“FOUNDERS LECTURE”

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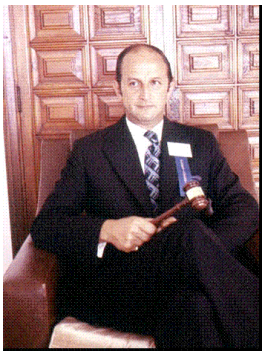


“THIRTY FIVE YEARS OF A WORTHWHILE ENDEAVOUR: THE ISSVVD”

In Purgatory, canto VII of the Divine Comedy, Dante said to Virgilius, after arriving to the top of the hill,

“How good and rewarding is to look back…”

It really is, and trying to fulfill the friendly demand of our dear President Ron Jones, for this Congress of the ISSVD in this magnificent stage of Queenstown in New Zealand, beneath the Southern Cross, I will share with you, my Fellows and Friends, a look back at the first steps of the pioneer’s founding fathers, to remember who they were and what they thought.

Also I will finish with what we all have accomplished, implicating an evaluation of the contributions of this multidisciplinary international group to the medical Science of the XX century as well as my hopes for the XXI century and my recommendations to the ISSVD leaders.

The first steps: the foundation of the Arch

The idea of organizing an international group of physicians interested in the study of Vulvar diseases was first conceived during the Sixth World Congress of the International Federation of Gynecology and Obstetrics (FIGO) in New York City in April of 1970. In the program it was listed a Luncheon Conference on Vulvar Disease chaired by Ray Kaufman.When we arrived we discovered that the famous Ray had broken his leg and that Herman Gardner, his partner of the Gardnerella fame, was taking his place. The attendants were Eduard Friedrich, Cecil Wright, Kane Zelle, Pedro Figueroa Casas and myself. The shared an interest and enthusiasm was so strong that a "retreat" was organizad by the group in a hotel room following the luncheon conference. The private symposium lasted two days in the middle of slide projections, discussion of current issues and stirring ideas.

The Projection Table Viewer of Herman Gardner used in the Luncheon Conference and in the retreat is the one you see in this podium and I am giving it now, as a present, to President Jones as well as the gavel I used as First Chairman. There, the idea was born and Herman proposed that I chair the organizing comittee and Ed Friedrich serve as executive secretary. For a while we were concerned with Ed because some people thaught that "the world had enough societies for tax write-off purposes and cocktail excuses"…

But, lest people thought we agreed with this, we set out to give more noble purposes to the ISSVD and we kept on, designing the logo, seeking the adhesion to the Project of leading experts in the field and, building the Founding Document and organizing the inaugural session for May 1971.

The Logo was conceived as giving the vulva the beautiful title of "**Gates of Life**" so the symbolic heraldic icon was supposed to be an **Arch**.

We discussed with Ed if it should be romantic or gothic. Finally the gothic won, and here I want to quote Friedrich´s memorable 1983 description of the Foundation of the Arch: **"Although the structure appears to be a finished edifice, we are more likely one of the great cathedrals of Europe in its unfinished state. Those who struggled with the early foundations… rarely lived to see the completed structure…They depended on those who came afterward to achieve the fullfillment of their vision."**

The FIGO logo and the colours blue and white from the Argentinian ones inspired the globe and the laurel…. The kabalistic 1970 in the frontispice was the signature of the founding fathers.

The inaugural session on May the 5th of 1971 was held at the XIXth Annual Meeting of the American College of Obstetricians and Gynecologists in San Francisco. It was attended by fourteen founding members: Hermann Gardner, Guillermo di Paola, Eduard Friedrich, Ray Kaufman, Donald Woodruff, George Morley, Vincent Capraro, John Gosling, Harold Tovell, Albert Lash, Ernest Franklin, William Fetherston, Kane Zelle and V.Cecil Wright.

The Charter Document, expressing the essential philosophy of the ISSVD, was signed, the first slate of officers, to serve until the next Congress in 1973 was nominated, three Committees were established: the By-Laws, the Terminology and the one to oversee of the Program for the next meeting.

