

Indian Journal of Dermatology, Venereology & Leprology

CONTENTS

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CONTENTS (CONTD.)

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	Intralesional steroid induced histological changes in the skin	
	Sukhjot Kaur, Amanjeet, Gurvinder P. Thami, Harsh Mohan	232
	Sparfloxacin induced toxic epidermal necrolysis	
	M. Ramesh, G. Parthasarathi, B. Mohan, A. B. Harugeri	235
	Fever due to levamisole	
	Ramji Gupta, Sameer Gupta	237
	Localized cutaneous sporotrichosis lasting for 10 years	
	Sanjay K. Rathi, M. Ramam, C. Rajendran	239
QUIZ	S. V. Rakesh, D. M. Thappa	241
RESIDENT'S PAGE	Sign of Nikolskiy & related signs	
	Deepa Sachdev	243
RESEARCH METHODOLOGY	Declaration of Helsinki: The ethical cornerstone of human clinical research	
	Gulrez Tyebkhan	245
MEDICOLEGAL WINDOW	Drug eruptions and drug reactions	
	Subodh P. Sirur	248
LETTERS TO EDITOR	Aggravation of preexisting dermatosis with <i>Aloe vera</i>	250
	Familial woolly hair in three generations	250
	Chronic pelvic inflammatory disease and melasma in women	251
	Comments on "Serological study for sexually transmitted diseases in patients attending STD clinics in Calcutta"	252
BOOK REVIEW	Colour atlas and synopsis of paediatric dermatology	
	Sandipan Dhar	255
ANNOUNCEMENTS		255, 256,
INSTRUCTIONS TO AUTHORS		258

Presidential Address

Speech delivered by Dr. A. K. Bajaj, President, IADVL at the 31st National Conference of the IADVL, Kolkata, January 2003.

At the very outset I must thank all the members of IADVL for my unopposed election as President of this august body.

Our triple speciality has come of age and now a number of subspecialties/superspecialities like dermatosurgery, pediatric dermatology, cosmetology, contact and occupational dermatitis, dermatopathology, laser surgery and even HIV medicine have made significant strides over the last few years. The only word of caution is *“Don't follow modern technology blindly but don't be blind to it”*. We must build bridges between modern technology and traditional wisdom to provide benefits to the poor people in our developing country.

In this era of globalization, the mantra to success is quality control. For the comprehensive development of our speciality, the most important quality control measures need to be aimed at teaching institutes. India is a country of paradoxes and the same is true of our speciality. We have oases and deserts of dermatology. We have a few institutions of international standards while many more have poor infrastructure and few trained teachers. How can we improve the teaching standards and bring our institutes at par with the best in the world? I strongly feel that post-graduate teaching should be a two tier system. We should designate some well-equipped and well-staffed teaching institutes for awarding MD (Teaching) and for training of teachers. The course should be of 4 years' duration with dissertation, followed by 3 years of senior residency/registrarship and only after that should faculty positions be offered. The exchange of teachers and students amongst these institutions is essential to improve the quality of teaching. Private participation should be encouraged in the field of research and management of these institutions. On the other hand, MD (Clinical) should be of 3 years' duration with no dissertation. The clinicians should undergo a refresher course at stipulated intervals or they must acquire CME accreditations to keep up to date.

Undergraduate teaching also needs to be improved. Undergraduates need to be better trained to manage common conditions and our subject should have better representation in theory and in the practical examination at the MBBS level. Undergraduates are expected to interpret complicated ECG, X-rays and various other investigations and to know more about cardiac and neurological mysteries but they are not expected to know about simple and common cutaneous disorders which can be seen on the surface.

Other fields that require quality control are cosmeceuticals and pharmaceuticals. Leave aside the mention of ingredients of cosmetics, the herbal umbrella provides impunity to incorporate any harmful chemical. Black henna and various herbal oils contain a high concentration of PPD, which is not only a potent sensitizer but also a depigmenting agent. Cosmetics like vermilion, nail polishes and even lipsticks are being manufactured in the backyards of homes, and are being used by the poor strata of society, who experience various adverse reactions.

Though pharmaceuticals are governed and controlled by the Drug Controller, analysis of the product and frequent monitoring of the market are imperative for quality control. It is said that diagnosis is a science but *“Therapy is both a science as well as an art”*. To bring in quality control, we must formulate some uniform therapeutic guidelines for certain life-threatening disorders whose management is controversial and fraught with legal complications.

Last, but not the least, we must practice quality control in the working of our association. Though we do have a constitution governing the working of our association, it is equally important not to indulge in unethical practices by circumventing the constitution. One's effort should be to give the utmost to the association rather than achieve personal gains at the cost of the association.

Long live IADVL