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A visit to the Canadian city of St John's, Newfoundland, Canada, provided the author, Kristian Thestrup-Pedersen, with interesting experiences of the intellectual world and of nature. Enjoy his report and be inspired to add this destination to your travel agenda.

Last summer I was fortunate enough to be invited to attend the Canadian Dermatology Association 85th Annual Conference as a guest lecturer on cutaneous T-cell lymphoma (CTCL), a disease that I have been aware of since 1979 when I saw the first patient, and that I have been studying and treating at the Department of Dermatology, Marselisborg Hospital, University of Aarhus ever since. In approximately 20% of patients CTCL is a dreadful and fatal disease (see Fig. 1). As a regional referral centre we see many patients (1) and have performed extensive research, including being the first to establish two immortal cell lines (Se-Ax and My-La) from skin biopsies of patients with Sézary's syndrome and mycosis fungoides, respectively (2). We have also described how short-term cell lines can be established from skin biopsies (3), leading to further exploration of the T-lymphocyte mixture of cells from affected skin. This, and studies of the genetic instability of these cell lines (2, 3), were the subjects covered in my lecture. A major theme of the conference was "cancer". A review of CTCL may soon be published in Acta Dermato-Venereologica (4).

The meeting was held in St John's, Newfoundland, Canada, a location well off the beaten track of dermatological meet-



Fig 1. A patient with cutaneous T-cell lymphoma.

ings. This was advantageous to me, as I had not previously visited this part of the world, and I was a participant among more than 300 dedicated Canadian colleagues, who presented cutting-edge lectures with high-level discussions. Small meetings have many advantages.

Many of you who take transatlantic flights and follow the flight information on the screen probably already know the location of St John's. It is at the utmost eastern tip of Canada, 3 h before you reach New York. In the summer there are flights from London to St John's that take only 5 h, compared with 8 h and 45 min from Copenhagen to Newark.

The meeting was intense, with many active participants, including guest speakers on the cutaneous reaction to chemotherapy, photocontact dermatitis, brain-skin axis in psoriasis, urticaria and angioedema, and advances in skin cancer including CTLC, to name a few. To give just a few comments on Canadian contributions, the President of the Association, Dr Yves Poulin, spoke on the mounting difficulties encountered in research in clinical dermatology, as health authorities impose increasing restraints on clinical research. A group from Toronto represented by Miriam Weinstein gave preliminary positive results on the use of topical propranolol to treat infantile haemangiomas, as systemic therapy has potential side-effects (5). A controlled study is in progress. Dr Youwen Zhou and colleagues presented new and interesting data on vitiligo using DNA microassays, studying approximately 41,000 genes. They observed that 21 genes were upregulated and 32 downregulated, among which were melanocyte, neural crest and neuronal genes. Changes in both Merkel cells and Schwann cells were observed, leading to the hypothesis that the neuronal crest system is damaged, and providing a possible explanation for the symmetrical distribution of lesions (6, 7).

The fact that Canada is such a huge country makes it difficult for patients to have easy access to their dermatologist, who, on the other hand, cannot make frequent visits to the clinic. This hampers some procedures; for example, the use of narrowband therapy for psoriasis and CTLC. St John's and its surroundings are worth a visit for the fantastic natural resources on display, with whales just off the coast, and millions of seabirds and their colonies on the cliffs. North of St John's was the landing place of the earliest Viking settlers 1,000 years ago. European fishermen have been present on the shores of Newfoundland for centuries, but approximately 20 years ago the fish more or less disappeared. The shores now are sites of oil exploration, providing a strong financial boost to the area. Finally, in 1901 Guglielmo Marconi sent his first transatlantic radio signal from Signal Hill, St John's (Fig. 2).

My wife and I had the opportunity to visit an old school friend who migrated with his family to Canada in the 1950s. With him and his wife we visited Manitoulin Island in upstate Ontario; old Indian country, where the Hudson Bay Company came in the summertime to purchase the hides of bears, wolves and foxes from Indians and in exchange introduced guns and liquor - a trading system that did not always promote health. I came to view a piece of art based on the old Indian tradition that, at the edge of your camp, a wheel was exposed, known as the Bear Skull Medicine Wheel, which was believed to chase away bad or evil spirits and diseases. The artwork is now hanging outside my clinic door (Fig. 3). One day one of our nurses told a 9-year-old girl with a wart on her finger that, following treatment, she should stand in front of the wheel and wish for the wart to go away. And - it did! Now I have a small caption, saying that if I cannot cure the disease, then the patient must reflect in front of the Bear Skull Medicine Wheel; it has become a busy place in the clinic.

What is so impressive, and you must experience this yourself, is the vast distances in Canada. Flying from St John's to



Fig. 2. Signal Hill, St John's, where Marconi sent the first transatlantic radio signal in 1901.



Fig. 3. Kristian Thestrup-Pedersen standing beside a piece of art known as the Bear Skull Medicine Wheel, according to old Indian tradition belived to chase away bad or evil spirits and diseases.

Toronto, only one-third (or less) of the distance to the West Coast, takes 3 h. Flying for 3 h from Copenhagen would mean you were about to leave European airspace. Canada thus offers a wealth of nature. You will be able to enjoy this yourself if the XXIII World Congress of Dermatology in 2015 is held in Vancouver (www.derm2015.org). Our Nordic colleagues who will be attending the General Assembly Meetings in Seoul at the end of May this year should consider this option.

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