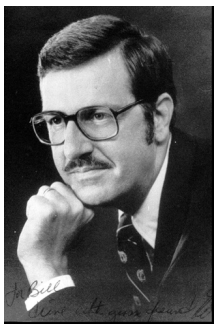
The International Society had been launched!!

The first World Congress under my responsibility as President was in the Atalaya Park Hotel, Costa del Sol, Spain. We were around 35 Fellows, Our recruitment had been successful and very "international" with Americans, Argentinians, French, Spaniards, Swedish, Chilean and British.We had a microscope to interchange pathology slides, good presentations, business meetings and a very elegant and amusing banquet. Needless to say that I had to learn the famous early American Robert´s Rules ("Those who in favour say Aye and those who are against say Nay") The program pattern of three days was established, and taking an idea from my dear wife Irene, the second day the afternoon was free to allow personal friendly communication of the Fellows. This wise strategy, as you can see, has survived for 35 years!

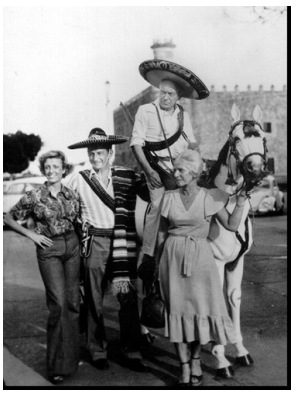
The PIONEERS: Who were they?

HERMAN L. GARDNER (1912-1982)
Born in Forth Worth, Texas he was Clinical Professor of Obstetrics and Gynecology at Baylor College of Medicine, senior author of "Benign Diseases of Vulva and Vagina", first edition in 1969,great Leader of the Central Association of Obstetricians and Gynecologists, awarded by the International bacteriologists giving his name Gardnerella to the Hemophilus Vaginalis in 1948. As founding father of the ISSVD, he was third President, organizer and director of the Biennial Conference on Diseases of the Vulva and Vagina sponsored by the Texas University in Houston that keeps on until nowadays. He was also a devoted Methodist dedicated to the good of the community affairs providing for homes for the care of unwed mothers and abused and homeless boys, and successful cattle rancher and leader of the International Brangus Breeders Association.
His wonderful ranch "Willous Spring", near the Rio Grande in Texas, was many times General Quarter of the ISSVD Executive Council.
You can observe in this picture a curious band of Arch cowboys before going to the nearby town, to have some drinks and learn square dances.
Hermann was deeply devoted to his splendid wife LeNan and family.
He used to say, that "official academic affiliation was good but not essential. Only a curious mind and the willingness to observe, record and correlate are needed to achieve good scientific results."
He really had the "aequanimitas" which permitted him to tolerate humbly the success and enjoy the affection of his friends.

EDUARD GEORGE FRIEDRICH Jr. (1940-1985)



Born in Chicago, he was educated by the Jesuits, and was a perfect product of the Johns Hopkins medical education. He was Associate Professor of Gynecology and Obstetrics of the Medical College of Wisconsin under Prof. Richard Mattingly. Then he became Full Professor of Ob-Gyn at the University of Florida in Gainesville in the late seventies.
He was author of a magnificent book "Vulvar Disease" in 1976 whose unique foreword serves to get an idea of the kind of person he was:
"DEDICATION TO GOD. The ultimate source of all diagnostic and therapeutic ability; before whom it is fitting to place the first fruits of the harvest"
Other written proofs of his outstanding intelligence, updated science and homespun philosophy where his more important quotation of Goethe "One truly sees only that which one already knows" and when, in discussing malignancy of the Bartholins gland, he alludes to the low index of suspicion with the comment "Hoof beats usually means horses, not zebras"!!
Founding Father of the ISSVD and devoted Secretary-General for 10 years by his personal and Irreducible decision, his contribution to the Society was gigantic.
The Founding Document was a 75% product of his talented shakespearean-jesuitic style.
We became very close friends and I used to call him, alluding to his German ancestry,"Echte Grosse Freund (EGF), that means truthful great friend and he liked it very much.
We worked together not only for the ISSVD but in many subjects as dystrophies and in the first proposal of a surgical staging system for vulvar cancer. We were such good friends that it is for me almost impossible to express all what I feel. Taking Peter Lynch's words I quote "he was a very talented scientific with consummate teaching skills, remarkable administrative abilities, great love for his masters, family, patients and friends and last but no least a Poet"
Peter published in 1983 a wonderful booklet with 26 EGF poems. I want today to remember him in his best way, that is, by sharing with you one of his poems.



