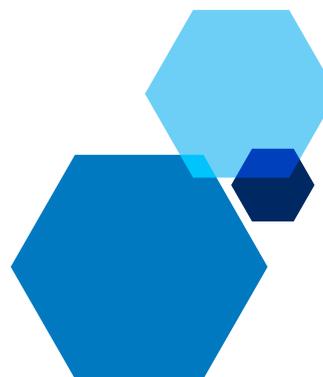


International League  
of Dermatological  
Societies



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# Introduction

In developing countries with limited resources, there has always been enormous inequity with regard to the scarce healthcare services and resources available for the diagnosis and management of common skin diseases for the huge populations in need. This inequity also applies to the inadequate availability of modern advances in medicine for the care of these populations. Addressing this global maldistribution of dermatologic resources was one of the reasons for establishing the International League of Dermatological Societies (ILDS) as the global body for dermatology.



*Willan House, the headquarters of the ILDS*



This league is a confederation of dermatological societies. The proposal for its formation occurred in 1930 during the 8<sup>th</sup> International Congress of Dermatology (ICD) held in Copenhagen, Denmark, and this proposal was subsequently approved during the 9<sup>th</sup> ICD in 1935. Although the major goal of the ILDS at that time was to ensure the sustainability of World Congresses of Dermatology (Table 1), the current objectives are to:

- > Stimulate on a global basis the cooperation of societies of dermatology and societies interested in cutaneous medicine and biology;
- > Encourage the worldwide advancement of dermatological education, care, and science;
- > Promote personal and professional relations amongst dermatologists from around the world;
- > Represent dermatology in international health organizations; and,
- > Organize a World Congress of Dermatology every four (4) years.

**Table 1: International Congresses of Dermatology/World Congresses of Dermatology**

Congress	Venue, Year	President	Secretary
1	Paris, 1889	A. Hardy	H. Feulard
2	Vienna, 1892	Vienna, 1892	G. Riehl, Sr.
3	London, 1896	J. Hutchinson	J.J. Pringle
4	Paris, 1900	E. Besnier	G. Thiebierge
5	Berlin, 1904	E. Lesser	O. Rosenthal
6	New York, 1907	J.C. White	J. Fordyce
7	Rome, 1911	T. deAmicis	G. Ciarrocchi
8	Copenhagen, 1930	A. Rasch	S. Lomholt
9	Budapest, 1935	L. Nekam	S. Rothman
10	London, 1952	A. Gray	G.B. Mitchell-Heggs
11	Stockholm, 1957	S. Hellerstrom	G.H. Floden
12	Washington DC, 1962	D.M. Pillsbury	C.S. Livingood
13	Munich, 1967	W. Jadassohn	C.G. Schirren
14	Padua-Venice, 1972	F. Flarer	F. Serri
15	Mexico City, 1977	A. Gonzalez-Ochoa	L. Dominquez-Soto
16	Tokyo, 1982	A. Kukita	M. Seiji
17	Berlin, 1987	G. Stüttgen	C.E. Orfanos
18	New York City, 1992	J.S. Strauss	S.I. Katz
19	Sydney, 1997	R. Marks	A.J. Cooper
20	Paris, 2002	J. Revuz	J.-P. Ortonne
21	Buenos Aires, 2007	R. Galimberti	A.-M. Pierini
22	Seoul, 2011	H.C. Eun	S.C. Kim
23	Vancouver, 2015	J. Shapiro	H. Lui



Additional goals and activities that have emerged over time include assisting dermatologists on a global basis in providing care for those who suffer from skin disorders, especially in resource-poor regions. An essential component of/in meeting this objective is providing “on-site” dermatologic education and practical clinical training in developing countries via the International Foundation of Dermatology (IFD).

These functions and goals of the ILDS were beautifully stated by Dr. Marion Sulzberger in his article in the Manual of the ILDS: *“The International Committee of Dermatology and our International Congresses are like desmosomes that bind the dermatologists of all nations and all the specialized subdivisions of dermatology and syphilology into a functional, cohesive, yet ever-changing, dynamic entity. Without them, our specialty would be substantially diminished”*.



IFD LOGO



Budapest Congress Medal,  
from: *A Century of ICD*, p:46

Marion Sulzberger,  
from: *JAAD*, V6(2),  
1982, Page 193





## Early history of the ILDS

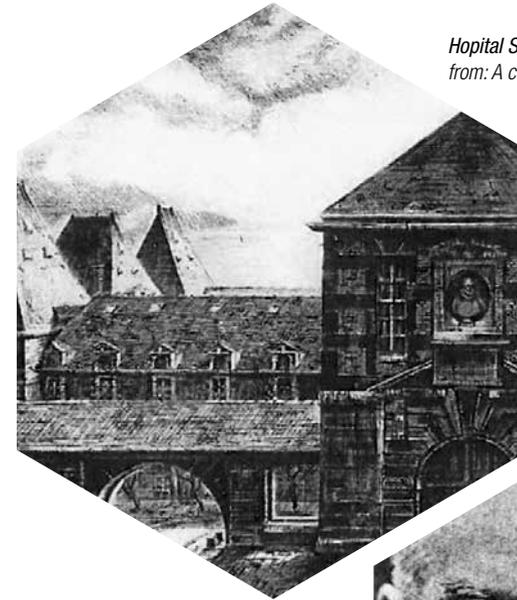
For the first five International Congresses held in Paris (1889), Vienna (1892), London (1896), Paris (1900), and Berlin (1904), the organizing committee of the specific congress was usually formally established at the time of that specific congress venue. The choice of the venue for a future ICD was usually made by the attendees at the immediately preceding congress.

