

## EDITORIAL

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## FASHIONS IN OUR SPECIALITY\*

This is a critical analysis of certain trends which have become the latest fashions in our speciality. The most noteworthy of these is an unbridled enthusiasm and increasing dependence on laboratory investigations and tests, with a corresponding neglect of the clinical methods of diagnosis. The uncanny powers of observation and 'diagnostic acumen' displayed by our predecessors who acquired it through patient toil and trouble are no longer in evidence today. Whatever claims may be made against the role of clinical examination in diagnosis, it nevertheless remains and will continue to remain the 'alpha and omega' of medical practice in general, and dermatology in particular.

Dermatology, Venereology and Leprology have been the strongholds of clinical medicine. In no other field of medicine is the unaided faculties of man of more importance in arriving at a correct diagnosis than in our speciality. Dermatology is essentially a visual science and it gives tremendous opportunities for developing correct methods of observation. It is upto us to teach the students of medicine how to 'see' the skin. In this context one may quote Ruskin who said that 'to see clearly is poetry, prophecy and religion' all in one. To

this may be added that 'to see clearly is medicine'.

Even though dermatologists have earned notoriety by their arguments about diagnosis based on hair-splitting differences in morphological features, the importance of recognising the basic morphology of the lesion for the diagnosis of skin conditions continues to be of vital importance. The teachers of dermatology must set a proper example to their students by their own thorough and careful observations. Except in obviously localised lesions like a single viral wart, the clinical examination of a patient with a skin disorder, should include 'the skin, the whole skin and more than the skin'. Skin diseases, unlike beauty are often more than skin deep. Physical examination of other systems may give valuable clues in the diagnosis of skin diseases or may indicate that the skin lesion is only a marker of some serious systemic disease. The importance of being 'visually literate' with regard to skin lesions, applies to all fields of medicine.

The next fashion I want to allude to is academic apathy and lack of an enquiring mind in modern medical men. The customary excuse for this lack of inquisitiveness is inadequate facilities and finances to do research. Those who think that research can be done only in high-powered laboratories and with million dollar projects, it may be pointed

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out that the monumental discoveries of Louis Pasteur, Claude Bernard and the Curies were made in deplorable surroundings, in badly lit and poorly ventilated cellars and garrets. Similar situations are seen in the field of our speciality. The inspiring series of articles, 'Strong Swimmers on a Full Sea' by Sulzberger shows what can be achieved by 'courage, determination, intelligence and greatness of heart and mind', and how these 'can overcome what are apparently insurmountable obstacles'.

The usual idea of a research man being a highly intellectual but old professor with thick-rimmed glasses, dishevelled hair, and long white coat experimenting with guinea pigs and dogs, in a room full of instruments and reagents is no longer tenable. The majority of discoveries in medicine are made by perfectly normal individuals, displaying no eccentricities of dress and demeanour.

We in the developing countries are perhaps not geared to do intensive 'in-depth' research into individual problems and we should indeed leave these to the more developed countries. But, we are face to face with the problems of a country representative of the medical needs of three-fourths of the world population who represent the Third World, a population with problems neglected by medical schools and research institutions. To study these problems needs no sophisticated equipments. Field surveys and operational researches are the prime needs of our country.

Any study that aims at helping doctors and their teams to tackle more successfully the problems of communicable diseases like V. D., scabies, leprosy, pyoderma and fungal infections will be research in the true sense of the term. In developing countries like ours much remains to be done to bridge this gap and this will go a long way in reducing the suffering of the people.

The third fashion is extremes in therapeutic approach. At one extreme are those who have an attitude of therapeutic nihilism like that of the famed Skoda. They devote all their time and energy to the problems of etiology and diagnosis. By exhibiting scant respect for symptoms and their relief they turn their patients away to the quacks and charlatans. At the other extreme, are the therapy enthusiasts who over-treat their patients with dire results. Remember that medicine is an art based on science. One has to strike a balance between over-investigation and over-treatment. Patients should be treated not as cases but as diseased human beings.

I cannot find better words to conclude than those of Sir Robert Hutchison, that great Physician of the last century, who urged his students, 'to save themselves from putting knowledge before wisdom, science before art, cleverness before commonsense, from treating patients as cases and from making the cure more grievous than the illness'.

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