“**Friends”**

What joy to see a friend again
After a lapse of years or so
And feel as if there ‘d been no time
´Tween warmth of them and present glow

Like picking up the story line
When opening a book once more
Rejoining the unfolding tale
The chapters known that went before

Or like a white and hard-edged cloud
That billows in a summer sky
With energy from deep inside
Expanding to a nascent high

Reunion now of heart and mind
Atmosphere of true elation
Sharing all our inner selves
In mutual appreciation

His capacity as a poet and writer was not only classic but also popular American as the example I want show you of the **Chicago “Doughnut Lovers Creed”** by EGF

As you wonder in thru life brother –
Let this be your goal
Keep your eye upon the doughnut –
And not upon the hole

JEAN HEWITT (1920-1990)

Born in Paris, he was the son of a great symphonic orchestra conductor. He fought in the Resistance during the II World war and was married to an exceptional woman, Nadine, daughter of Russian émigrés to France. She got the Croix de Guerre from General de Gaulle for her courage during the Resistance. Jean studied in Paris University and became chief of dermatology of the Hospital Brocca where he started his interest in vulvar disease. He became Professeur Agregé and chief of the service at the Tarnier Clinic. I observed there, during my frequent visits, the refinement of the French dermatologic liturgy using the magnifier mounted in Christofle silver and baptizing the fingers in the silver bowl with “blessed water” after the examinations. He was a Founding Father of the ISSVD and the first President-dermatologist. He was a man of great philosophic, literary and musical culture, a very rigorous pathologist, excellent clinician and his outstanding human qualities were very much appreciated by his patients and his friends and collaborators.
His books were very succesful:” La peau, ses functions, ses lesions, ses relations pathologiques” (1975), “Pathologie de la vulve” with Huguier in 1970 (through which we got in touch with him Recruiting him through the phone for the ISSVD) and Maladies de la Vulva with Monique Pellisse and Bernard Panel in 1987.He had in high degree the three virtues of the roman patricians: gravitas, dignitas and pietas and a fantastic gaulloise sense of humor.
The pictures show him and Nadine in the gala dinner of the Congress in the Chateau D´Artigny

After the concert of "cornes de chasse", and both with Irene and me, disguised the men, as Mexican banditos, in the Plaza Mayor of Cuernavaca, during the Cocoyoc Congress.
With Irene we will never forget the last time we saw them in a visit to Veau Le Vicomte. Before we had lunch at a small restaurant near Parc Monceau, where Jean devoured a pyramid of fruits de mer, with his inimitable smile of pleasure and then we performed a promenade traversing the beauty (plus que francaise) of the geometrical park of Le Notre lighted by the dying sun of May. It was for us an unforgettable joy of the shared pleasure of true friendship.
Lets remember him now with Jane Taylor rhymes: **"How pleasant it is, at the end of the day**
No follies to have to repent;
But reflect on the past, and be able to say,
That my time has been properly spent"
Rimes for the Nursery (1806)"The way to be happy"

J.DONALD WOODRUFF, Sr. (1912-1996)

