PRESIDENTIAL ADDRESS

F. Handa

Dear colleagues and fellow members of the association,

I have no words to thank you for the honour done to me by electing me the President of your association. It is my proud privilege to be called upon to serve the association and to guide its activity. This is indeed a reflection of the immense faith reposed by you in me and my teammates. I hope and pray that I shall be able to live upto your expectations.

The illustrious past presidents of our association have covered in their addresses—many of which are to be preserved as gems of literary art and philosophical excellence, subjects vital to our association. I also wish to deal with some matters dear to my heart and pertaining to our association and the composite speciality of dermatology, venereology and leprology.

I take this opportunity to do some introspection and loud thinking regarding our association. I hope you will forgive me for the views which seem pontifical and for treading on controversial ground in trying to make a case for realisation of the aims and objectives of our association.

Herein, I would like to reiterate the aims and objects of the association to drive home my point. The first aim and object is: The promotion and advancement of dermatology, venereology and leprology and allied subjects.

This can be achieved through more attention to research and medical education in dermatology, venereology and leprology.

Research and medical education are interlinked and cannot develop independently of

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each other. In our country, unity of medical education and research has to be maintained for economic reasons. We cannot afford, at this stage of our development, to siphon off many dermatologists into research because they are badly needed for the dermatological care of the patient. However, a balance is to be struck between the two demands.

Authenticity in research work is absolutely essential. Postgraduate education of a student in the subject of dermatology, venereology and leprology should aim at broadening of intellect, development of deep insight into a problem, independent line of thinking and inculcation of team spirit.

I will remind the postgraduate students of dermatology, venereology and leprology the words of Ivan Petrovich Pavlov. He has said "What should I desire for the youth of my country who are devoting themselves to science? First of all—consecutiveness and systematic approach in accumulating knowledge. The second is modesty. Never think that you know every thing. And no matter how esteemed you may be, have the courage to say to yourself, I am ignorant. The third is passion in your work and investigation."

Postgraduate medical teachers in our speciality have a special role to play in a developing country like ours. They can raise the standard and status of our speciality vis-a-vis other branches of medicine by dint of their hard work.

Medical teachers' training programmes in our speciality should be introduced to equip the young dermatologists to take up the job of teachers in medical colleges. This will help in propagation of our speciality.

To quote Rabindra Nath Tagore, "A teacher can never truly teach unless he is learning him-

self. A lamp can never light another lamp unless it continues to burn its own flame."

The exposure of undergraduates to our speciality is as yet quite less. Curriculum in our composite speciality needs to be extended and modernised so that more time and effort is spent for teaching of dermatology, venereology and leprology to undergraduates in medical colleges. This can be achieved only if teachers in dermatology, venereology and leprology are actively associated with the Indian Medical Council while preparing various curricula and syllabi. The teachers should also take more interest in teaching the subject to the undergraduates so that they get to feel interested in the subject, and the speciality gains by attracting more postgraduate students who will, in turn, form the future research workers, teachers and practitioners of dermatology, venereology and leprology.

Facilities for postgraduation should be provided to doctors from areas where facilities for postgraduate and specialist training do not exist. Army doctors too should be provided the opportunity to seek admission into various postgraduate courses being run by State medical colleges. Reservation of postgraduate seats on the basis of state domicile should be done away with and students should be free to seek admissions anywhere in the country. This will promote national integration.

Our departments should undertake training of paramedical workers required for work in antileprosy and anti-VD campaigns. These community health workers should form a part of the infra-structure of medical health care of our villages.

More career avenues should be provided for young dermatologists, venereologists and leprologists. They should have the choice to branch out into research, medical education or clinical practice. A greater number of specialist jobs should be made available both in the government

and private sectors, with better working conditions and job prospects. Young specialists should have a proper placing in the government jobs where their talent should be made full use of. Our association should strongly plead for proper utilisation of the technical manpower of dermatologists, venereologists and leprologists.

Our association has already collected data on the staff strength of dermatology departments in various medical colleges in the country. There is need to have independent departments manned by professors/director professors, separate from the departments of medicine. Creation of the posts of Director-Professor in Dermatology, Venereology and Leprology will remove the stagnation in promotion. In bigger citics, we should aim at having Skin Institutes depending upon the availability of resources and finance.

IADVL should make efforts to provide financial aid to students desirous of making dermatology, venereology and leprology as their career.

To my mind the above steps will lead us to the realisation of our aim, that is, advancement and promotion of the speciality.

Next, we come down to the second aim and object of our association, viz.: The creation of public opinion in all the different specialities and education of the public in matters relating to prevention and cure of these diseases in all their aspects and to carry on such publicity as may be found feasible for attainment of these objects.

This aim can be realised more fully if all of us endeavour to create a public opinion about problems pertaining to our composite speciality.

Special lectures should be organised in forums like Rotary Club and Lion Club to enlighten the elite of the town about venercal diseases, leprosy and other dermatological problems.

The social aspects of leprosy should be highlighted and philanthropic organisations

involved so as to give financial aid and also help in the rehabilitation of leprosy patients. In this context I would also like to lay stress upon the need for education of the community.

India is a country of villages and we should aim at educating the rural people about elementary dermatological care. We should make them aware of simple dermatological problems like contact dermatitis due to plants or by exposure to fertilizers, pesticides and insecticides. Simple protective measures should be suggested. We can use the medium of cinema, radio and television programmes and the offices of State Public Relations Department for this purpose.

Industrial hygiene should be preached amongst the factory workers and a case made out for dermatologists to be appointed in industrial concerns with high incidence of occupational dermatoses.

More attention should be devoted to paediatric and geriatric dermatology.