In the proceedings of the Berlin congress, one could appreciate a growing consensus as to the importance of establishing international cooperation within the field of dermatology. Dr. Philippe Charles Ernest Gaucher stated: *“grace aux efforts communs, la Dermatologie de nationale est devenue internationale. Nos congres ont etabli l'accord entre les dermatologists de toutes les nations..etc.,”*. Dr. Carl Ullmann from Vienna even proposed the founding of a subcommittee that would elect an international commission composed of congress members. The commission would then address specific issues from an international perspective and report its progress at the next international congress. However, this proposition was defeated. In the proceedings of the next ICD held in New York City in 1907, there is no mention of any cooperative international endeavors by dermatologists or national societies. It wasn't until the 7<sup>th</sup> ICD in Rome (1912) that the proposals, previously advanced in Berlin,



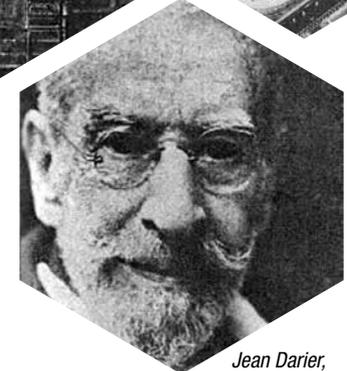
materialized. On April 11, 1912, and in the name of Drs. Oskar Rosenthal (secretary-general of the Berlin Congress), Dr. Gaetano Ciarrocchi (Secretary-General of the 1912 Rome Congress), and himself (Secretary-General of the 1900 Paris Congress), Dr. George Thibierge made the following motion: *“proposition de création d'une Association internationale de Dermatologie et de Syphiligraphie, ...après 23 ans d'existence, il a semblé a plusieurs d'entre nous qu'il était temps de leur donner une organisation plus fixe afin que l'œuvre de chaque Congrès se relie sans interruption a celle du précédent”*. In a formal vote, this motion was supported by others in attendance at the meeting. As a result, an international association of dermatology was to be created into which all national societies would be incorporated. Also, a commission of members from different countries was to be established in order to compose regulations for this association, choose the venue for future international congresses, and provide a report at the next ICD to be held in London in 1913. Brussels was proposed as the provisional seat of this commission and altogether 34 members were nominated. These Delegates, whose names were read aloud by Dr. Louis Nekam from Budapest, represented the following countries: Australia, Austria, Belgium, Denmark, France, Germany, Greece, Hungary, Japan, United Kingdom, Italy, Norway, Portugal, Russia, Spain, Sweden, and Switzerland and USA. Thibierge's proposal was then approved at the London congress (1913), as confirmed by a letter dated January 15, 1913, which Darier later detailed during the 1930 Copenhagen ICD.

Unfortunately, World War I interrupted further attempts at forming an international body of dermatology and resumption of those efforts had to wait until the 8<sup>th</sup> ICD which took place in Copenhagen in 1930, rather than in 1915. On August 4, 1930, a meeting was held at which 93 national delegates (with their deputies and secretaries), as well as the President and



*Hopital St. Louis,  
from: A century of ICD, p: 12*

*Christiansborg Palace,  
from: A century of ICD, p: 41*



*Jean Darier,  
from: A century of ICD, P: 41*



*Corpus Iconum Morborum Cutaneorum,  
from: A century of ICD, p: 46*



Secretary-General of the ICD, were in attendance. Dr. Svend Lomholt initiated the discussion and proposed nine individuals for an ad hoc committee: Drs. Bruno Bloch, Ferdinand-Jean Darier, Archibald Gray, Joseph Jadassohn, Francois Krzysztalowicz, Y. Lespinne, Louis Nekam, Mario Truffi, and Udo Wile. Dr. Jaume Peyri then requested there be a representative from the Spanish-speaking medical community. Drs. Jaume Peyri and Svend Lomholt from Spain and Denmark, respectively, were subsequently added to this list of names. The assembly approved the latter almost unanimously. The committee was held responsible for choosing the venue for the next ICD, envisioned to occur in 1934 or 1935 (later chosen to be Budapest in 1935). Debate did ensue as to whether this international committee versus the national organizing committee should select the topics to be covered at the congress.

Based on the above facts and on circumstantial evidence contained in the Budapest proceedings, it appears that the committee formed during the 1930 Copenhagen ICD must have informally established the “Ligue Internationale de Dermatologie” (referred to in the Budapest proceedings as an “Association” rather than a “Ligue”), most likely consisting of a non-incorporated union of dermatological societies, probably due in part to different legal statutes in different countries. Its steering committee was called the “Comite Dermatologique International Permanent” (in the Budapest proceedings referred to as the “Comite des Onzes”). This committee prepared the groundwork for the Budapest ICD, with all the official correspondence written in French. Prior to the opening of the 1930 Budapest Congress, the committee composed of Ferdinand-Jean Darier (President), Archibald Gray, Svend Lomholt, Louis Nekam, Jaume Peyri, Mario Truffi, and Achille Civatte (Secretary) met. Drs. Carl Zieler (Germany) and Leopold Arzt (Austria)



replaced Bloch and Jadassohn, both of whom had died, while Dr. Harold Cole from the USA replaced Wile and Dr. Roman Leszcsinsky from Poland replaced Franciszek Krzysztalowicz. Dr. Jose Sanchez Covisa from Madrid became an associate member of the committee, as he brought an invitation from the Spanish government to hold the next congress in Madrid in 1939 or 1940. The Spanish civil war (1936-1939) obliged to not consider Madrid and Spain as possible site for the meeting. Based on a formal invitation, the committee members met on June 27, 1937, in Achille Civatte’s home in Paris in order to decide where the next ICD would be held, in part because Dr. Howard Fox had proposed to again hold the congress in New York City.