Born in Sparrows Point, Maryland, got his MD in Johns Hopkins University and completed his Residency in Gyn-Ob at the Hopkins Women's Clinic. Served in the WWII as urologist in Normandy. He made significant contributions to gynecologic pathology. Great disciple of Emil Novack, he combined clinical and surgical skills with the microscopic diagnosis. Always very interested in vulvar pathology, he was a great respected teacher for me, during my residency in Hopkins and also for Friedrich. We recruited him for the ISSVD and he was the second President. A physically imposing man with a deep voice and ruddy complexion, Don was known for his ability to recite poetry for hours. One night, staying at Herman's Ranch in Texas, we slept in the same room with Jean Hewitt and as Jean was having insomnia Don recited for him, almost an hour, the famous "The Raven" by Edgar Allan Poe, producing a fantastic hypnotic effect… The JHH dedicated the Woodruff Lecture Hall in his honor and before his death the JDW Chair was established in 1993.
He was a great pathologist, clinician and surgeon, a devoted husband of the dear Bettye, an outstanding master in medical knowledge and leadership.

I have privileged today the memory of the four pioneers that went back to the House of the Lord but it does not mean that I forget the invaluable contributions to the Society of Ray Kaufman, Ed Wilkinson, Peter Lynch, Mario Sideri, Monique Pelisse, Michel Roy and many other builders of our Arch.

What did they think?

First of all the ISSVD was a pioneer organization in the field of interdisciplinary teamwork. Since the early beginning the majority of gynecologists recognized the need of working with dermatologists and pathologists concerned with vulvar disease. Today this idea is a common place and you can discover many scientific societies that are based
On duch a concept as the International Gynecological Cancer Society where gyn oncologists work with medical oncologists and radiotherapists in the field of gynecological cancer, sharing a well-balanced rotation of the government of the Society.
There are so many important things that gynecologists have learned from dermatologists and pathologists and reciprocally in this kind of congregated work.
To realize the progress made after so many years, we need to remember the state of the art about vulvar pathology before 1970 and what the Founding Fathers thought about it.
We thought that the Vulva during the most part of the XX century was neglected and at the same time, he was treated with exaggerated aggression by the gynecologists. This famous slide of the Sioux Indian gynecologist, which a talented Baltimorean medical student drew for Don Woodruff in the sixties, gives us the perfect explanation of the situation.
During this time, dermatologists cultivating a fascinating specialty developed an extraordinary expertise in observing, describing and classifying. They became very jealous of such expertise and the terms they have coined. Before 1970 it was clear that the concept and pathological description of the white lesions of the vulva among the most important dermatological schools Of the World (German, French, English) were chauvinistic minded and thus confused and controversial. Do not forget that words are sounds that conditions human actions
The gynecologists confused about the dangers of premalignant predisposition recurred frequently to the "prophylactic" vulvectomy for the white lesions
That was in part due to the heavy weight of the traditional concepts of kraurosis and leukoplakia and the unclear dermopathological terminology. The procedure was aggressive and futile because after a certain period of time pruritus and white lesions recurred. The impact of vulvectomy in body image and sexuality was terrible. Carcinoma in situ of the vulva began to be recognized as a real premalignant lesion in those days, but again, a list of different names were given to the same pathological description according to different dermopathologists or gyn pathologists. Again the same therapy, vulvectomy, was recommended because the tendency in some cases was recurrence or reappearance. To mention another state of the art of the times, invasive vulvar cancer was treated following the management recommended by Taussig and Way in both sides of the Atlantic Ocean. A very good survival rate had been achieved with the en-block radical vulvectomy and bilateral inguinofemoral lymphadenectomy, butterfly like incisions of the skin that implied an enormous resection and sometimes the heavy burden of lymphedema. The main concern, those days, was quantity of life and quality of life was not considered as a priority.
The Hamlet Act 4,Scene 3,line 9 explains what was the reason

"Disease, desperate grown,
By desperate appliance
Are relieved or not at all"

The times inspired by the Martial dictum**: "Non est vivere sed valere vita"** (that means the important is not only to live but to make life worthy of living). The needed importance to quality of life was arriving and was one of the main concerns of the Founding Fathers.

What have we accomplished?

