

GUEST EDITORIAL

THE FOURTH ALL INDIA CONFERENCE OF DERMATOLOGISTS AND VENEREOLOGISTS

Reminiscences and Reflections

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The sub-continent of India, excluding Pakistan, has a population of 450 millions, and about 150 dermatologists are faced with the problem of providing an adequate service, contrasting with Switzerland where the same number of dermatologists looks after 4 million inhabitants. This Conference, which took place in Bombay from 23rd to 25th February, 1962, had among its objectives the awakening of Government and popular interest in the urgent need for dermatologists, venereologists and leprologists. Advance publicity and an interesting photographic exhibition open to the general public, ensured that public interest was aroused. The further task of attracting members of the Indian Association of Dermatologists, often from distant parts, as well as visitors from Ceylon and Pakistan, was performed with great success. Seven dermatologists from Germany, Switzerland, U. S. A., Japan, Egypt and South Africa had accepted invitations and the prospect of hearing these, or at least the first six, undoubtedly added to the success of the meeting. The inability of Professors Kitamura of Tokyo and Sagher of Jerusalem to implement their original intention of participating in the Conference was a great disappointment to us all.

The Conference was inaugurated by His Excellency Shri Sri Prakasa, the Governor of Maharashtra State, in the presence of Dr. V. R. Khanolkar, Vice-Chancellor, University of Bombay; Dr. R. V. Sathe, President of the Indian Medical Association; Dr. R. V. Rajam, First President of the Indian Association of Dermatologists and Venereologists and many other notables. This was the first time that an All-India Conference of this speciality was attended by more than 80 per cent of the skin and venereal specialists from the Indian sub-continent including the neighbouring countries of Pakistan and Ceylon. The local Reception Committee included, besides Bombay members, the Presidents of the Indian Medical Council, Indian Medical Association, the Indian Federation of Obstetricians and Gynaecologists, Indian Association of Surgeons, Indian Association of Radiologists and the Association of Pediatricians of India. After the inaugural speeches by the Governor, the Vice-Chancellor and the President of the Indian Medical Association, Dr. Frederick Reiss, Secretary-General, International Society for Tropical Dermatology, presented Charter of the Asian Chapter.

The three day programme was a crowded one and it will be quite impossible to name all participants and to abstract all the excellent papers presented. After the Inauguration, before which each guest was charmingly presented with a posy

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of fresh flowers, the first morning was devoted to cosmetic problems in dermatology. Dr. Maneksha's contribution, beautifully illustrated, dealt with plastic surgery; persistent cases of Oriental sore and its residual scars are particularly suitable for replacement grafts and a tube graft replacement of the penis and anterior urethra was most impressive. It was interesting to hear that the speaker has given up refrigeration anaesthesia for dermabrasion of smallpox scars; he uses a general anaesthetic and distends the cheeks and nostrils with wadding. His results certainly seem to justify the method. The session concluded with an illustrated lecture by Professor Schreus of Dusseldorf, who is well known as a pioneer in dermabrasion, as well as being the founder of the German Society for Aesthetic Medicine, which aims at closer relations between dermatologists, plastic surgeons, cosmetic chemists and others.

On the organisational side two important seminars on the "Pattern of Skin and Venereal Diseases in India" stressed the main problems of our speciality. These were brought out by participants chosen from different geographic areas and thus presenting a correlated pattern. It was seen that more than 50 per cent of the dermato-venereologic load comprised the infectious dermatoses, especially scabies, pyoderma, leprosy, fungous infections and skin tuberculosis. Among the venereal diseases chancroid and urethritis were predominant although syphilis came a close third. These diseases partly reflect the problems of hygiene and nutrition caused by poor living standards. However the incidence of infectious dermatoses was seen to be reduced in the better economic strata catered for by the private practitioner. The next seminar on the "Formulations of the Requirements and the Organisation of Speciality Departments" was intended to set up future standards of achievement and to express the aims which must be explained to the authorities for their understanding of the requirements of a comprehensive dermato venereological service. It is still a fact that few organised departments containing the important sub-sections of dermatology, venereology, allergy, mycology, x-ray and physical therapy exist, and our Indian colleagues, like ourselves, have yet to obtain these. Another now important requirement in the tropical and underdeveloped countries is for an epidemiologic section. Desai emphasised the necessity for this in view of the massive problems of infectious dermatoses and called for educational propaganda in personal hygiene. This section in his department has studied the infectivity rates of infectious dermatoses; whereas scabies was found to be 100 per cent contagious, the infectivity rate of *T. rubrum* infections of the body was 35 per cent in the total and 50 per cent in the adult population. He also stressed the high rate of conjugal infections (as high as 35 per cent), in contrast with western experience.