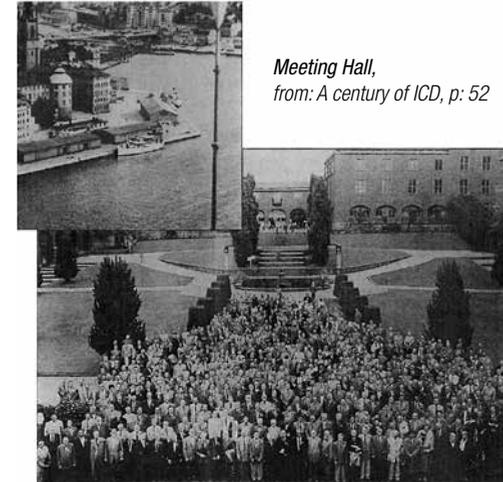
However, World War II broke out and plans to convene an ICD in New York City were put on hold, and after the war, the cost of travel to the USA was a deterrent. Thanks mainly to Lomholt’s efforts, the 10<sup>th</sup> ICD was instead held in London in 1952; only 2 members of the original Comite des Onzes were still alive: Archibald F Gray and Leopold Arzt. Even Lomholt had passed away by the time the congress opened in July 1952. After prolonged discussions, the International Committee was to be composed of 12 members (Arzt plus Drs. Louis Brunsting, Robert Degos, Geoffrey Dowling, Franco Flarer, Oscar Gans, Jose Gay Prieto, Sven Hellerstrom, Franjo Kogoj, Spartacus Lapiere, Guido Miescher, Marcial Quiroga) and 3 ex officio members, with Miescher as President. This committee met on July 24, 1952, and decided that the 11<sup>th</sup> ICD was to take place in Stockholm in 1957. During the 1957 Stockholm ICD, delegates approved the International Committee’s proposal for “rules and regulations” or By-Laws, for the aims and committees of the ILDS. These included confirming the method for electing and rotating the members and officers of the International Committee; adopting the regulations for national membership in the officially established ILDS; fixing the dues of the national



societies according to the number of their members; and basing the number of voting delegates from each national society on its number of qualified dermatologists. Since 1957, these By-Laws, which have guided the organization of all future congresses, have only undergone few changes such as shortening the intervals between the world congresses from 5 to 4 years (beginning with Seoul 2011 and continuing with the upcoming World Congress in Vancouver 2015) and installing a new system with regional and international representation. Based on these By-Laws, broad organization guidelines for topics and presenters were proposed by the International Committee, while the details of local organizational, financial arrangements, scientific and social functions were the responsibility of the Organizing Committees of the host countries. In 1992, the name of the international congress was changed to the World Congress of Dermatology. Presidents of the ILDS serve terms that are synchronized with the congresses and those who have served as President and Secretary-General of the ILDS are listed in table 2.

**Table 2: ILDS Presidents and Secretaries**

President	Secretary
Guido Miescher (1952-1957)	Sven Hellerstrom (1952-1967)
Sven Hellerstrom (1952-1967)	Felix Sagher (1967-1977)
Robert Degos (1962-1967)	Nils Thyresson (1977-1987)
Jose Gay Prieto (1967-1972)	Stuart Maddin (1987-1992)
Rudolf Baer(1972-1977)	Jose Mascaro (1992-1997)
Otto Braun-Falco (1977-1982)	Takeji Nishikawa (1997-2002)
Jean Civatte (1982-1987)	Georg Stingl (2002-2007)
Klaus Wolff (1987-1992)	David I. McLean (2007-2011)
John Strauss (1992-1997)	Yoshiki Miyachi (2011-2015)
Stephen Katz (1997-2002)	
Robin Marks (2002-2007)	
Jean-Hilaire Saurat (2007-2011)	
Wolfram Sterry (2011-2015)	

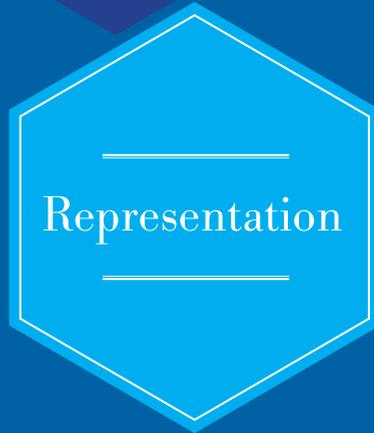


*Meeting Hall,  
from: A century of ICD, p: 52*



*Planning for the 13<sup>th</sup> ICD congress,  
from: JAAD V6(2), 1982, P: 180*

Meeting of the ICD in Jerusalem, May, 1966, planning for the XIII International Congress in Munich, 1967. *Seated, left to right:* Wermer Jadassohn, Jose Gay Prieto, Stephanie Jablonska, Robert Degos, Marcial L. Quiroga, and Sven Hellerström. *Standing, left to right:* Louis Brunsting, Felix Sagher, Marion B. Sulzberger, Franco Flarer, Spartacus Lapière, J. Ramos e Silva, Gordon Mitchell-Heggs, Clarence Linvingood, Carl G. Schirren, and Donald M. Pillsbury.



**T**he ILDS is composed of Member Societies, not individuals, within the field of dermatology. There are two classes of member societies within the ILDS:

#### **1. Member Societies (National)**

Member Societies are country-based/national and currently number more than 100. They are entitled to nominate Delegates, the number of which is based on the number of dues-paying members in the Societies in their respective countries, to serve as their representatives at the Assembly of Delegates held during each World Congress.

#### **2. Affiliated Member Societies**

International Societies with greater than 50 members can join the ILDS and are designated as Affiliated Member Societies; they currently number more than 30. These societies are entitled to nominate one Delegate. Although individual dermatologists are not members of the ILDS, the League, through its member organization, represents more than 100,000 dermatologists worldwide. The ILDS also includes other groups involved in skin care, from dermatology nurses to graduates of the Regional Dermatology Training Centre in Tanzania. The Assembly of Delegates determines the site of the next World Congress of Dermatology and is responsible for electing the members of the Board of the ILDS.



## Standing Committees of the Board

In addition to committees frequently found in other medical societies (e.g. Executive, Awards, Finance, Membership, Scientific Program), the ILDS has unique committees of the Board, in particular the International Foundation for Dermatology (IFD), and they are described in more detail. Of note, several awards are presented by the ILDS including Certificates of Appreciation for contributions to international dermatology in the areas of science, prevention, treatment, epidemiology, or public awareness on behalf of the specialty, the ILDS Distinguished Service Award (a bronze cast plaque by Xavier Mascaro) given at the time of each World Congress of Dermatology to worldwide recognised persons such as Darrell Wilkinson, Alfred Kopf, Henning Grossmann and Terence Ryan who worked to further the aims of the International Foundation of Dermatology by promoting education on skin diseases care in developing countries. This Award was replaced in 2011 by the ILDS Gold Medal for Achievements in Dermatology, the first of which was presented to Professor Alberto Giannetti in Seoul, as well as the Young Dermatologist International Achievement Awards.