Some dear Fellows as Mario Sideri, Ray Kaufman, Monique Pellise, Peter Lynch, Olle Franck-Man, Ed Wilkinson and Dale Brown that I consulted recently (asking them their opinion about accomplishments) were in accord that:
The ISSVD has created an interdisciplinary international attention to the vulva and its disease-ses, proved by:

* The publication by its Fellows of more than 28 textbooks (list follows),

* Uncountable number of meetings and postgraduate courses all over the World, providing Communication and education for colleagues and ISSVD Fellows
* Eighteen World Congresses on biannual bases in North and South America, Europe and Oceania

-- Most of the special care devoted today in managing vulvar diseases is due to the ISSVD
-- It is surprising how a small group of experts has profoundly changed the way to operate in the field
-- Very few people, but very dedicated ones, joined to unveil, in 35 years, "the secret vulva"
-- A"scientific vulvar network" has been established which has shown to all, the road where to go

I coincide with these important achievements of our Society but I want to go more deeply in the evaluation of our accomplishments. Vulvar Cancer is the most infrequent of the gynecologic cancers and vulvar pathology non malignant and premalignant is also infrequent in gynecological practice. Thus we have been always immersing in the dilemma between **Evidence and Beliefs**. We also have to consider **benefits versus harm with best available evidence**. So we have sometimes faced difficulty because of the recruitment problems to get the necessary number of cases to reach evidence in the context of randomized studies. But we have tried to do our best, producing collaborative retrospective and prospective studies with standard conditions whenever posible.

Now I would like to try to define some of the accomplishments without pretending to cover all the spectrum of the ISSVD contributions.

The end of prophilactic vulvectomy in lichen sclerosus

The first published terminology in 1976 for Vulvar Dystrophies, which was disliked by so many distinguished fellows dermatologists in the eighties, was for its time a great clarification and was by the same token, it was a practical application of a term (the talented invention of the great
Jeffcoate) to save us from the confusion originated since the end of the XIX century by the German, French and English dermatologic struggle.

We followed 120 LS cases for ten years (1969-1978) treated with 2% topical testosterone ointment for six to eight weeks two or three times a day and then once or twice a week for an indefinite period of time. Sometimes, because of the macerating tendency of ointments, ulceration may occur. Then testosterone was discontinued and corticoid cream applied for a week or two. Pruritus was cured with this treatment in 95% of the cases and dyspareunia in 75 %. Clitoral hypertrophy and increased libido were observed in 12 % of the cases and only one case developed an invasive cancer after discontinuing (for two years) treatment and followup control.

The ISSVD demostrated that the malignant potencial of LS was not worse than 4 % , mainly when it was accompanied by epithelial hyperplasia as demostrated by Rodke, Friedrich and Wilkinson. The etiology of LS is still unknown. Our case of LS of the vulva recurring in the normal skin of a myocutaneous graft, as well as the Whimster case (quoted by Jeffcoate) of interchanging healthy skin of the thigh with LS of the vulva, suggested that something we do not know, such as local warmth and moisture peculiar of the vulvar enviroment, may act as predisposing factors. Lichen Sclerosus was recognized as a probable autoimmune disease, a kind of mysterious one, with a biological behavior on the vulva, different from the rest of the body. It had some malignant potential, was prone to recurrencies, responsive to topical steroid therapy. Importance is a good doctor-patient relationship represented, in my opinion, a very good prophylaxis for vulvar cancer and the avoidance of unjustified surgical aggressions to quality of life, as prophylactic vulvectomy. Medical treatment and careful follow up was the new paradigma and the Sioux Indian was very much upset.

