

EDITORIAL

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ABOUT ILLUSTRATION DEPARTMENTS

It is interesting to reminisce that in 1952, the author, as a W.H.O. Travel Fellow, had enjoyed the unique opportunity of having been shown the Illustration Department of the Johns Hopkins University, Baltimore, U. S. A. Relying on memory at this distance of time, he recalls how the Chief of the Illustration Department revealed to the visitor the manner of multiplication of the multiplicity of likenesses of interesting clinical cases that had passed through the portals of the medical university.

Most of the illustrative materials had come out of live individuals; others were contributions, post mortem. Biopsied specimens, obtained antemortem and sections post mortem were subjected to most meticulous scanning for abnormalities and when detected were photomicrographed and correctly labelled; and such a high standard of work was possible by none others than reputed pathologists adopting sophisticated technology. Likewise, published medical literature was Xeroxed and was available. Training in the art of producing illustrations, was given to medical and para medical personnel and a considerable number of them had successfully completed the respective courses of training.

In the light of these observations, it occurred to us if there was need for Illustration Departments in our country. Historically and geographically biased

members of the profession could and would do well to leave behind imprints of importance across the sands of time for the benefit of successive generations who will maintain continuity of changed and changing concepts of clinical and para clinical medicine if facilities for illustrations existed.

Besides, as many a disease that is capable of wiping out a whole nation had been totally eradicated and a similar outcome awaits other entities in the run, in developed countries, such plagues of yore will be appreciated in the proper perspective if illustrations of successful annihilations were available, emphasising a single illustration is more vividly explicit of a clinical condition than a thousand descriptive words spoken of or written about it.

Who in the developed countries of the world today have visual access to living cases of small pox - thanks to the WHO for eradication of the scourge from our midst - or for the matter of that, even to cases of big pox - syphilis - in the late phase of infection, whether of acquired or congenital category, there? Illustrations serve the purpose.

Further, in view of the attainment of phenomenal speed of travel across the world, by jets, jumbos, and concords, it cannot be disputed that travellers insonitium, acting as human vectors of any of many tropical diseases disseminate

disease agents among the peoples of the destination zones; both the donors and the donees are generally unaware of the asymptomatic illnesses and are equally unacquainted with the hallmarks of symptomatic illnesses, imported.

Hoodwinking the customs squads, for their unenlightenment in this sector and for unpreparedness therefore for detection of the contraband, the disease agents travel free and incognito. Diseases know no frontiers and untold misery to non-immune population becomes inevitable.

Developed nations have become cognizant of such hazards and realizing the urgency of the situation have taken action to project the essentials over the cause, course etc. through illustrative materials. Scandinavian countries have established a number of Tropical Schools, of course with illustrative tools.

Numerous colleagues from our country have had training abroad and returned with diplomas in token of their qualification, after seeing shadows of actualities confronted in tropical illnesses in their brethren in flesh and blood in our country!

Again, in so far as our country, ever categorised as being a developing country, is concerned, we have a tropical school. For all that it is feared that the budding generations of our profession need to be exposed to escalative aids in abundance.

Do we have an illustration department? We have our medical photographers and photographers cum artists, scattered some one or other units in our medical institutions. We are indebted to them for small mercies although our requisitions to them for photography, have been not infrequently rejected with the monotonous wail "No films".

What is more regrettable is the gross lack of facilities for microphotography. The deficiency seems to be universal in our area and calls for urgent attention to remedy it on a national footing.

Now that electron microscopy (medical) is elbowing its way into the study of health and disease, the illustration department has acquired a new dimension. Electronographs need to be reproduced. Above all, since we have embarked on the programme of uplift of Rural India, submerged in the sea of multiplicity of languages and dialects, creating a virtual BABEL, illustrative materials are a dire necessity. Sets and more sets of projection slides become a desideratum for repeated exhibition to people in and around Primary Health Centres.

For this purpose illustrative materials produced and priced within the means of the profession at a Central Illustration Department with its liaison with subsidiary ones in all the States, on the analogy of the Venereal Diseases, registry maintained by the military authorities will be ideal.

The author's attempts to streamline the growing need and necessity and therefore the justification for establishment of an illustration department in Madras Medical College with the assistance of Dr. A. R. Mills of the W.H.O. failed. However, a resolution was tabled, and it is documented in the Minutes Register of the Tamilnadu State Health Conference held in Kovai under the distinguished presence of the then Health Minister, Tmt. Jothi Venkatachalam.

The author's choice collection of photographs from the V.D. Department, treasured over the years, was presented to an amateurish institution in the art, in Gandhigram, decades ago, in the hope of its production of illustrative returns but the venture proved a miserable misadventure.

It is when steeped in this despondency, the author, on the occasion of the 3rd Annual Conference of the IASSTD held in February 1979 in New Delhi, was pleasantly surprised to discover his hopes of establishment of an Illustration Department had been revived, when he was shown the National Pathology Registry brought into being and developed from a scratch to its astonishingly lofty status, working single handed and minded by Professor Sri-ramachari at Safdarjung Hospital.

This, to our mind, indeed, is the miniature Illustration Department paralleling its equivalent at Johns Hopkins. Here sets of projection slides, photomicrographs, Xeroxed copies of lectures

and of dissertations by eminent members of the profession are treasured. Technologists are trained.

Our profession in general and specialists in particular, engaged in the pursuit of STD, Skin Diseases and Leprosy have now the good fortune to offer their valuable contributions for conversion into permanent illustrative collections to serve as national assets.

The Editorialist is grateful to the Editor, IJDVL for invitation and he records the vision of the fruition of his long cherished dream of the birth and growth of the Illustration Department in our country, whatever be its indigenous nominal equivalent, currently.

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