

## The Glory, Tears and Plea of the Local Dermatologists

What did our grand masters achieve?

The first venereal disease clinic was opened in the Government hospital in 1928. A system of provision of service to people infected with sexually transmitted infections (STIs) was thereabout established. The clinical service has been easily accessible and user friendly (walk in service, free of charge, high quality medical management, etc.). The implementation of the in-house quick and reliable laboratory support (such as immediate microscopic examination) and single dose treatment regimen have been playing the pivotal roles in STI control. Together with contact tracing and 'Special Registry Service to commercial sex workers', the STI framework established stands the challenges even in the era of AIDS epidemic. Currently, the system has still been practicing effectively and efficiently.

In the 1950's, some 30 new cases of leprosy were diagnosed in each month. After the introduction of 'Multi-drug therapy' treatment strategy since 1982 to 1985, leprosy was eradicated (less than 1 per 10,000 population according to WHO criteria) in Hong Kong and leading to the closure of Hei Ling Chau Leprosarium in 1975. The Government Social Hygiene Service is still using the same framework established by our grand masters for disease monitoring, control and treatment of the new and old cases of leprosy nowadays.

Until the 1990's, the training in dermatology and venereology had been following the 'standard' of training prevalent within the profession in that period, which was apprenticeship. The author had enjoyed being an apprentice of some of my senior colleagues by sitting behind them and listening to their spot diagnoses, however, not in a systematized way. From early to mid 1990's, the programme and hence system of training in dermatology and venereology was established under the auspice of the Hong Kong College of Physicians. The skill, knowledge and competency in various areas were defined. A new standard training programme was hence devised and implemented. Activities of continual professional development were then organized. The Dermatology and Venereology Bulletin that the readers

are reading now was a product in this period. During this period of rapid metamorphosis in medicine, there was collateral development within the profession. A lecturership in dermatology was established first in CUHK in 1995 (unfortunately suspended for the time being) and then in HKU in 2000. It was an important benchmark not only because it was a recognition from the academics, but also providing a platform for basic scientific researches in dermatology thereafter. At the same moment, a few of the local talented pathologists had found their interest in dermatopathology and had joined us in pursuing of excellence in the virgin lands in this specialty. Most of them have now attained consultantship in the public hospitals (however, probably for their achievement in other areas of pathology). As a result, dermatologist has gained their recognition within the medical profession in the recent years. Many young doctors were so dedicated to join this specialty by scarifying a few years waiting for the training posts in the Government Social Hygiene Service. In addition, it had also attracted the good students in the Medical Schools.

Notwithstanding, there are still many underdeveloped areas in dermatology (and venereology) awaiting for our exploration. To name a few, these are contact and occupational dermatology, paediatric and developmental dermatology, laser and cutaneous surgery, disorders of hair and nail, psychodermatology, STI and sexual health, etc. Is sub-specialization the answer and the future direction for development? If yes, how do we conserve our autonomy in professional development in our beloved specialty? What is the strategy for withstanding and surmounting the disillusion and challenges in this era of medical reformation?

I believe we shall be able to manage the impacts that we are facing and stand the test of time as what our grand masters did.

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