The establishment of an effective medical treatment for Lichen Sclerosus

When Lichen sclerosus was recognized, medical treatment started after 1966 with topical testosterone after the good long term follow up data, of a study of Williams, Richardson and Hathcock in 57 cases of vulvar dystrophy. Eduard Friedrich reported in 1971 topical testosterone at 2% in benign vulvar dystrophy with a double blind study showing superior performance of drug over placebo in symptom relief, histologic reversal and gross appearance. Zelle, di Paola, Baliña, Belardi and Gomez Rueda also demonstrated the benefits of such therapy. We were very happy with the new way of treating the pruritus,the biblical **"itch for which you will find no cure"** and at the same time avoiding scratching, that according to Jeffcoate and Way the nails trauma was the main carcinogenetic agent in invasive cancer. Unfortunately, it did not work perfectly and testosterone produced sometimes clitoral hypertrophy and increase of libido in patients.

Then Mario Sideri, Bracco et al, Lorenz and Kaufman, and many other Fellows demonstrated through randomized studies in the nineties, that super potent steroids, like clobetasol, were very effective for LS. They remarked that it was indispensable to use properly in amount and duration of therapy, because otherwise undesirable effects as skin atrophy and teleangiectasis develop rapidly.

The definition and recognition of Vulvar Intraepithelial Neoplasia as a confirmed precursor of invasive vulvar cancer through a better understanding of its biologic behaviour .

During the past 30 years there has been an enormous increase in the reported incidente of vulvar intraepithelial neoplasia and a relative increase in invasive cancer in women under 50 years of age.

Many factors could explain these facts. The increasing tendency to perform biopsies in questionable symptomatic or asymptomatic lesions, the high degree of suspicion or "oncologic alert" in cases with invasive or intraepithelial malignancies of the lower genital tract and also the appearance in our panorama of the HPV infection. The change in sexual behavior, smoking and immunosuppression secondary to AIDS are also important explanations. The two kinds of VIN finally established by the ISSVD, the one HPV related in the young and the other, not HPV related, in the older patient, have clarified the issue very much. The first can regress in some instances coincidental with pregnancy and the other never regresses. We all contributed to recognize some of the special facts of VIN as: posible progression to invasive, exceptional but possible regression, past or present history of LGT intraepithelial or invasive cancer, multifocal or unifocality according to ages, etc.

But Ron Jones and his coworkers have contributed immensely to these issues thanks to their intelligent and careful study of a special population, provided by special circumstances.

They demostrated that VIN left untreated progresses to invasive carcinoma in the 87.5 % within 8 years.

With VIN with biopsy as the only treatment, middle aged or elderly women developed cancer in 2 to 8 years.

From the point of view of Pathology the Chafe and Wilkinson, the discovery of unsuspected early stromal invasion in 13 of 69 pathological studies of VIN demonstrated that VIN is without any doubt a premalignant condition.

I want also to show you the results of a study, produced by many centers in early times that show a practical way of multicentric recruitment of cases for a definite purpose.

In this situation we compared recurrences of VIN treated with simple vulvectomy or local incision, showing almost the same percentage of recurrences with both methods in unifocal lesions. That was the end of simple vulvectomy as standard treatment of unifocal VIN lesions, and again, a great deception for the Sioux Indian.

The recognition of the special conditions needed to avoid lymphadenectomy in certain cases of invasive cancer.

The battle for an individualized reduction of aggression in the treatment of invasive cancer was more complicated.
We fought in the field of trying to avoid lymphedema, a common complication of the systematic inguinofemoral bilateral lymphadenectomy.
In the early seventies, a famous paper from MD Anderson by Franklin and Rutledge stated that in their experience of 21 cases, no positive inguinofemoral nodes were observed when the depth of invasion was 5 mm or less, calling it "microcarcinoma."
Personally, after reading that paper, I treated a case of vulvar cancer with 3mm of depth of invasion, without lymphadenectomy.
The patient died a year after with multiple local and distant metastases.
Terribly concerned, I studied retrospectivelly a group of cases of the so-called vulvar "Microcarcinoma" from our clinic, discovering that in the 11% , positive nodes were observed.
Immediatelly after that, a worldwide study demostrated the same finding.
The ISSVD was a leading agency organizing an international cooperative task force to establish the safest depth of invasión compatible with avoiding lymphadenectomy.
The task force chaired by Barry Kneal produced in 1986 an ISSVD warning about the danger of considering vulvar microcarcinoma as one with 5 mm of depth of invasion.
Here, let me remark again, nomenclature was misleading, the word microcarcinoma was promoting an erroneous procedure
The ISSVD Task Force conclusion was that, 2cm of diameter of the lesion and 1mm of depth of invasion measured from the nearest papillae to the deepest point of invasion, was the only instance that allows avoiding safely a lymphadenectomy.
Later the GOG and Neville Hacker collected new worldwide studies that were coincidental with the ISSVD task force study.
Finally after some delay, the FIGO Cancer Comitte accepted to modified the 1988 FIGO surgical staging of vulvar cancer at the Montreal 1994 FIGO World Congress.
Now it is recognized the stage Ia, as defiied by the ISSVD, and represents one of the important contributions of our Society to FIGO.