## The International Foundation for Dermatology (IFD)

The goal of the IFD is to act on behalf of the ILDS to improve dermatological care in underserved areas of developing countries via education, service provision, public health intervention and clinical research. The initial flagship project was the establishment of the Regional Dermatology Training Centre (RDTC) on the campus of the Kilimanjaro Christian Medical Center (KCMC) in Moshi, Tanzania. Funds to support the construction of dormitories, outpatient clinics, inpatient facilities and a compounding pharmacy as well as the sponsorship of trainees have come from multiple sources. Fund-raising is a major responsibility of the IFD and, over the past decade, additional training sites and projects have been initiated and supported by the IFD.

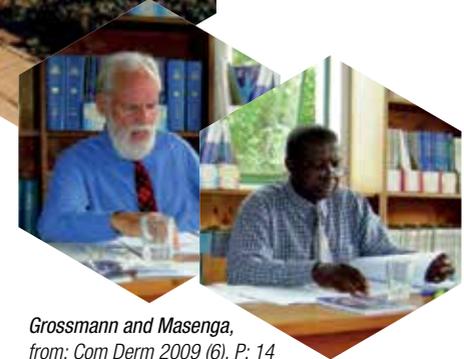
In 1987 Dr. Darrell Wilkinson suggested the formation of the IFD in response to the fact that there was little care available for the huge populations of patients with skin problems in many parts of the world, especially in developing countries. This was largely caused by the lack or very limited number of dermatologists or local health care workers trained in the management of skin disease. Since the beginning, the main challenge for the IFD has been to develop novel approaches in order to reach the greatest number of patients by utilizing the clinical or nursing help appropriate to the local health services and environment. In order to best accomplish its aims, the IFD focused on both education/training and the assessment of dermatological need, which is important as it informs on presence and impact of the skin diseases at the level of the community, and thus helps identifying possible ways of improvement. The first Chairman of the IFD was Professor Alfred Kopf and he was succeeded by Professor Terence Ryan. The current



*RDTC,  
from: JAAD 43(6),  
Dec 2000, P: 1103*



*Wilkinson,  
from: ILDS, N°8,  
2009, p: 1*



*Grossmann and Masenga,  
from: Com Derm 2009 (6), P: 14*



*Planning meeting,  
from: ILDS newsletter, Dec 2004, p: 2*



Chairman is Professor Roderick Hay.

Through Dr. Wilkinson's efforts and those of Professor Alfred Kopf and Professor Terence Ryan, in conjunction with the Ministry of Health of Tanzania and the Good Samaritan Foundation, the Regional Dermatology Training Centre (RDTC) in Moshi came into being as a prime example of the principles of the IFD put into practice. Its main aim is to train, in the context of Sub Saharan Africa, clinical officers or nurses in the diagnosis and management of dermatological and sexually transmitted diseases including HIV. Professional dermatological staff are present at the Centre or as visiting Faculty to provide the training. Professor Henning Grossmann was the first director of the Centre and was succeeded by the current director, Professor John Masenga. With time, several new facilities have also been added to the Centre including a library, a student hostel, a pharmaceutical compounding unit, and accommodation for visiting teaching faculty. A new dermatology ward and albinism care facility have just been completed.

The training program comprises either a 2-year university-based Diploma course for medical officers or a four year specialist training in Dermatovenereology for junior doctors, the latter currently being a specialist training pathway accredited by several African countries. Since 1992, over 250 senior clinical officers from 17 different countries have completed the Diploma course, which is fully funded by scholarships administered through the IFD. Trainees came mainly from East and Southern African states, but also more recently from some of the West African nations. Following their training, graduates have returned to their own countries.

In addition to training medical officers and dermatovenereology residents, the RDTC provides a comprehensive dermatovenereology service to KCMC involving clinical services, teaching for all health care worker grades and active involve-



ment in research and development. As part of their training, the RDTC students have performed health service research projects that have provided unique insight into the prevalence, need and demand for health care at the level of the community. Furthermore, the RDTC has many other tasks. It supports consultancy programs within the region, assists in the development of training curricula in dermato-venereology for all health care levels, organizes dermatological education programs, and helps in publishing and distributing appropriate health learning materials in the field of dermatology, STDs and leprosy. An outreach program for patients with albinism was started in 1992 and has now expanded from the local Kilimanjaro district to other adjacent areas. The Hats on for Skin Health initiative started as a joint initiative with the Stiefel Company has provided over 8,000 hats for albino patients and the first RDTC sun screens have been home produced.

Other similar country-based initiatives were also established in Mali (work initiated by Dr. Antoine Mahe and now continued by Professor Ousmane Faye in order to provide targeted training at the primary care level with the support of the national government), Guatemala (which hosted a short course of training for auxiliary nurses in rural areas), Mexico (education of primary care teams is taking place under the guidance of Dr. Roberto Estrada), Patagonia (Dr. Isabel Casas), and Cambodia (Dr. Christophe Bendick and Dr. Sithach Mey developed a diploma course in dermatology for local general medical officers and have now started a residency training program). In work with World Health Organization (WHO), a new skin care guideline and diagnostic algorithm for use by HIV workers has been developed and piloted, one of the centres used for evaluation being the RDTC. The IFD is a co-founder of a new organization the International Alliance for the Control of Scabies (IACS) whose main purpose is to promote the control of scabies as a significant health problem. WHO has recently recognized scabies as a neglected disease. The IFD also works with other health agencies to improve der-



matological care. This includes international organization such as Médecins sans Frontières and the Global Alliance for the Elimination of Lymphatic Filariasis and other non-governmental organization working with neglected diseases eg the Institute of Applied Dermatology, Kerala, India. Finally the IFD produces a CME journal, the Community Dermatology Journal, which is distributed free of charge to many overseas countries. It contains articles on the management of skin disease and is intended principally for use in resource poor regions.