The symposium on leprosy brought out the huge problem of this disease in the Indian sub-continent where some clinics have annual attendances of 5,000 to 6,000 patients. The Acworth Leprosy Home in Bombay, with a wealth of clinical material, has followed up 1,500 contacts over a period of 10 years, using the "concentration

test technique" for the detection of acid fast bacilli. They reported that whereas 31 per cent of apparently healthy contacts may show positive bacillary findings without any clinical evidence of disease, a "control" normal group from the same poor socio-economic stratum, gives only 5 per cent of positives. Positive contacts were further followed-up for a period of 7 years; it was found that 17 per cent of contacts of tuberculoid infect developed clinical leprosy as against 32.5 per cent from lepromatous infectors. A 10-year follow-up of treatment brought out the difficulties of maintaining regular treatment on an out-patient basis over a number of years. It also emphasised the better prognosis of tuberculoid leprosy, which required 1-4 years treatment as against 7-10 years for lepromatous leprosy. A most interesting feature of the leprosy symposium was the claim to have cultivated acid fast bacilli from leprosy patients by Drs. Khanolkar & Ranadive. They employ an ingenious technique for collecting fresh neural fibroblasts from the human foetus and maintaining them in tissue culture; infective material is then inoculated and an intracytoplasmic growth of rods and granules has been maintained in passage cultures and finally used for animal inoculation in guinea-pigs. This organism has been named the "I. C. R. C. Bacillus" (from the Indian Cancer Research Centre of which Dr. Khanolkar is the Director). The technique and the organisms were demonstrated at the I. C. R. C. Centre, one of the most up-to-date and best equipped research centres in Bombay. It was encouraging to hear from Dr. N. Figueredo (Bombay) that dermatologists are becoming more interested in leprosy and that more institutions are adopting the modern trend of treating leprosy in the out patient department. Both advances are the direct result of the Tokyo International Leprosy Congress, an indication that these meetings are not just a social function.

The seminar on "Mycology" showed that *T. rubrum* is the commonest pathogenic fungus and is responsible for a large proportion of dermatomycosis, in contrast with the limited incidence in European countries. Desai's group demonstrated co-ordinated research activities directed to investigating susceptibility and immunity to *T. rubrum* infections. An important finding was severe dysproteinaemia (with hyper alpha 1, alpha 2 and gamma globulin and hypoalbuminaemia) as an underlying factor in chronic recalcitrant *T. rubrum* infections. An interesting paper on the estimation of trichophytin reactivity in the "normal" population compared with *T. rubrum* infected persons concerned the possibility of introducing trichophytin surveys as an immunological indicator of susceptibility. The group also demonstrated recent work on experimental *T. rubrum* infections in human volunteers, designed to investigate the nature of immunity in this infection. Incidentally, Desai is scheduled to talk on the "Immunology of Dermatophytosis" at the next International Conference of Dermatology and will present his results there,

Dysproteinaemia was also found by his group as a common denominator of lack of resistance to staphylococcal invaders, in agreement with similar finding elsewhere in chronic recalcitrant pyodermas.

The symposium on "allergy" stressed the rising incidence of chemical allergy as can be expected with industrialisation. Desai's group claimed that a "Histamine Utilization Test" was a valuable guide for judging the antihistamine effective for a particular patient, for objective evaluation of new antihistamine compounds, and as a research tool for comparing histamin metabolism in normal and allergic subjects. It was found that some chronic allergic subjects maintained a histamine induced wheal for 7-24 hours instead of the normal time of 2-4 hours. The symposium on allergy also discussed the evaluation of steroid therapy, diet in urticaria and local steroids and antihistamine compounds; the chief participants were Kandhari, Lt. Col. Gaiind, Dhurandhar and Mehta.

Each of the seminars was followed by an illustrated lecture by one of the visitors. Professor Reiss (U. S. A.) presented an attractive array of illustrations of cutaneous manifestations of internal disorders; these included pseudo-xanthoma elasticum, functioning carcinoid, thalassemia, S. American blastomycosis and myelomatosis. Professor Ito (Gifu, Japan) presented original work on myeloma. Professor Abdel Mofty (Cairo) demonstrated recent developments of his pioneer work on the use of psoralens in leucoderma and Professor A. Marchionini (Munich) gave an address on the relationship between dermatology and sociology; examples were the epidemiology of cutaneous leishmaniasis and the disproportion in the incidence of atopic dermatitis among urban and rural populations. The final lecture on allergy in dermatology by Professor R. Schuppli (Basle), followed by a Pfizer moving picture on the same topic, was a brilliant climax to a most satisfying scientific programme.

The foregoing account presents a mere fraction of the material, some of it most important, presented at the Conference. Those who are interested will be able to read all the papers in forthcoming numbers of the Indian journal of Dermatology and Venereology.

The International Society of Tropical Dermatology.

