

PRESIDENTIAL ADDRESS

THE OUTLOOK FOR DERMATO - VENEREO - LEPROLOGY
IN THE INDIAN HORIZON

A. KRISHNA*

Honourable Guest-in-Chief, Dr. T. Gopinathan, the distinguished delegates, my young colleagues, Ladies and Gentlemen,

I stand before you with a staggering sense of the heavy and onerous responsibility that has devolved on me by your choosing me as the President for 1983, who has to deliver the Presidential Address of the Indian Association of Dermatologists, Venereologists and Leprologists. I consider myself privileged by the great honour bestowed upon me, by electing me to this high office, the first non-professor to be elected for this august position as its 37th President since the year 1947 when my revered and illustrious teacher Prof. R. V. Rajam was installed as the Founder President of the starting nucleus of our Association. This honour done to me is one not just given to me but one bestowed upon the entire cadre of consultant dermatologists in office practice some of whom have been involved in excellent scientific work. I can only say Thank You colleagues and comrades.

I realise the great responsibility you have transferred on me, but the weight of the burden that I carry is lightened by my awareness of the joint endeavour in which we come together in fraternal co-operation of which I have abundant

evidence and also by the thought that through you and me and through all of us, shall be effected the progress, advance and regeneration of the ancient and venerable science of Dermato-Venero-Leprology in our hoary land. Further, to be the first in the doing of anything good and auspicious is a matter for joy and I as the first private consultant to be elected by you to this position have every reason to be proud and happy that we have atleast after thirty seven years broken the shackles of academic bureaucracy and have started to view things in a broader perspective and consider being scientific and progressive more important than just being academic.

No culture, no civilization and no science ever reared itself in healthy growth without its foundations or roots going down deep into the strata of the past. Though our Association, since its small beginning in 1947 is just thirty seven years old, the tradition, relating to our specialities in India goes down atleast to 2500 years. Charaka, Susrutha and Vagbhata, the great Ayurvedic surgeons and physicians were not the beginning but the cream of a civilization and culture about which we should be proud of.

But that was the past. After successive periods of efflorescence and stagnation we also got into our dark ages like the rest of the world and modern scientific dermatology was initiated in Europe in the 16th century and came to

*Skin & Cosmetology Clinic
1, Baliah Avenue, Luz Church Road
Madras-600004, India

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India through the contact of the East India Company, rather a little late, about the early part of the 19th century when the older medical schools at Calcutta, Madras and Bombay were opened. In spite of the primitive conditions in which the specialities existed then and though the authorities bestowed only a step-motherly treatment, subjudicating them as sub-specialities under general medicine, which even now is unfortunately so in certain regions of our country, in the early years some brilliant men came to these specialities, with an avidity due naturally to the thirst for knowledge and science, which thirst has never been quenched in spite of the political degradation of the people. Thus, though modern Dermatology with its associated subjects of Venereology and Leprology has been in India for over a century, its exponents till upto 30 or 20 years back had been physicians. They taught the barest and absolute minimum of knowledge as was considered by them necessary for the practice of general medicine. It should be no surprise therefore that the science of Dermato-Venereo-Leprology was in a low state. The teaching of the specialities underwent some changes as befitting the altered circumstances about the middle of this century when we became an independent Nation, but still the person who desired a thorough training and recognised qualification looked up for his specialist training abroad and if he did, after his return home was too busy with his professional work, to find time for the pursuit of the specialities as a science for its scientific advancement.

During this period the teachers in Dermato-Venereo-Leprology were usually physicians who lectured for an hour a day leaving the assistants, again mostly physicians doing their post-graduation in general medicine, who were perhaps compelled to come to Dermatology or Venereology or Leprology for a period of a few years till they

completed their post-graduate degree in general medicine.

It was under such circumstances we had persons like Prof. R. V. Rajam who rose to international eminence and recognition. I pay my humble homage to these great men of our country.

It was only just over a generation ago, when full-time teachers came to be appointed to the chairs of Dermato-Venereo-Leprology in some of the medical colleges in India that the specialities first found a small number of votaries exclusively devoted to her pursuit and advancement.

But a whispering campaign went around, whose hushed voice could still be heard in our college and hospital corridors and with consultants of other specialities and general practitioners that Dermato-Venereo-Leprology was only a medical sub-speciality and any medical, surgical, or other consultant or general practitioner can treat these disorders, and its votaries were handling not a current rupee but an ancient temple coin. Some of you, I am sure, are surprised at this suggestion and the way in which I have put it. But listen, if you ponder and think deep what I said is, still happening in many parts of our country except in the metropolitan cities. It is upto this august association to take up the challenge and prove to the authorities and the medical profession that Dermato-Venereo-Leprology is a full-fledged independent subject and must be given the due regard and respect as tendered to any major medical or surgical speciality. In my opinion our speciality is neither surgical nor medical; it is a comprehensive subject encompassing all such techniques it can absorb from the various branches of medicine and surgery and basic and applied sciences.