## Commissions & International Health Organization Committee

An additional goal of the ILDS is to establish and maintain official formal relationships with international health organizations such as the World Health Organization (WHO). Currently, the ILDS is the only dermatology-based non-governmental organization (NGO) recognized by the WHO and we have representatives involved in updating its International Classification of Diseases Index (ICD-11) project and the WHO Essential Drugs List.



*Program Hats On for skin health,  
from: IFD <http://www.ifd.org/activities/>*



*From: IFD  
<http://www.ifd.org/mexico>*



*5 students graduated,  
from: JAAD 43(6),  
dec 2000, P: 1104*



*Roberto Estrada lecturing,  
from: ILDS newsletter, Dec 2006, p: 2*

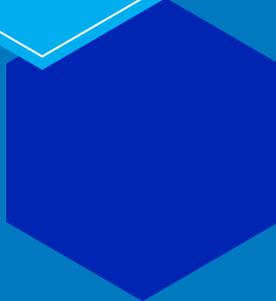
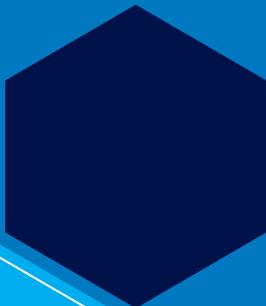


*Ward, from: IFD <http://www.ifd.org/the-regional-dermatology-training-center,-tanzania>*



## **Dermlink**

The purpose of Dermlink is to provide support through small grants-in-aid (up to 5000 USD) and consultation to dermatologists or dermatology departments whose staff belong to one of the ILDS member societies. It is administered through the IFD. The monies can be used to purchase teaching materials or teaching equipment or for supporting the initiation of community-oriented health improvement projects such as training in community dermatology (Patagonia) and needs assessment for skin care (North India).



The board  
of the ILDS



While the Assembly of Delegates is empowered to act on certain specific issues, the Board of Directors is responsible for managing the ILDS. Beginning in 1952, the governing body or Board of the ILDS (previously referred to as the International Committee of Dermatology) consisted of 12 elected members. In 2007, the bylaws were changed to ensure greater diversity on the ILDS board and the world was divided into 5 regions (Europe, USA and Canada, Latin America and the Caribbean, South East Asia, Middle East and Africa; Asia Pacific), with two representatives elected from each region; in addition, 5 international directors at-large are elected by the Assembly of Delegates. Currently, *the ex-officio* members include the immediate past President of the Board, the President of the forthcoming World Congress, and the past President of the recently completed World Congress. The Chairman of the IFD, if not already a Member of the Board, becomes an *ex-officio* Director. In addition, up to seven consultants may be elected by the Board as ad hoc members without vote, if extra expertise is needed.



With the exception of *ex-officio* members of the ILDS Board, Directors serve two four-year terms. During the World Congress, regional directors are elected by the first Assembly of Delegates from a shortlist of candidates proposed by Member Societies and Affiliated Member Societies while International Directors are elected at a second Assembly. In proposing candidates, Societies are advised to consider the following factors: international reputation, gender (with a view to promoting diversity), experience in World Congress matters, scientific achievement, language facility (English is the official language of the ILDS and Board Meetings are conducted in English), and financial ability to attend Board Meetings. The Officers of the ILDS are the President, the Secretary-General and the Treasurer, all of whom are elected by the Directors from their own number.



## History of the International/ World Congress

Since its beginning, the International then World Congress of Dermatology has had as a primary objective developing and advancing dermatology on a global scale. Every five now four years, dermatologists from around the world have an opportunity to share their clinical experiences and scientific advances on both a professional and personal level. In addition, these meetings offer unforgettable social gatherings and educational opportunities in the broadest humanist sense, as dermatologists, practitioners, academicians and laboratory scientists get the opportunity to see dermatology in its entirety.

Organizing an International Congress of Dermatology was an idea that first began in 1888. The medical world was invited by the staff of the Hôpital Saint-Louis in Paris to gather in Paris in 1889. The attendees decided that in the future an International Congress of Dermatology and Syphilology should be held every three years. Further history is outlined above. Highlights of each of the International Congresses of Dermatology are mentioned in Table 3.



