

PRESIDENTIAL ADDRESS

by

J. C. SHROFF (Bombay)

I am deeply grateful for the honour you have done me in electing me president of our association for the current year.

As I look back over the years, my thoughts go to the dinner meeting held at the Ritz Hotel, Bombay, where the idea of the starting of an Association of members of our speciality was conceived. Present at the meeting were stalwarts of the profession like Dr. Rajam, Col. Jalal M. Shah, late Dr. U.B. Narayan Rao, Dr. Waman Rao Welinkar, Dr. Rebello, Dr. Fernandez and others. The idea was put into practice by late Dr. U. B. Narayan Rao, whose sincerity and earnestness led to the steady growth of our association during its early years.

The Association held its first few conferences separately and thereafter we joined the association of physicians of India (API) during conferences and we have been holding an yearly conference since our first joint session at Calcutta. During this period of 23 years which has elapsed since the birth of our association, we have made considerable progress but much more remains to be done. Our speciality though it is slowly gaining ground, has not made much of an impact in medical counsels and is still considered a minor speciality.

Undergraduate medical training is very inadequate. With the development of newer and modern specialities, Dermato-Venereology, which is one of the oldest specialities of medicine is relegated to the background. In the present crowded curriculum of the undergraduate medical student of many a newer specialities often the time allotted to Dermato-Venereology is very inadequate. Majority of the administrators in charge of formulation of programmes of medical teaching have not been able to appreciate the importance of the subject and have always considered a week or two as a sufficient period for a proper understanding of the subject of Dermato-Venereology. A minimum period of six weeks should be set apart for the study of Dermato-Venereology including leprosy and at least one question should be asked on the subject in the medicine paper. The unsatisfactory state of undergraduate medical education is probably due to a lack of trained teachers devoted to the speciality. Even today out of ninety six medical colleges in the country, fifty per cent or more are not having trained and adequate staff in the department. This leads to a lowering of the standard of undergraduate medical training. The basic doctor about whom there is so much talk nowadays is so deficient in dermatological knowledge that he cursorily refers to eczemas, ringworm, scabies, leprosy etc., but this also he cannot diagnose independently. Considering the fact that dermato-venereology forms about ten per cent of the practice of a physician, it is needless to emphasize the importance of a proper study of Dermato-Venereology for the basic doctor.

At the postgraduate level we have out-done even the advanced countries in the multiplicity of diplomas and degrees which we offer in this speciality. We have a D. Dermat, D. V., D. V. & D., M. D. (Dermatology) and M. D. (Venereology). Even Leprologists feel that there should be a diploma in Leprology. Whether such a multiplicity of qualifications are necessary is a difficult question to answer. But one thing is clear that it is necessary to have a meeting of all the professors and teachers in Dermatology to discuss openly and frankly the pros and cons of this important question, as it concerns the future of the younger generation in our speciality. If an approach is made it may be feasible to arrange a workshop with the help of University Grants Commission. At this workshop the period of training, lack of facilities lack of staff, etc, may also be gainfully discussed. Pattern of research in our speciality is rapidly changing. Whereas previously we were concerned with vivid descriptions, today we are overwhelmed with data on biochemical changes, enzymatic changes, histo-chemistry and histopathology. A sound knowledge of the basic sciences is absolutely essential for a postgraduate student of Dermatology. Research in our country is also proceeding on these lines. Prof. Kandhari and his team of devoted workers at the All India Institute of Medical Sciences, Dr. Mulay and his colleagues at Willingdon Hospital, New Delhi, Dr. Rangiah & Chacko of the Institute of Venereology at Madras, Dr. Sharat Desai at the K. E. M. Hospital, Bombay, and my friend, Dr. B. S. Verma at Baroda are making valuable contributions to the advancement of our speciality.

Last year a resolution was passed that there should be a Central Institute of Dermatology. The past President has already approached the Government of India and this should be followed up with zeal.

In our country, it is necessary that more data be collected on the basic science aspects of the skin. It is also important that we undertake exact and intensified investigative studies into that vast group of skin diseases which we lump together as allergic.

A scientific evaluation of the various indigenous drugs used in our country may provide additional therapeutic agent for the treatment of various skin diseases.

