

PRESIDENTIAL ADDRESS 8th ALL INDIA CONFERENCE

Presidential Address By Prof. K. C. KANDHARI, F.R.C.P. (Edin), F.A.M.S., Prof. of Dermatology and Venereology, All India Institute of Medical Sciences, New Delhi at the occasion of Annual Conference of the Indian Association of Dermatologists and Venereologists along with the Association of Physicians of India at Gwalior in January 1966.

Dear Colleagues,

I thank you for the honour and privilege you have done me in electing me to the high office of the President of the Indian Association of Dermatologists and Venereologists, and to preside over its annual session for 1966. I am deeply indebted to you for the same and feel very conscious of the responsibility you have put on me by electing me to this august office. I undertake this responsibility with a sense of duty to discharge, with your good wishes and co-operation.

Our association formed in 1947 completes nearly 19 years of its life. It has provided us a link for common purpose and aim, as also a platform to discuss our scientific experience and view. Our earlier sessions held every five years have been replaced by annual conferences since 1962, because of our having conjoined sessions with the Association of Physicians of India. This gives us greater opportunity not only in ventilating our own views, but also to observe and participate in wider fields of medical problems.

Today we meet again to review our thought on problems that face us, some of which are of greater urgency, to claim our deep attention. Among them are those of medical education and research, in the larger context and in our field. It is obvious that with the widening horizons of knowledge unravelled in recent years, no one individual could hope to acquire it fully and apply it with competence. Specialization therefore became necessary, and we have our different fields of interest and aim. Specialization however, should not mean compartmentalisation towards which it sometimes tends to grow.

A unified thought of understanding of basic medical sciences as also of allied clinical subjects is essential while working a particular field of specialisation. It is only by such approach that we can produce better specialists with sound understanding and knowledge. I have therefore chosen to speak to you mainly on this vital and all important subject of education and training in our speciality.

We are all aware that our overall work involves the fields of Dermatology, Venereology and Leprosy—worked together as a composite speciality. As individuals in our different capacities and as members of this association we have during previous years put forth our view in this regard. We have considered this composite speciality beneficial in larger interest. The medical Council of India and other authoritative bodies have accepted this view and fostered the idea of a combined speciality for purposes of teaching, training and examination. We are thankful to them for the same.

One thing however holds, and that is a lack of complete and full recognition of this speciality in many teaching institutions of our country. There has no doubt been a change in the right direction and more and more teaching institutions have created speciality departments and increased facility has been provided with improved out-patient clinics and allocation of beds. Some of the leading ones have given further status to the department by creating speciality chairs. Lot remains to be done however as there are yet many medical colleges and institutes who have no speciality departments. This is indeed enigmatic, when we realise that a patient load of any hospital would comprise from 10 to 15% cases of our speciality, as has been reported from many quarters. For want of appropriate bed strength some of our seriously suffering patients also find it difficult to get the inpatient treatment in the wards. Due to lack of such a recognition by powers that be in the medical realms-a proper deal has not been meted out to this speciality. I would say that the fault in such a situation also rests on us, in not having impressed upon the authority and created opinion about our need or the justification of our cause. Not only the lay public, even large number of medical men have very poor conception of the skin ailments, and hardly any knowledge of what is possible to be done in their management. There has been no serious attempt on our part in imparting them any such knowledge. A general practitioner whose work involves a considerable proportion of skin diseases confesses his total ignorance in handling his cases. It is therefore for us to make him understand these by holding refresher courses and demonstrations. We also need to simplify the complex dermatologic nomenclature.

For the speciality too there is no place now to treat skin disease by mere clinical impression and conventional empirical treatment. The need is obvious for better understanding of the etiology of disease process. Therefore study not only in the accepted fields of medical mycology, histopathology, biochemistry, histochemistry allergy, but also in genetics, nutrition and environmental influences becomes a great necessity.

The report of the undergraduate education committee of the First Council of the Royal College for General Practitioners says—"Dermatology and some other medical subjects are not taught as fully as their importance in general practice demands". Similar views expressed in 73rd Annual meeting of the American Dermatology Association and it was said that "The general public now demands much more from its physicians than a confession of ignorance of skin diseases."

The undergraduate teaching in the speciality deserves more teaching time, and student need not only of their seeing the cases in out-patients but also of posting in the ward for bed-side study. A good follow up of the cases and learning the techniques of local therapy and specialised measures is necessary in handling such case-material in practice.

At postgraduate level, we need to take our steps forward and organise a comprehensive course of study which would include the study of general fundamentals of

medicine and basic medical sciences and the application of such knowledge to our specialised field. Comprehensive courses and detailed curricula in these fields would form a basis of guided and systematic study. A short course of study aiming at producing a diploma course which now prevails at many universities may continue for the present for producing a junior specialist, who could handle speciality cases with better knowledge and technique—a point which was voted for by this association in discussions at other platforms.