**Table 3: Important information on each of the 22 Congresses**

Congress	Important information
<b>1/ Paris</b> August 5-10, 1889	<ul style="list-style-type: none"> <li>- At l'Hopital-Saint-Louis (founded by King Henry IV in 1607): oldest hospital in the world committed to the treatment of skin diseases.</li> <li>- A total of 220 distinguished dermatologists (including Kaposi, Unna, Pringle, Boeck, Fournier, Hallopeau, Brocque, and Wickham) attended.</li> <li>- Several important topics were discussed including mycosis fungoides, lichen diseases, tinea capitis, syphilis, Paget's disease, pustular dermatitis, and hereditary dermatoses such as ichthyosis, psoriasis, and eczema.</li> <li>- There were no projectors, slide transparencies, or posters.</li> </ul>
<b>2/ Vienna</b> September 5-10, 1892	<ul style="list-style-type: none"> <li>- Only 300 scientists attended due to the cholera epidemic that began in Russia.</li> <li>- Topics discussed included syphilology, idiopathic hemorrhagic sarcoma, varicelliform eruption, xeroderma pigmentosum, pruriginous eruptions, dermatitis papillaris capillitii, dangers associated with x-ray treatment.</li> <li>- Bacillus leprae was by now discovered to be the cause of Leprosy.</li> <li>- Emerging modern specialties were emphasized including scarification, skin grafting, and electrolysis.</li> <li>- During the congress, time was also provided for viewing exhibits of patients and pharmaceuticals, as well as diagnostic and surgical equipment exhibition.</li> </ul>
<b>3/ London</b> August 4-8, 1896	<ul style="list-style-type: none"> <li>- The Royal College of Physicians and Surgeons in London.</li> <li>- Participants included Sir James Paget, Lord Lister, Hallopeau, Raymond Sabouraud, White, Fordyce, Unna, Kaposi, Jadassohn, Ehlers, Lassar, Neisser, Jerisch, and Mibelli.</li> <li>- Main topics discussed included x-rays (discovered by Roentgen in 1885) and their effects on the skin, syphilis, tuberculosis and tinea capitis.</li> </ul>
<b>4/ Paris</b> August 2-9, 1900	<ul style="list-style-type: none"> <li>- Major topics discussed were atopic dermatoses, seborrheic eczema, syphilis, tuberculosis, alopecia areata, leukoplakia, gonorrhoea and X-ray usefulness in the treatment of tinea capitis, folliculitis, acne, and hypertrichosis.</li> <li>- Term "biopsy" was first introduced by Besnier to make diagnosis.</li> <li>- Patch testing was also first introduced by Jadassohn.</li> <li>- Lupus vulgaris remarkably clearing by ultraviolet rays was also presented by Niels Finsen, for which he was granted a Nobel Prize 3 years later.</li> </ul>
<b>5/ Berlin</b> September 12-17, 1904	<ul style="list-style-type: none"> <li>- 546 dermatologists attended including Blaschko, Buschke, Pinkus, Jessner, Herxheimer, Unna, Darier, Hallopeau, Besnier, Civatte, Jadassohn, Mibelli, Crocker, White, Pullitzer, Fordyce, Schamberg, Pernet, and Dohi.</li> <li>- Rose Hirschler, the first woman dermatologist in USA, also participated</li> <li>- For the first time, exhibits of 21 companies were made.</li> <li>- Fifty patients were seen in the conference.</li> <li>- Main topics included smallpox, syphilis, leprosy, and bromide drug eruptions.</li> <li>- For the first time, x-ray therapy for skin cancer treatment was discussed.</li> </ul>
<b>6/ New York</b> September 9-14, 1907	<ul style="list-style-type: none"> <li>- Academy of Medicine in New York.</li> <li>- First congress to be held on the other side of the Atlantic.</li> <li>- Main figures present included Hutchinson, Mibelli, and von Zumbusch.</li> <li>- Main topics were tuberculin injections for lupus vulgaris, Roentgen's x-rays for lupus and folliculitis decalvans, and tropical diseases such as elephantiasis.</li> <li>- For the first time, Schamberg's new comedo extractor was shown.</li> <li>- Hoffmann reported that the cause of syphilis is Spirochaeta pallida.</li> <li>- Abbe strongly recommended the use of radium Radio-therapy in the treatment of epithelioma including rodent ulcer of the eyelid.</li> </ul>

Congress	Important information
<b>7/ Rome</b> April 8-13, 1911	<ul style="list-style-type: none"> <li>- 400 hundred dermatologists attended including Hallopeau, Gaucher, Nekam, Ehlers, Morris, and Nobl.</li> <li>- Topics included pellagra, trichophytic granuloma, tinea imbricata, syphilis, sporotrichosis, blastomycosis, and tuberculids.</li> <li>- Cryotherapy and radium therapy were introduced as new treatment modalities.</li> <li>- Sir Morris initiated an International Dermatological Society whose main focus is to organize the work done in the future congresses.</li> </ul>
<b>8/ Copenhagen,</b> August 5-9, 1930	<ul style="list-style-type: none"> <li>- 1000 members from 42 countries attended.</li> <li>- ILDS was formed in order to guarantee continuity of these congresses.</li> <li>- One hundred patients, mostly with Darier's disease and sarcoidosis, were seen.</li> <li>- Main topics discussed included eczema with its relation to sensitization and contacts, syphilis, and cutaneous TB.</li> </ul>
<b>9/ Budapest,</b> September 15-21, 1935	<ul style="list-style-type: none"> <li>- 700 participants from 44 countries participated, including 33 from USA.</li> <li>- 400 scientific papers were presented.</li> <li>- The committee on terminology recommended shortening the names of diseases and preferably writing them in Greek or Latin.</li> <li>- The teaching committee recommended that specialist training requires 3 years in a hospital, as well as postgraduate courses each year.</li> <li>- The committee on professional problems developed the socialization of medicine and opposed any physician advertising.</li> <li>- The importance of sex education for school children was also emphasized as a means of controlling venereal diseases.</li> <li>- There was an exhibition of cultures of fungi and clinical photographs as well as exhibits of recent developments in microscopes and apparatus.</li> </ul>
<b>10/ London,</b> July 21-26, 1952	<ul style="list-style-type: none"> <li>- 1200 members from 50 countries attended, but only 9 from Austria and none from Hungary a devastating consequence of World War II.</li> <li>- All abstracts and proceedings were published in English. For the first time, simultaneous translation into English, French, German, and Spanish occurred.</li> <li>- Congress of cortisone, as cortisone and ACTH were newly discovered and their value was confirmed in treatment of dermatitis.</li> <li>- Other topics discussed included role of tyrosine in melanin formation, psoralen-photochemotherapy (PUVA; considered to be one of the revolutionary new therapeutic developments in dermatology), melanoma, syphilis, and anti-microbial agents such as penicillin and tetracycline.</li> <li>- First description of Tzank smear for diagnosing vesiculobullous diseases.</li> </ul>
<b>11/ Stockholm,</b> July 31- August 6, 1957	<ul style="list-style-type: none"> <li>- Two thousand people attended.</li> <li>- Among main topics presented were Moh's technique for treating skin cancer, dermabrasion techniques (illustrated by movies), and occupational dermatoses, stratum corneum functions, Gianotti and Crosti newly discovered acral eruption dermatosis, erythema chronium migrans, and bullous pemphigoid.</li> </ul>



