

Dermatology in India: Past-Present and Future

By

K. C. Kandhari

Professor Emeritus (Dermato-venereology)

All India Institute of Medical Sciences, New Delhi.

Ancient history of Dermatology in India has been mentioned though scarcely and without dogmatic authenticity because of poor and meagre authoritative references. There is evidence to show that some of the skin diseases were known to ancients and mention of Leprosy, Leucoderma, Psoriasis and Seborrhoea is inferred from whatever documentation is traceable. However, in recent past we know that the subject of skin diseases as a speciality emerged only from the third decade of the present century. In the earlier decades the subject was taught meagrely and only superficially by vague clinical description of few dermatoses included in 'Text books of Medicine'. It was the teacher in Medicine who packed up the subject of skin in half a dozen didactic lectures - without the same being supported by clinical case demonstrations. There were no separate out-patient or ward services for patients suffering from skin disease and they were treated by general physician in medical wards. Venereology was similarly dealt with by general surgeons or physicians depending upon the individual case requiring medical treatment or surgical intervention by urethroscopy, irrigations or dressings. This practice continued till about the time when 1st World War started and cases of venereal diseases caused lot of concern by sizeable number of troops suffering from the infection. Cases were also increasing in Civil population by large scale movements of people and unlicensed prostitution. A few centres of venereal diseases came up in some of the leading teaching hospitals but the speciality was relegated to inferior position and given to such in the medical profession who could not be fitted into prized posts with prospectus and future. Some other specialities - like Tuberculosis, Leprosy, Anaesthesia, and Radiology were in the same position. Paediatrics too had not yet emerged as a speciality and a general physician carried all the load of many of the present day super and sub-specialities. This situation continued from the period of 1st World War to the 2nd World War without much change but in the second World War more centres for V.D. treatment were organised in the defence services - and a few in the teaching institutions. These were supported by one or two large laboratories doing mostly serological tests for syphilis.

Before India became free there were about seventeen medical colleges in whole of India and the specialities had not yet developed to come to their own and only half of them possessed some sort of a special department of venereal diseases and half this number had a department of skin diseases - with changing conditions and with advent of Penicillin in 1942 and its availability for Civil use by 1947 - gave impetus for a more effective and short-term treatment of main sexually transmitted diseases, i.e., Syphilis and Gonorrhoea. The post-war re-organisation - backed by research in the field and the availability of Penicillin and other antibiotics therefore prompted the Government to train medical personnels in different specialities in institutions abroad in U.K. and Western European countries and U.S.A. Later with the assistance of W.H.O. and international contacts through United Nations Organisation further improved the picture for training in specialities with a tempo for higher medical studies and specialisation in the country. It was only after 1950 that some universities took steps to enlarge medical education by increased medical teaching and organising departments in various specialities that Dermatology also got introduced as a subject and diploma and degree courses were started in some of the colleges.

THE PRESENT PHASE

The present phase therefore came into existence after the first half of the present century from about 1950 onwards when more medical colleges and National Institutes of Medical Sciences were started - and this period saw increase from seventeen medical colleges to about 100 medical colleges and half a dozen institutes came into existence for training of post-graduates. It was in this period that the medical education progressed in the country by being reviewed and reorganised. Wisely the specialities were given their due status with greater recognition, separate departments and hospital services with wards and out-patient facilities. Though not of the same standard and of a uniform type-but one can say the steps taken in this direction have undoubtedly been the steps in the right direction and there has been an intensive post-graduate training from overseas institutions and in the country. Some of the milestones that were covered in this direction were by recommendation of special committees like the Bhore Committee and Mudaliar Committee appointed by Govt. of India-by establishments of All India Institute of Medical Sciences in New Delhi in 1950 by special act of Parliament and later on of other institutes. The review and re-organisation of under-graduate and post-graduate medical education by the Indian Medical Council in 1964 and reorganisation of broad disciplines, super and sub-specialties. The formation of the Indian Academy of Medical Sciences to list talent and achievements and later starting a high standard of post-graduate examination in all medical subjects and specialities which has now been given a greater and wider Governmental recognition, by the formation of National Boards of Examinations in all

subjects for country-wide and uniform high standard of accomplishments. The restructuring and activation of the Indian Council of Medical Research to foster investigative quest in medicine and allied problems and last but not the least of far greater attention by the National Government towards innumerable health problems of the country. Despite many frustrations this alround effort bore fruit by appreciable progress and resulted in establishment of specialised hospitals and upgraded departments in various fields among which could be listed the Institute of Venereology in Madras and of Leprosy in Chingleput in our speciality.

It was also during this period that the Dermatologists and Venereologists of this country for the first time organised themselves and started the Indian Association of Dermatologists and Venereologists in 1947 and later the Dermatological Society of India (which have now amalgamated as the present Indian Association of Dermatologists, Venereologists and Leprologists). Speciality Journals were started affording a greater opportunity for recording and propagating knowledge on platform and in print which so far was little published or expressed.

THE FUTURE :-

Having achieved that much and progressed so far there is greater realisation, that, far more remains to be done to further enrich knowledge and bring the standards of teaching and professional capability to the best that exists anywhere in the progressing world of today. The research in the field of skin diseases somehow did not catch the interest of the basic and para - medical sciences until late and a general physician would admit with certain amount of unnatural pride that he was not interested in diseases of skin - which unlike beauty are not only skin deep. There is need not only of greater understanding of the special subject but of an inter-relation between various medical disciplines and hence of greater co-ordination among those working in various fields. There is need of greater appreciation of problems of Biochemistry-Biophysics, Immunology, Virology, Bacteriology. Immunity as applied to speciality and a far greater understanding of reciprocal dependence and working of various bodily systems, which would enrich our own approach to this subject to greater heights. Every department also needs to be well equipped and have good working liaison with sophisticated laboratories towards the common goal of better knowledge and revelation of the unknown. For this vast country an institute of Dermatology is a need well realised and voiced in our annual conferences. The newer generation has a responsibility for developing better and improved methods for diagnosis and treatment of skin diseases as well as for registry of Dermatoses and their ecologic gambit in this part of the universe. We are also obliged and charged with the duty of taking the scientific knowledge outside the walls of hospitals and teaching departments to the community and general population in order to apprise them with facts and

their applicability in their every day lives for better living standards and understanding. The society around us in particular and the human race in general are entitled to know the truth and foresake wrong ideas about health care in cutaneous medicine. Effective mass methods are necessary to be introduced for prevention of communicable dermatoses like pyodermas, fungal infections and scabies which we are all so well aware of and which form the bulk of our cases. They should also know about irritants and allergens and how to avoid them in industry, vocations and house-hold. Research is the life blood but a need oriented research in problems that effect the community is a demand that has been well voiced by the policy makers. It deserves a serious attention for greater benefit and national interest. The treatment schedules of skin diseases and more particularly of sexually transmitted diseases need to be worked out and be uniformly standardised as also the need for research in cheaper, safe and effective medicines.

It is hoped the challange will be met by increased efforts and by exchange of ideas at national and international level.