

SPECIAL ARTICLE
**STUDY OF DERMATO-VENEREOLOGY IN MEDICAL
INSTITUTIONS OF INDIA***

By

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Teaching of Venereology in India does not date back earlier than about 1920-1930 particularly when cases were met with in soldiers who went overseas for service in World War I. The centres for such teaching in this vast country were only in big cities e.g. Bombay, Calcutta, Madras and Lahore. Even at these centres attention was mainly given to treatment of the individual cases and a very casual demonstration of the conditions was made to small groups of students. Only clinical characters were explained, but attempt to explain their proper genesis, the life history of the infecting agent, pathological and immuno-serological processes were sadly missing. Even the treatment was that of an individual patient who reported voluntarily to such clinics, to seek treatment. There were no attempts at case finding, case holding or contact tracing. The preventive and social aspects of venereal disorders were conspicuously neglected, and no attempt had ever been made to study the epidemiology and conduct surveys.

The records, if any, were only from the attendance registers at the hospital, but a survey from the patient to his home surroundings and community groups had been lacking altogether. It is, however the experience of the general practitioner, and of the hospital register that patients attending with complaints pertaining to Dermato-Venereology form a large bulk of the total load of patients requiring medical aid, and recent surveys in this direction by figures of different hospitals in the country, confirm this fact.

These facts, along with the recent trends with the medical educationist, to aim at producing a "Basic doctor" in the face of expanding medical knowledge and specialisation makes it surprising to note that the education of medical graduate has not had adequate attention so far, that is needed to be given in this speciality, nor has the quality or standard of speciality clinics ever been gone into from the point of view of providing first rate teaching method and service to the patient. The patient thus receives poor benefits of advanced therapy and diagnostic methods even in large hospitals and teaching institutions, a fact which was sadly borne out by many reports, and by a country-wide tour that the author undertook to appraise himself with first hand knowledge in this direction.

* Read before the Dermatological Section of Joint Annual Conference of Physicians of India at Calcutta January 19-21, 1963.

There is no denying the fact, therefore, that even to present day the state of our speciality clinics even in the teaching hospitals is not at all adequate, and lacks even a near approach to modern standard.

To my mind the psychology that worked with authorities to provide medical departments adequate facility in equipment and staff has been based on factors which invited a glaring attention as given below:—

- Group I
- (a) Whether the malady is likely to be fatal.
 - (b) The severity of symptoms caused.
 - (c) The resulting loss of function, and its total effect on the individual economy and action in doing things.
 - (d) Public health nuisance.
- Group II
- (e) Loss of man-hours in industry.
 - (f) Cosmetic reasons.
 - (g) Standards of positive health.

Those in group I belong to fundamental basic needs of a primitive society while those in group II are factors indirectly connected with welfare, efficiency and happiness of a developing society for collective gainful economy. Until recently, it was only Group I which formed the criteria of thought; and even in this apart from (d) to some measure in venereal patients other factors were absent with consequential lack of attention. Recently, however, the trend has changed and equal if not more attention is considered to be given to Group II, in any awakened society. There is no reason, therefore, as to why the standard should not improve, and in the training of a 'Basic doctor' a term recently brought into use by medical educationists—there should be any lack in the teaching and understanding of maladies which fall in the purview of Dermato-Venereology. On the other hand, it is obvious that the young 'Basic doctor' should know to handle common maladies efficiently and confidently and this can only result if his teaching at under-graduate and postgraduate levels is gone into with imagination and aim to meet this end. That this is lacking at present even in England and America will be evident from the following:— The report of the under-graduate education committee of the first council of the Royal College of General Practitioners says. "Dermatology" Orthopaedics, Psychiatry, Allergy, and diseases of ear, nose and throat are not always taught as fully, as their importance in general practice demands". There is a tendency for too much time to be spent at present on obscure subjects and highly technical procedures to the exclusion of the study of common disorders. Similarly in the 73rd Annual meeting of the American Dermatology Association comments were made on under-graduate instructions in dermatology which said that some specialities like dermatology have suffered the yoke of neglect in some instances or obliterated as teaching units. "The general public now demands much more from its physicians than a confession of ignorance of skin diseases. 10% of the trouble involved is in wide need for more teaching time in under-graduate years".

TEACHING AT UNDERGRADUATE LEVEL --

Despite recent recommendations of medical Council of India, it is a unanimous and considered opinion of teachers in this line that the subject of Dermato-Venereology requires greater allocation of time than recommended by the Council. There is also need for assessment of the candidate in some form, may be by making it an independent subject for examination, or by class examination the result of which should have a relation and bearing on final assessment. There is also a desperate need to raise the standard of equipment and personnel in the clinics, to lift them from their barren state, to a worth while status, which would stimulate initiative and thought. As at present they hardly succeed in attracting talent.