Providing international order in terminology and classifications

The ISSVD has established terminology and classification in three areas: intraepithelial neoplasia, vulvar pain and non-neoplastic epithelial disorders. Throughout the years our nomenclature has been modified to incorporate new knowledge and to meet the changing needs of our members and others who care for patients with vulvar disease. In most instances, our recommendations have been well accepted by other groups and generally have achieved widespread use. Since this information is well known to you I will not spend more time on it here and I recommend the outstanding Ed Wilkinson Presidential Address about the the history of ISSVD terminology published in our Journal in 1989,that explains how this important function of the Society developed through the first 20 years.

A serious intent in understanding vulvar pain mechanisms and classifying vulvar pain disorders

In the last ten years a great interest arose in many of our Fellows to study vulvodynia and provoked vestibulodynia (vestibulitis) in all its aspects and Libby Edwards, Hope Haefner, Elizabeth Stewart, Marilyn McKay and M. Moyal-Barracco were the more dedicated researchers of the field.
Others had faced the psychological aspects like Dennerstein,the electromyography for its diagnosis and treatment like Glazer, its therapy like Marinoff and our friend Eva Rylander the etiology.

Micheline Moyal Barranco and Peter Lynch wrote, last year, a very interesting historical perspective of the efforts of the ISSVD to clarify vulvodynia
Fourteen old and new fellows of the ISSVD produced in 2005 the Vulvodynia Guideline, which describes the know-how rules to help the patients with this deceptive and deteriorating disease that still needs more clarification.

Now after the accomplishments of the XXth century I would like to mention my hopes for the XXIst century and my recommendations for the ISSVD.

My hopes are:

-- HPV vaccines will finish the Condyloma accuminata, VIN, SVC, VAIN and SVagC in females under 50

-- The perfected technique of the sentinel node will avoid Lymphadenectomy in 80 percent of the vulvar cancers with clinically negative inguinal nodes

My recommendations to the ISSVD are:

-- Stress clinical and therapeutic research for the vulvovaginal manifestations of STD

-- Keep on clarifying the important, but complicated, field of vulvar pain

-- To perfect nomenclature, always remembering that words produce actions, so the proper medical words are supposed to be chosen to produce proper medical actions

-- Encourage multicentric trials to improve the level of evidence of vulvar disease research

Now for your happiness I will conclude this lengthy presentation.
Jorge Luis Borges, the most important Argentinian writer used to say that **"memory is a strange mixture of remembrances and forgetfulness."** I hope that my memory had been balanced enough to remember the best and forget the less.
Just because I cannot refrain my impulse to show you the amusing drawing from a Venetian artist of 1848 (discovered by our Fellow and friend Antonio Onnis), that caricatures a "famous Congress," I have to say that Scientific Societies can be frivolous. Maybe we can recognize in the engraving ourselves and/or friends and colleagues because we all have our quota of ambition, self sufficiency, pomp and circumstance due to our human condition, but all this can be forgiven, if it is accompanied by the real hippocratic concern for our patients, protecting them from Evil.

The ISSVD is and was a worthwhile endeavour !

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