A longer and comprehensive course for preparing a consultant specialist and teacher in the subject is however, necessary for a regular course of higher and wider study, ultimately preparing a candidate for a degree or doctorate in medicine (M.D.) or D. Phil of the subject.

Now this is being pursued in universities in our country but with different orientations. Some have an M.D. in general medicine with speciality subject. Others have M.D. only in dermatology, while others have M.D. in dermatology and venereology. A great diversity thus prevails, and it is imperative that a unified course of study encompassing an earlier training in fundamentals of medicine and later including a wider field of dermatology, venereology and leprosy be evolved as voted for by the Medical Council of India.

This suggestion successfully meets the important problem of initial training in general medicine/surgery rightly stressed for all broad based specialities, which have by their very nature seceded from generalist subject. Candidates of some other specialities not so seceded would continue to have earlier M.D. in general medicine or general surgery before taking M.D. in the speciality. All this having been settled we have now to settle down to the problem and give further fillip to our speciality by applying ourselves to a systematic approach on above lines and work out details of curricula for the universities and colleges in which this association can play a great part.

RESEARCH

No education or training is complete unless research forms a major part of the same. A teacher should not be satisfied with existing data of knowledge and a static approach. There is an ever present challenge in problems of human illness, and hence a demand to meet that challenge should act as a continued stimulus for rethinking and investigative approach. Research should therefore take its rightful place to form a vital part of the curriculum and departmental activity. It should be oriented towards common and communicable diseases. Fundamental research is also needed and should be pursued wherever facility exists. A state of emergency in the country has placed us in some difficulty in procurement of costly and sophisticated equipment from abroad. This should not deter us from our path. We must find ways in producing locally what is possible with an aim to self sufficiency. We could also orientate ourselves to such problems for the present which are possible to be done rather than waiting on. Plans of work could be evolved by collaborating and intergerating with other departments whose interest in our problems need to be created.

There should be sufficient exchange of scientific data, and it may be better for contemporary workers in building a particular field and developing it fully, rather than working on multiple fields simultaneously. In this way some places could become centres for reference and guidance in that particular field. The Institution of a sub-committee of the association may also be helpful in fostering a scientific approach to all our problems, under its guidance.

Research is also needed to be done to evaluate our time honoured Indigenous medicines and to work out the details of dermatoses caused by our changing social pattern and developing economy with rapid industrialisation.

There is also a need of the hour to have a central place of concerted learning in the speciality, and starting of a speciality Institute, a demand made earlier is reiterated.

The justification for such a central Institute would fulfil the need in practical manner of combining dermatologic requirements with specialised service areas, for better co-operative effort in improving our service to the patient. For instance who can deny that a good dermatologic centre needs to have services of Physiotherapy available to patient of skin disease in administration of medicated baths at regulated temperatures, giving him proper type of applications and massage or various types of light rays for therapy.

The problems of cosmetology, and its association with skin disease needs to be worked out.

Similarly there is no centre where a plastic surgeon is available to dermatology department for arranging to give surgical relief and better cosmetic result subquit to a wide spread dermatosis. To combine plastic surgery with dermatologic service is obviously necessary.

Diagnostic and therapeutic measures of allergy are required to be applied to dermatologic problems in a similar way as serology to a V. D. clinic. We have to reorientate on these lines, and organise accordingly. Such an approach can be practically brought out in a centralised place.

OUR JOURNAL

Our Journal has made some rapid strides under the able editorship of Dr. T. K. Mahta, who deserves our thanks for ceaseless efforts and making the journal appear two monthly. It is yet to be nurtured a good deal to bring forth further improvements, and attain a high standard. We should therefore devote ourselves to contributing good scientific work and case reports. Perhaps a committee to advise the editor to be a helpful suggestion.

In the end; I would only say—let us all devote ourselves to the work in a spirit of dedication. This association which we have nurtured should continue to form a body which inspires confidence in the mind of young worker, who should look to it for guidance of career and scientific pursuit. It is for this association and its members to encourage and appreciate good work, and foster team spirit. Reference centers

for different fields as suggested above should provide all information to young worker in that particular field, and even encourage him to work there for specified period desired. Some of such centres are already in the initial stages of their formation and are manned and worked by members of this association. We wish them well in their pioneer work; and hope they will soon establish their mark.

The association and its zonal branches are functioning well in this direction, and need to be congratulated for good work they are doing. We have however to remember that much more is needed to be done, for which we have again assembled to deliberate upon in this conference to day.

Our problems are many, but we could apply ourselves to each one of them in order of its urgency for an alround better organization of our places of work and study. We should have a feeling of communion and oneness with each other by closing our ranks over petty matters and we should have one and only one aim that is to offer our best in our field—and I feel sure we can do it.

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