It is only through proper therapy and successful results that we can achieve

our objective of making Dermato-Venero-Leprology what we desire them to be and gain the recognition that is due to it. My slogan for this year would be "PROGRESS IN DERMATOLOGY THROUGH THERAPY" and it is an auspicious coincidence we have had our workshop relating to therapy. I wish to share my thoughts with you only on or regarding three aspects of Dermatology.

Cutaneous Suregry

The field of cutaneous surgery has expanded and dermatologists in the more dermatologically advanced countries have increased their reliance on surgical procedures. The practicing professional dermatologist must have the imagination, training, capacity, instruments and equipments to undertake the various surgical procedures related to skin such as electro-surgery, scalpel surgery, chemo-surgery and every other modality that is necessary for amelioration and treatment of the patient's condition. The field of cutaneous surgery has grown so far and so fast and so many new modalities and techniques have been introduced that one must have the foresight and vision to use these properly in his practice. No textbook or academic degree can be a substitute to one's own intuition and one's own personal beliefs regarding treatment, and looking to new frontiers in therapy. No patient ever, even a medical doctor for the matter of fact, if he unfortunately happened to be the patient, is bothered about the jargon of a diagnosis. What he expects is proper and effective therapy and relief of his ailment.

At times one will wonder if any two physicians in the same field of specialisation agree completely on procedures, terminology or anything else. Legislators would require us to practise in unison. Their idealistic plans can only result in lowering the quality of care received by our patients, No one

is always right and nothing in medical therapy is as simple as it appears, nor is anything applicable in cent per cent of the cases. There is a lot of room for a great amount of individuality in our speciality and it should be the aim of our academicians to create not a cadre of specialists who are single track in their approach, but those that will look for new pastures especially in the field of Dermato-therapy.

Cryotherapy

I desire to mention this independently of cutaneous surgery in general. Dermatology was the first medical speciality to employ liquified air for medical therapy in the year 1899. It was in this year that the first paper on liquid air in medicine and surgery was published. However, the first application of hypothermia in surgery, perhaps, was made by Napoleon's surgeon Barron Larry. It is said that he used to amputate frozen limbs in the battle in Poland during 1807. The freezing media used by the pioneers in the field were carbon-di-oxide snow, nitrous oxide gas and liquid nitrogen and these continue to be even today. In spite of being in vogue for 80 years now, Cryotherapy in Dermatology has not achieved the recognition due, and is restricted to the hands of a few skin specialists who are fascinated with the science of cryogenics and its use in medical therapy. This is partly because the methods have not become standardized and reproducible and to most dermatologists is a complicated and vague technique about which his knowledge and training is meagre.

Cryotherapy in Dermatology is simple, effective and has excellent cosmetic end result and can be employed with advantage in the management of diverse skin conditions like acne scars, warts and growths, various benign keratotic conditions like seborrheic, senile and solar keratosis, benign tumors like sub-epidermal nodular fibrosis and

pedunculated fibromas, pre-cancerous disorders of the skin and cutaneous carcinomas like basal cell epithelioma and squamous cell carcinoma and even in the problem of post herpetic neuralgia.

Uses of low temperature, in science and medicine are indeed too many to count off on the joints of the fingers of both the hands but the majority have been so far confined to about 77° Kelvin or -196°C the temperature of liquid Nitrogen.

In U.S.A., U.S.S.R. and other progressive countries cryogenics has become a multibillion dollar or rouble project. Cryogenics in the true sense embraces a temperature range from below -100°C to -273°C which represents the absolute zero at which all molecular activity ceases. The easily non-availability and the difficulty in storing of liquid Nitrogen – the most ideal medium to use – makes it imperative to use equipments employing either nitrous oxide or carbon-di-oxide as the cryogenic medium. With nitrous oxide a temperature as low as only -89°C can be reached, while with carbon-di-oxide snow the -78.5°C can be lowered to -110°C with the use of ether.

Cosmetic Dermatology

To quote "Beauty of self and soul is our birthright".

The pursuit of beauty is as old as the love of beauty. Few things have been overlooked in the relentless search for maintaining and creating loveliness. The herbs of the field and the very soil itself in addition to drugs natural and synthetic have been put to use as sources of life so necessary for beauty. There is no reason to suppose that numerical years should unduly decimate one's youthful appearance. With proper care given one can remain vitally alive and attractive throughout life.