Recently psoralens isolated from Bouchi seeds have been found useful in vitiligo and are now being introduced in the market. There are many more plants and herbs used in this country since times immemorial and research on these plants and their extracts in collaboration with botanists, pharmacologists and clinicians may provide valuable additions to our therapeutic armamentarium. Conscientious careful and enlightened planning on execution with meticulous care for detail will always yield useful information, and there is no question of success or failure.

Ours is a composite speciality, comprising of Dermatology, Venereology and Leprology. At many medical centres in our country the departments are combined and at some they are separate. Whether the departments should be combined or separate, is a controvertial and debatable question. One way to solve the

question is to leave it unanswered. The other way is to put an end to the controversy by debating it out with good will towards all and ill will towards none. Senior members of our association like Dr. Rajam, Prof. Kandhari, Dr. Desai, and Dr. Mulay who is Assistant Director General of Health Services, and others may be able to play useful role in initiating such a debate.

This is a changing world and a dynamic world where nothing remains stationary. Values change, ideas change and what was considered as gospel truth yesterday is no more today. This is also true of our specialty as it exists to-day. The whole face of Dermatology has changed. Formerly we were more concerned with a minute description of the lesions appearing on the skin, today we try to understand the etiological factors and internal disorders causing the skin lesions. In order to be a dermatologist today it is not sufficient to have a good clinical knowledge of lesions appearing on the skin. It is also necessary to have a sound knowledge of internal medicine. Allergic Dermatoses, Dermatomycoses, Industrial Dermatoses and Cosmetic problems in dermatology pose special problems for the dermatologist.

Therapy of skin diseases has changed so radically that effective treatments are available for majority of skin diseases. It is no more true to say that a dermatologist never cures and skin treatment is eternal.

Venereal diseases received a knock-out blow with the advent of Penicillin. It was hoped that we will succeed in wiping out V. D. from the world. This hope has proved deceptive and syphilis shows an increase in incidence though this is negligible in comparison with the number of cases that one saw before the penicillin era.

Importance in venereology today has shifted from the clinician to the Serologist and the public health worker. This is mainly due to the fact that once the diagnosis is established treatment can be easily carried out by the general practitioner.

Leprosy today is a challenging problem. It is of special importance to our country as we have the largest number of leprosy patients in the world. The advances in leprology have been striking. Successful cultivation of *Lepra Bacilli* is possible and is being carried out at some centres in India. Neurophysicians, Neuro-pathologists Orthopaedic Surgeons and Plastic Surgeons have all made notable contribution to a better understanding of leprosy. Leprosy makes its first appearance on the skin and it will be in the fitness of things that dermatologists took more interest in leprosy. Leprosy is the biggest dermatological problem from the public health point of view. At one of the health camps organised in a district centre surrounded by villages near Bombay, out of twenty five skin cases examined nine turned out to be leprosy.

Primary health centres have been started by the Government to provide medical relief to our rural population. The problem of skin diseases including

leprosy and venereal diseases can be tackled much more effectively if a person trained in dermatology, venereology and leprosy is attached to these centres. This is a speciality needing special aptitude and skill and it is not possible for a basic doctor to tackle the various problems. To start with we have to train dermatologists and see that at least each district hospital and Taluka hospital has a department of dermato-venereology.

This year we are having an oration by Dr. Rajam the internationally known dermatologist and venereologist and the Doyen of our speciality.

We are meeting today when the Physicians are celebrating their Silver Jubilee. We will be completing twenty five years of our existence after two years. Let us start planning from now so that we may also be able to celebrate our silver jubilee in a befitting manner.

In conclusion I thank you once again and ask for your valuable co-operation in discharging the duties of this office. In the spirit of the Upanishads let us pray :

Let us work together
Let us eat together
Let us achieve together

and march forwards for the improvement of our association and our speciality.

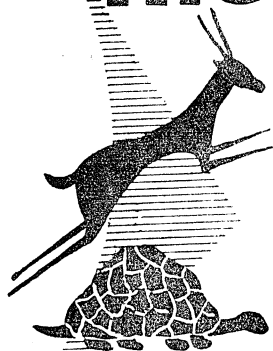
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