Congress	Important information
<b>12/</b> Washington DC, September 9-14, 1962	<ul style="list-style-type: none"> <li>- Discussions between London scientists and the Congress in Washington were exchanged using satellite, telemedicine, and colored television.</li> <li>- First international film case presentation with 37 cases from 15 different countries was presented with multilingual simultaneous translation.</li> <li>- Largest and most varied dermatologic exhibit was displayed with &gt;100 entries.</li> <li>- Topics included keratoacanthoma, sarcoidosis, epidermal barrier layers, erythrasma, and griseofulvin therapy.</li> </ul>
<b>13/</b> Munich, July 30-August 5, 1967	<ul style="list-style-type: none"> <li>- Three thousand participants attended.</li> <li>- There were seven main themes, 15 symposia, large number of new international motion picture case presentations and 705 scientific papers.</li> <li>- There were difficulties related to translation as well as to the large amount of material and slides presented.</li> <li>- Main topics discussed included cancer, contact dermatitis, corticosteroids, 5-fluorouracil use, laser therapy, perianal ulcers and lichen planus tropicus.</li> <li>- The diagnostic use of immunofluorescent techniques was presented.</li> </ul>
<b>14/</b> Padua-Venice, May 22-27, 1972	<ul style="list-style-type: none"> <li>- Four thousand participants attended</li> <li>- Large number of new international motion picture case presentations were shown as well as exhibits and patient demonstrations.</li> <li>- Main subjects discussed were lymphoma, occupational dermatoses, venereal diseases, autoimmunity, skin therapy, electromicroscopy use, melanoma treatment using immunotherapy, topical vitamin A for acne treatment, Beta-carotene use in the treatment of photosensitive dermatosis, clofazimine efficacy in treating leprosy, and the value of challenge testing to identify causes of drug eruptions, and available therapies for treating psoriasis.</li> </ul>
<b>15/</b> Mexico City, October 16-21, 1977	<ul style="list-style-type: none"> <li>- Two thousand dermatologists attended.</li> <li>- 742 papers, 70 posters (scientific poster presentations were introduced for the first time), 14 films and a huge exhibition were presented.</li> <li>- Major topics presented included RAST test for detecting IgE Ab in type-I allergic sensitivity, zinc importance in treating acrodermatitis enteropathica, Lucio's phenomenon in leprosy, prostaglandins, paraneoplastic disease, psoriasis and atopic dermatitis.</li> </ul>
<b>16/</b> Tokyo, May 23-28, 1982	<ul style="list-style-type: none"> <li>- Fifty-five hundred participants attended</li> <li>- Main topics discussed included potentiation and suppression of IgE elaborated by B lymphocytes in atopic dermatitis, discovery of leukotrienes from fatty-arachidonic acid, the importance of Langerhans cell as phagocytic cells, use of Danazol as the treatment of choice for hereditary angioedemas, possible role for lithium in triggering psoriasis, confirmation that 13-cis-retinoic acid as the best drug for treating acne, discovery of acyclovir as the wonder drug for herpes simplex, the responsibility of nonsteroidal anti-inflammatory drugs for a significant number of photosensitivity reactions, and the importance of PUVA therapy for treating psoriasis.</li> </ul>

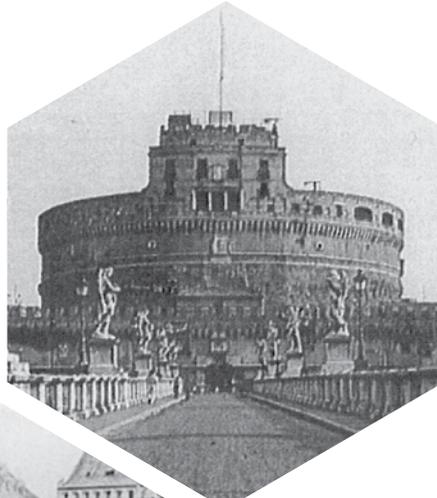


Congress	Important information
<b>17/</b> Berlin, May 24-26, 1987	<ul style="list-style-type: none"> <li>- Seven thousand participants attended.</li> <li>- Under chairmanship of Richard Winkelmann, a special Committee for Definitions of Dermatological Terms presented its studies in a "Glossary of Basic Dermatological Lesions" written in 4 official languages of congresses.</li> <li>- As a new fatal viral disease, AIDS was the main interest.</li> <li>- Among the topics also discussed were Langerhans cells role in immunity, paracrine secretion, diversity of wart viruses, fetal biopsy techniques for prenatal diagnosis, space dermatology, photophoresis for treating sezary's syndrome, and cyclosporine role as an immunosuppressant.</li> </ul>
<b>18/</b> New York City, June 12-18, 1992	<ul style="list-style-type: none"> <li>- There were posters, 50 workshops, and a huge exhibition.</li> <li>- Main topics discussed included AIDS, malignant melanoma, global dermatology, bullous diseases, immunodermatology, and fetal skin biopsy for prenatal diagnosis of epidermolysis bullosa and ichthyotic disorders.</li> </ul>
<b>19/</b> Sydney, June 15-20, 1997	<ul style="list-style-type: none"> <li>- First world congress to be held in the Southern Hemisphere.</li> <li>- Leaders in the field spoke, organized symposia, courses, workshops, and interactive sessions. Posters were also presented and discussed.</li> <li>- Topics presented covered every aspect of dermatology. Major topics discussed were molecular genetics and immunology, role of prevention, stratospheric Ozone Depletion, and the legal and ethical questions that might occur as a result of scientific discoveries.</li> </ul>
<b>20/</b> Paris, July 1-5, 2002	<ul style="list-style-type: none"> <li>- Around 12,000 dermatologists from 138 countries participated.</li> <li>- The common language was English, with simultaneous translation to French, German, and Spanish.</li> <li>- Modern communication methods were used, such as scientific publications, internet, and a daily convention journal.</li> <li>- There were more than 3800 abstracts. There were also posters and a huge exhibition for cosmetics, medications, and medical instruments and equipment.</li> <li>- 19 parallel sessions were held each day that covered almost every aspect of dermatology, stressing mainly on advances in "evidence-based medicine".</li> <li>- Of the other topics presented were the tremendous progress in cosmetic surgery of the skin, and laser technology.</li> </ul>
<b>21/</b> Buenos Aires, October 1-5, 2007	<ul style="list-style-type: none"> <li>- More than 12,000 participants attended.</li> <li>- Some of the main topics presented were immunodermatology, oncology, aesthetic dermatology, teledermatology, connective tissue diseases, drug reactions, severe infectious diseases, genomics, evidence-based dermatology, ethnic skin, and photodynamic therapy.</li> </ul>
<b>22/</b> Seoul, May 24-29, 2011	<ul style="list-style-type: none"> <li>- Largest international scholarly society meeting in Korea's medical history.</li> <li>- Around 8000 participants from more than 110 different countries attended.</li> <li>- There were 399 oral presentations and 2821 e-posters.</li> <li>- Main topics presented were Infections as Human Carcinogens, aging skin, antimicrobial peptides, patch testing, topical immunomodulation, and drug hypersensitivity syndromes.</li> </ul>