COMBINATION OF DERMATOLOGY-VENEREOLGY AND LEPROSY

For whatever the individual opinion may be in this direction—it is believed that specialisation is progressing beyond reasonable or workable limits. Such specialisation should be within a common department dealing with and rendering consultative advice on diseases in the above categories. The workers could have a bias for any further super specialisation within the common speciality, and by the individual trends and pursuits. Such is the practice which holds in large majority of the countries in the continent of Europe and in United States. In our country by and large most of the places have combined clinics, which are rendering useful service.

Suggestions have been made in some quarters, that skin lesions of venereal diseases should remain part and parcel of Dermatology, the rest form part of medicine, surgery and communicable diseases. This is a conception in which specialisation and fragmentation is suggested even in study of individual diseases, which obviously should be composite.

There is no need to carry further arguments in this direction, and if any clinics have been working solely for Dermatology or Venereology—they may stick on to the practice if they find it useful, convenient and economical. In the Army they have recently combined these specialities to form more homogeneous and workable unit particularly when the problems of venereal disease have been considerably made easy in a large measure by recent advances for management by the general practitioner. There is no point, therefore, in continuing it as a separate department.

The need of the hour particularly for post-graduate education in Dermato-Venereology is to broad base it, to avoid absolute separatism and to amalgamate it with a good back-ground and sound knowledge of general medicine and its principles, so that same could be applied to the speciality with great advantage. After all skin diseases are not only skin deep, neither is venereology just a communicable disorder confined to regional pathology. Both are intimately connected with the systemic health, and a large majority of skin lesions are due to internal disease. Our approach should be to bring the speciality of Dermatology to a level of broad

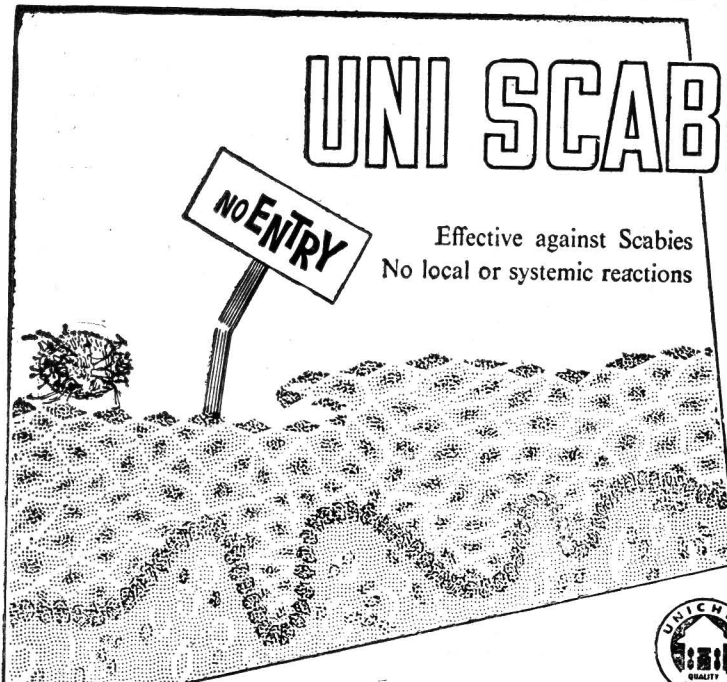
based unit which incorporates the study of venereal diseases and leprosy, and derives its fundamental thought from basic sciences and fundamental principles of medicine. It should also have further approach within this structure to explore studies of histopathology, mycology, radiotherapeutics, allergy microbiology, etc. Its very existence depends upon this, and future of any speciality lies in closely understanding the body processes as a whole. The earlier it is done the better.

Indian Medical Council by recommending certain speciality subjects to have independent M.D., M.S. or equivalent post-graduate examinations, while making others to have a first examination in general medicine have deviated from fundamental thought and common approach in these matters. Speciality when once recognised as a speciality, should be treated at par. There should be reconsideration of this thought which has been thrust upon the medical institutions without sufficient discussion and against the view of speciality organisations.

This indeed is a vast subject and many points are involved. It is imperative that it should be reconsidered *de-novo*, by a smaller group of experts derived from all spheres. The specialist, should have sufficient say. The decisions should be taken by people who are aware of problems existent in speciality teaching.

—Courtesy, Indian Jl. of Med. Education, Vol. III, No. 1, October, 1963, Pp. 31-54.


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