The beauty culture practised in the past ages, purely depending upon natural products, made umpteen number of ladies look younger by 30, 40 or even

fifty years compared to other women. To cite an example, Helen of Troy, it seems was able to wield her beauty, in her fifties as though she was a girl of twenty. In recent times, the late Cecile Sor-el, in private life the countesse de segur, played the role of an eighteen years old on the French stage when she was actually sixty six. Her appearance of youth and freshness was unsailable. Here youth means, a natural vitality of body, skin, hair, eyes and composite attitude.

When today's woman thinks about beauty care, what she wants is to look as good as she can within her own physical framework, and to feel at the peak of her health and fitness and energy all the time.

The eighties are here, and with it women have new confidence and a self-awareness which has been building throughout the past decades. Modern woman is individual, active, self confident and real. She knows who she is, what her aims in life are and how she wants to look. What I have said above regarding women holds true to a degree for men too. Of course there is an element of vanity involved in caring for yourself, but not only does an attractive appearance please the beholder, it also gives you a feeling of confidence and well-being and inner satisfaction. As Dermatologists we can derive the greatest mental fulfilment and pleasure when we help persons who require our guidance and treatment for their cosmetic skin problems. The satisfaction derived when the patient gets better and is pleased is akin to the satisfaction an artist derives on completion of a prized piece of art. Cosmetic dermatology in practice can be both medical and surgical and should be blended together with applied sciences by the practicing dermatologist for therapy.

To achieve a blend of various specialities and sciences to make Dermatological Therapy a recognised and

essential field we must have the tenacity of temper and determination of mind TO DO IT.

Our sages have sung about the power of the mind—the will that conquers the world. Few of us realise that in us lies the very same power that made a Sankara, an Alexander or a Vivekananda what they were. But on broad biological principles we can chart the salient motives and tendencies or what I would call the Springs of Action of the human mind, just as the geographer charts in the relief map of a country the great mountain ranges and the plains while omitting the little hill in your village where the shepherds used to graze their flock or you used to go for an evening's stroll as a school boy.

The words "Springs of Action" call to mind two kinds of springs—those that unwind their spirals making the clocks and watches of the world run, I do not have in mind the battery operated electronic watches, and those that gush out clear water at the hill sides and the valleys irrigating the fields and farms and quenching the thirst of man.

I remember a village boy who received a gift brought by a city uncle. It was a toy wrist watch. It had a buckled strap; its hands moved at the turning of a knob. But the child put the watch to his ear and found there was no ticking. "It does not tick, Uncle", the child said. "Because it has no spring inside, it is only a toy watch", said the Uncle. "Are there men without springs inside them?", the child queried. The elder was taken aback at such an unusual question, thought for a while and answered, "There are some even among men who lack springs. They simply loiter through the corridors of a life time".

What makes one happy with wish and care to a few paternal acres bound?

What makes one dissatisfied with the conquest of the whole earth? What another voyage into space to find a new home for his fellow men? What makes another think and think till his head aches, for humanity's better lot? What makes the poet and the artist to dream of the new words to be, the seer and the philosopher to depict it and the worker and the scientist to create it? The springs for these actions are within us,

Let us be aware of our springs of action. Springs of both kind, coiled steel or gushing stream. If one set of springs are clogged with grit and dirt, cleansing will revitalize them; if the other set of springs are choked with weed, cleansing would also revitalize them to gush out again in a clear stream. Whatever the clogging or the choking, rest assured that the eternal Springs of Action are in you. It requires just a touch-up. Then the springs would work themselves up in your endeavour in the pursuit of your ambition.

To quote H. W. Longfellow, "We judge ourselves by what we feel capable of doing, while others judge us by what we have already done."

Let us all together put our shoulders to the wheel to make Dermatology as progressive as it is in many of the advanced countries, especially Dermatological Therapy, which by large is the sector we are bound by the holy oath to deliver to our patients. Let us not fail in our duty.

I am confident the outlook envisaged by me in the course of this address is not a Visionary's dream. After post-graduation and training many among us drift till we land on Dermatology's rocky shores. We are too afraid to go inland to find fertile pastures and stay on at the sea shore.

We Dermatologists are concrete people, dealing with the cuticle that covers the body of the Homo sapien, we are men of the earth. We tread the ground, plough the field and turn the sod. Though standing on the terrain our eyes must be set at the heavens, as we know the direction of the stars. We must pile the moulds and line them, between furrows and

furrows towards the East, towards the Dawn, for there beyond the Horizon lie the new man, the new life and the new age and the new Techniques in Dermatology. Dermatology is concrete and abstract. We are its prophets and we must forge this speciality towards the realm where it will be a fact as well as an ideal.

HAIL TO THEE — DERMATO - VENEREO - LEPROLOGY
