giving adequate proof. After prolonged correspondence, they submitted their list which contained several names of our members, which we have evidence to show, do not happen to be their members. In spite of such tactics in the interest of putting up a National front, we agreed to a list of 3 delegates out of which we claimed the right to send 2 because of a larger number of members in our Association. Since they would not agree to this, and because of their unreasonable stand to have 2 delegates of their Association, the International Secretariat was obliged to hold over the previous national delegates viz, Dr. S. C. Desai and Dr. Lahiry. As the latter did not attend, Dr. S. C. Desai was the only Indian representative in the "House of Delegates" and our other nominee Dr. B. B. Gokhalay did not attend. In view of this unfortunate experience the split in our rank is known to the world and is a matter of shame.

A happy feature of our International relationship was to gain \$500 as a stipend which was offered by the International Congress Committee to help attend a young promising dermatologist below the age of 40 years. Our nominee selected by the Central Council was Dr. B. S. Verma who is the Professor of Dermatology at Baroda University and who was then a Columbo Plan Scholar at London. We are happy to state that he could attend the Congress as a result of our action.

The other activity sponsored by our Association is well known to you. That is of sponsoring the establishment of the Asian Chapter of the International Society of Tropical Dermatology in which many of you are members. This body still requires time and efforts to gain in activity.

Recently some of us were approached by the Editor of the Journal of the Association of Physicians of India to contribute a chapter on the Skin and Venereal Diseases and Leprosy to the proposed Text Book of Medicine which they are publishing. We wholeheartedly concurred in the venture and invited some of our colleagues to contribute materials for this. We are happy to state that this job is progressing.

#### MEMBERSHIP :

We have 16 Life Members; 115 Ordinary Members and 25 Associate Members. Thirty-one new members joined as a result of the membership drive in the year 1961-62. Their list was put before the Central Council meeting and approved. Dr. S. Rajagopalan has resigned from last year i. e. 1962.

#### FINANCES :

We are glad to report that deficiency which we inherited is being wiped out gradually. Last year, the Western India Branch wrote off their loan of Rs. 1000/- to the Association. As this was not adjusted in the Journal accounts, it still occurs as a book liability in the balance sheet for 1961. The other liability appearing in the account is the dues to the Medical Digest. Steps are being taken to wipe this off, and we hope that we shall succeed in doing this. Amalgamation of our branches, as proposed, will strengthen the finances of the Association, as at present the Central Office is entitled to only half the fees collected by a branch as

a contribution to the Central Fund. As our membership is small, we shall be able to maintain the financial position of the association in a satisfactory state, by doing away with the branch system, which is suitable only for a large association like the Indian Medical Association, from which it was copied. This gives rise to creation of small corpus of funds at the branches and the Central Office.

#### FUTURE:

We have already posed above some problems of the future. The others are laying down a uniform curriculum for under-graduate and post-graduate teaching. Our association should appoint a small Committee to go into this question and put up our proposals. We should try to bring about the working of this in the respective teaching institutes and thus work for a unity of standards in our speciality on an All India basis.

Finally we have also to make a plea for organizing Clinical and scientific research activities wherever we are privileged to work. Unless we do this, we cannot survive as a scientific discipline. From this point of view we had formed a Committee on Research at the last Congress, and this may serve to guide the members whenever called upon. The members should formulate their schemes in the spheres in which they have competent facilities and bring it for discussion with the Committee before starting the work. Joint deliberations by members will help in working out any angularities, avoid defects in methodology and make possible objective of research and investigations clearer.

...when you prescribe steroid therapy with hydrocortisone cream? With some vehicles you risk the dangers of sensitisation, rebound phenomena and systemic absorption. But the Lacto-Calamine base in CORTODERMA and CORTODERMA-N guarantees that these effective skin preparations are free from any harmful after-effects. Soothing, bland, cosmetically acceptable, Lacto-Calamine also contributes its own anti-inflammatory action to the successful treatment of non-infected and infected dermatosis.

## DO YOU CONSIDER THE VEHICLE?..

### CORTODERMA

for the treatment of non-infected dermatosis

10g tubes containing 0.5% or 1% hydrocortisone acetate in Lacto-Calamine.

### CORTODERMA-N

for the treatment of infected dermatosis.

10g tubes containing 0.5% or 1% hydrocortisone acetate with 0.5% neomycin sulphate in Lacto-Calamine.



**THE CROOKES LABORATORIES LIMITED**

Court House, Carnac Road, Bombay-2