Our members should participate actively in continuing medical education of IMA and they should highlight the effective management of dermatological, STD and leprosy cases by general practitioners.

The third aim and object of our association is: The promotion of professional fellowship, cooperation and exchange of views amongst members and to uphold their interests.

This is being done by organising our annual conferences and workshops. More fervour can be infused into such meetings to promote comaraderic.

The fourth aim and object of our association is: To cooperate and coordinate and/or affiliate with similar national and international organisations.

Steps are afoot in undertaking such affiliation of our association to the International League of Dermatological Societies without much

financial constraints on our members. We are promoting fellowship with other international organisations by inviting eminent delegates and guest lecturers from various foreign countries.

Technical exchange programmes should also be launched by IADVL at its own level, besides the governmental level. Members should be sent to various dermatological centres in advanced countries for learning newer techniques and IADVL should get such visits sponsored by the pharmaceutical houses.

At government level, the technical exchange programme should consist of setting up of sophisticated laboratory facilities with the aid of donor countries. In other words, besides training of men, equipment should be obtained from advanced countries to make best use of that training.

There should be close collaboration of research activities with other international specialist bodies.

The fifth aim and object of our association is: To open and maintain a library of books, journals, cassettes, projection slides etc pertaining to the speciality when possible and to equip with apparatuses for micro-photography, duplication of slides etc which can be made available to the members at a cost as decided periodically by the Central Council.

This can be done if the organisation has its own building like the IMA House or the BMA House. We too should aim at having an IADVL House in every state of our country. Funds should be raised to have a building for our association. My team intends making a humble beginning in this direction and invites all members to contribute liberally to it as and when that appeal is made. The cost of construction of IADVL House can be met by raising a loan from a bank. A part of the building can be rented out to the bank itself and the rental money can be utilised for the upkeep of that building and repayment of the loan.

Young dermatologists should develop a hobby of taking photographs of interesting cases. We should endeavour to develop our own slides and photographs in those departments where facilities for medical photography and illustration exist. Departments where such facilities are not available can take the help of other departments in obtaining these educational aids on no-profit no-loss basis.

Books sent to the editor of the Journal of Indian Association of Dermatologists, Venereologists and Leprologists for review and books donated by individuals and various organisations should form the nucleus of our future library of IADVL. Till such time as we have our own library, we can make use of the facilities available with other libraries.

Our association should take up the task of writing a textbook on Dermatology, Venereology and Leprology with financial assistance from the central government. It should encompass the wealth of experience of our learned members. My team intends to make a venture in this direction with the indulgence of you all.

The sixth aim and object of our association is: To publish and circulate a journal known as Indian Journal of Dermatology, Venereology and Leprology which shall be the official organ of the association.

Journal as an official organ of our association needs strengthening so that we can take pride in the wealth of material accumulated over the years. Thanks to the untiring efforts of the editors, both past and present, this aim is being realised. The successive editors of our journal have done everything possible to improve the journal and it is by dint of their hard labour that it has attained its present form. To make it more readable, review articles need to be introduced. These can be of great help to postgraduate students from the examination point of view. Abstracts of papers from other journals should be incorporated. Learned

members of the Editorial Board should offer constructive criticism to improve the quality of articles. This will be encouraging to the young contributors.

One way of respecting our own journal will be to contribute the very best of our research papers to it. The editorial policy should be to encourage publication of such material in the journal. It would be better if at least some questions in the postgraduate examination are drawn from its content. The journal should suggest some newer areas of research and also focus attention on the problems facing our members. Job vacancies should be made known to the members through our journal.

The financial health of the journal needs to be looked into. We should all make efforts to give financial support to the journal in the form of getting advertisements etc so that the rising cost of publication can be met.

The seventh aim and object of our association is: To organise state branches or combined branches of adjoining states or zonal branches and local branches either at district headquarters or city level, to encourage fellowship and exchange of views and ideas among the members and for better attainment of the objects of the association.

Activity in the state branches needs to be encouraged and members should involve themselves with other service organisations. They should give short talks or lectures on regional problems pertaining to our speciality. This will bring our association into more limelight.

The eighth aim and object of our association is: To hold an annual national conference preferably in the month of January in different parts of the country each year.

Our annual conferences are being held as per aim of our association. It is an occasion to exchange scientific ideas with other colleagues to promote fellowship. The ninth aim and object of our association is: To help the adjoining branches to hold periodical zonal meetings, conferences and seminars, to encourage the members of the adjoining areas to come into closer contact in the greater interest of the speciality of dermatology, vencreology and leprology.

We should follow this with greater vigour.

The tenth aim and object of our association is: To do all other such things as are cognate to the objectives of the association or are incidental or conducive to the attainment of the above objectives.

One such thing related to the objective is the finance of the association which should be further improved by enrolment of life members and voluntary donations.

We can certainly achieve the above objectives if we all strive hard and march together for the betterment of our association.

Our resolutions should not remain on paper but we should strive to give practical shape to the ideas expressed herein. I humbly appeal to my senior colleagues to keep on guiding the destiny and affairs of our association. Their suggestions are most welcome. I pay my respects to the pioneers of dermatology and the doyens of our association but for whose efforts and far-sightedness our association would not be what it is today.

I also take this opportunity to welcome and thank all the delegates especially the foreign delegates. Their presence is a source of great encouragement to all of us and has added lustre to the occasion.

My heartfelt thanks and congratulations are due to the chairman and the members of various committees and members of Kerala Branch of IADVL who are playing host to the association and who have made this conference a grand success.

In the end, I wish you all a very very happy and prosperous New Year and a most enjoyable conference.

Jai Hind