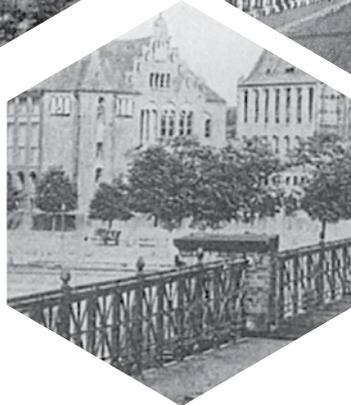


## Venues for the ICD from 1892 till 2011

*The university-Vienna,  
from: A century of ICD, p: 17*



*Castel D'Angelo, Rome 1912  
from: A century of IICD, p: 37*



*Royal Charite hospital, Berlin 1904  
from: A century of ICD, p: 28*



*Christiansborg Palace, Copenhagen 1930  
from: A century of ICD, p: 41*



*University of London 1952,  
from: A century of ICD, p: 49*

*COEX, Seoul 2011  
from: ILDS newsletter  
No7/2009, p: 1*



*The New Otani Hotel, Tokyo 1982  
from: A century of ICD, p: 71*



## Presidents of ICD/WCD



*Alfred Hardy, Paris 1889*  
from: *A century of ICD*, p: 12



*Moritz Kaposi, Vienna 1892*  
from: *A century of ICD*, p: 16



*Jonathan Hutchinson, London 1896*  
from: *A century of ICD*, p: 20



*James C. White, New York 1907*  
from: *A century of ICD*, p: 32



*Sir Archibald Gray, London 1952*  
from: *A century of ICD*, p: 48



*Donald Pillsbury, Washington DC, 1962*  
from: *A century of ICD*, p: 57



*Antonio Gonzalez-Ochoa, Mexico City, 1977*  
from: *A century of ICD*, p: 69



*Franco Flarer, Padua-Venice, 1972*  
from: *A century of ICD*, p: 65





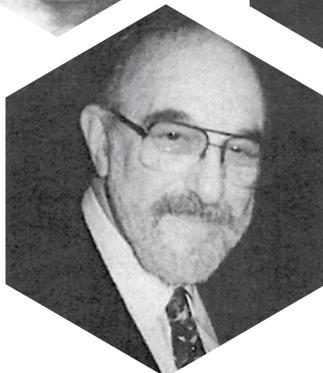
*Atsushi Kukita, Tokyo 1982  
from: A century of ICD, p: 73*



*Presidents Stuttgart, Civatte,  
and Braun-Falco, Berlin 1987  
from: A century of ICD, p: 77*

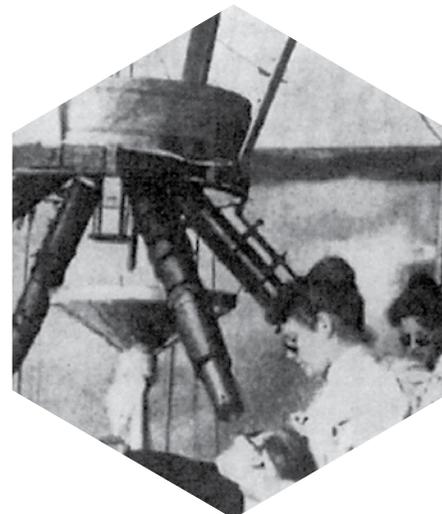


*John Strauss,  
New York 1992  
from: A century  
of ICD, p: 81*



*Wolfram Sterry, Seoul 2011  
from: WCD2011, closing ceremony*

## Miscellaneous



*Finsen Light Therapy in Copenhagen,  
Paris 1900  
from A century of ICD, p. 26*



*Congress medal, Munich, 1967  
from: A century of ICD, p: 60*



## Other ILDS activities

Among the other major responsibilities of the ILDS is to maintain contact with its member societies through the World Congress of Dermatology and through a regular newsletter sent out to all societies.

There is a dedicated section in the International Journal of Dermatology (IJD) for dermatologists to write educational articles for those in need in developing countries.

The League has a World Wide Web site ([www.ilds.org](http://www.ilds.org)) on which it posts news about upcoming meetings of its societies. A complementary web site has been established for the IFD ([www.ifd.org](http://www.ifd.org)).



INTERNATIONAL LEAGUE  
OF DERMATOLOGICAL  
SOCIETIES



THE INTERNATIONAL  
FOUNDATION FOR DERMATOLOGY

*Logos of ILDS and IFD*



# Conclusion

The international body for dermatology has been constantly growing during the past 100 plus years, unaffected even by the two World Wars. We owe it to those former dermatologists who initiated the changes that resulted in its formation to be aware of their relentless efforts and dedication to establish the ILDS and its steering committee, who currently perform its function in an integrated, organized and smooth way to serve dermatology worldwide.



*ILDS Summit, Berlin 2012*



Wolfram Sterry, President  
Yoshiki Miyachi, Secretary  
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Jean Bologna  
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David Pariser  
Jean-Hilaire Saurat  
Marcia Ramos-e-Silva  
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Xuejun Zhang

**Associate Directors**  
Claire Fuller  
Kisali Pallangyo





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### **Primary Authors**

Ossama Abbas, MD

Abdul-Ghani Kibbi, MD, FACP

### **Secondary authors**

José M. Mascaró, MD, MS

Robin Marks, MD

Gerd Plewig, MD

Roderick J. Hay, DM

Wolfram Sterry, MD

### **Correspondence**

Abdul-Ghani Kibbi, MD, FACP

American University of Beirut Medical Center

Riad El Solh St

Beirut, Lebanon

P.O.Box 11-0236

Email: [agkibbi@aub.edu.lb](mailto:agkibbi@aub.edu.lb)

Phone: +961-1-350000, ext. 5330

Fax: +961-1-745320

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