As a sufficient number of office bearers were present, the above society officially inaugurated an Asian Chapter, the participation of H. E. the Governor adding to the dignity of this important occasion. The concept is entirely due to the collaboration of Dr. Sharat C. Desai and Professor Reiss, the Hon. Secretary of the parent body. Its importance can hardly be estimated yet, but the large number of founder and other members enrolled during the Conference gives promise of a bright future. Encouraging knowledge of, and obtaining aid in the war against cutaneous and venereal diseases occurring in a population of *between one and two thousand million* people, is an aim which all of us feel proud to pursue. By supporting Dr. Desai's ambitious plan we feel that this goal has been brought nearer, and by introducing a modified system of dues based on the economy of different countries, we are enabling younger dermatologists in developing countries to become partners in this work.

Dermatology in Asia

Readers may be interested to know a little more about the dermatologists in the East. India is, as previously mentioned, grossly undermanned; in the big cities the average successful dermatologist can command an income of about Rs. 2,000 per month, in the "smaller" city of a million inhabitants there is usually one dermatologist only, whose income may be Rs. 6,000 per year. Only a few of the most successful can hope for an income of Rs. 10,000 per year. The majority of residents however are estimated to earn between Rs. 800 and Rs. 1,200 in a year and this includes many with post-graduate experience and specialist diplomas, in full-time employment in smaller centres. At present a diploma in dermatology and venereology may be obtained in 1 year and the M. D. (Derm) in 2 years at Delhi and Amritsar universities. Though these times are short my feeling is that the *average* Indian dermatologist is at least as well qualified as the *average* South African, and considerably more interested in research and the health of the public. The best, whose names will readily occur to those who read the dermatological literature, are equal to the best anywhere. India is also fortunate in having Professor V. R. Khanolkar, now Vice-Chancellor of the University of Bombay a pathologist whose research work in cancer, leprosy and many other important subjects has brought him world renown; his close association with dermatology must surely be of first importance in the development of that speciality.

Japan possesses at her universities some of the world's best dermatologists and foremost research workers; here too remuneration does not seem to fit in with our ideas of adequacy. A full time head of department, who is allowed no private practice, allegedly earns the same as an assistant in a continental clinic, and whoever coined the phrase "wealth beyond the dreams of avarice" obviously did not have a dermatological assistant in mind.

Dermatology has an extraordinary importance in India, due to the problem of over-population. This is so serious in both India and Pakistan that family planning is officially supported and voluntary sterilisation rewarded. It is thus of relatively little importance to save a life if the life is that of a non-producing consumer. It is far more important to ensure the health of producers, who are comparatively few; of these producers, those who work in the expanding industry of India are the most valuable, and of course the most exposed to industrial skin disease. In the peculiar circumstances now obtaining, therefore, my own feeling is that the dermatologist who can cure a hand eczema is of more value than the physician who prolongs the life of the elderly cardiac patient.

Organization

The President and members of the Indian Association of Dermatologists are to be congratulated on the success of the Conference. Though no one would suggest that one man could carry this project through single handed, it was freely admitted that Dr. Sharat C. Desai, the General Secretary, was an indispensable member of

the team. The onerous task of inviting, welcoming and caring for the visitors, the arrangement of a large and most interesting programme, the necessary publicity, participation in more than one paper, the preliminary and culminating work in founding the Asian Chapter of the International Society of Dermatology, minute by minute adjustments to the ambitious programme and constant personal attendance at all meetings, readily smoothing out the inevitable difficulties: these were the activities which we saw him pursue with boundless energy and constant good temper. How many more tasks he undertook can only be surmised. The Conference was an event for whose success the committee are to be congratulated. For Dr. Desai it was a personal triumph,

On the day after the official closing of the Conference, visitors were taken by bus to various points of interest in the neighbourhood, and then on to the King Edward Memorial Hospital, where Dr. Desai, the honorary Dermatologist, has his clinic and laboratories: the accommodation is modest but the standard of work excellent. Assistants include a mycologist and a biologist, with M. Sc. and Ph. D. degrees respectively, and though these appointments are only on a yearly basis, Dr. Desai continues and will continue to produce original work. A short presentation of interesting cases brought the visit to an end; for those who refused to give in to exhaustion, a visit to Professor Khanolkar's laboratories gave the opportunity of seeing, among other interesting work, the first successful culture and sub-culture of the I. C. R. C. bacillus.

The Social Programme

Banquets, luncheons, Indian dancing and music occupied our leisure hours in pleasant surroundings. Still more agreeable were the numerous spontaneous gestures of welcome and the feeling of friendliness which was everywhere apparent. Bombay is one of the world's beautiful cities and from my host Dr. Desai's balcony the vast panorama of the bay could be seen between the trunks of the coconut palms which grow alongside the pavement. The Cowasji Jehangir Hall, where the meetings were held, is situated near the University and other attractive buildings, parks and the seafont, where the Gate of India marks the site of the landing of the first and embarkation of the last British troops. It was sad to leave these pleasant surroundings, made all the more agreeable by the friendliness and exquisite tact of our colleagues. Sadder still was the thought that present conditions preclude the possibility of returning such hospitality.
