



**BRITISH ASSOCIATION
OF DERMATOLOGISTS**
HEALTHY SKIN FOR ALL

A Biographical History of British Dermatology

British Dermatology has led development of the speciality for over 200 years. Before the work in London of Robert Willan, descriptive terms and many diagnoses used in dermatology were vague and imprecise. In the early 1800s, Willan and his junior colleague Thomas Bateman produced a classification of physical signs and disease that was the first to be generally accepted across Europe, America and Russia. As knowledge of pathology and microbiology progressed, this classification matured and changed, however these two Yorkshiremen (who were trained in Scotland) set British Dermatology on the world map.

In the early 1800s skin clinics were opened by Duffin in Edinburgh, Wallace in Dublin and Startin in London. William Tilbury Fox was appointed the UK's first full time Teaching Hospital Dermatologist at Charing Cross Hospital in 1867-8. By the 1890s consultant dermatologists were established in many of the major London Hospitals, Manchester, Edinburgh, and Glasgow.

The British Journal of Dermatology (BJD) was first published in 1888 by Morris and Brooke. Morris subsequently became the first President of the Dermatology Section of the Royal Society of Medicine in 1907.

The British Association of Dermatologists (BAD) was proposed in 1919 by Sir Archibald Gray, then Editor of the BJD. The first meeting was in May 1921, when Morris was chosen as the first President.

Until 1964 the membership numbers were restricted so the association was something of an exclusive club. Dowling and Ingram championed the removal of restrictive membership. From 1921 – 1964 membership grew from around 30 to 120. In the same period to 2008 membership in all categories grew to 1516.

Acknowledgments

Having known Archibald Gray and worked alongside Geoffrey Dowling my memory spans five decades. My love for the BAD is very real and has much to do with being initiated into its affairs by Geoffrey Dowling but particularly by Hugh Wallace. These biographical notes only relate to those who, in my opinion, have positively contributed to the development of British dermatology or our Association. There are many whose names do not feature and if any omission causes offence then I am solely to blame. Those happily still in the land of the living are mentioned in only the most cursory way. I am grateful to Charles Calnan, Joe Pegum, Oliver Scott, Stanley Bleehen and Julian Verbov for their help and particularly Alan Lyell who kept me abreast of some Scottish affairs. However this would never have seen the light of day had it not been for the unremitting labours of John Savin. It is true that in the distant past I was officially his mentor at St George's, but the boot is now surely on the other foot; my gratitude to him is limitless. I also wish to thank the BAD staff at Number 19, notably Michelle Hardwicke, Adrienne O'Donohue and Clair Young, all of whom helped me to assemble this material, it was a pleasure. The photographs have been culled from back numbers of our journal, and from Peter Smith.

Stephen Gold

Earliest Days

Eruptions of the skin have interested both priests and physicians from the earliest of times¹. Inevitably confusion reigned in those days: descriptions of the different patterns were indistinct, and the terms used by various writers were so vague that useful communication between them was impossible. Gray², in his

Harveian Oration, considered the early works of Galen (AD 130-200) and of Girolamo Mercuriale (1530-1606) who had published *De morbis cutaneis* in 1572. In England the two Copemans³, father and son, explored signs of interest in Tudor and the early Stuart times; events in Wales have been recorded by Hodgson⁴ and in Scotland by Walker and Percival⁵. This account begins in England with Daniel Turner.

Daniel Turner (1667-1740)⁶, born nine years before the death of Harvey, has been regarded as the "Father of Dermatology". He was apprenticed in London at the age of 17 for seven years, his mentors being Charles Bateman and Thomas Litchfield, Master of the Barber Surgeons. Turner was admitted to the freedom in 1691, and once elected to the livery could practice in London; he published the two volumes of his *Art of Surgery* in 1722 but his treatise, in English not Latin, on Diseases incident to the Skin had appeared in 1712. It came out in a French translation in 1742. His description of the skin's anatomy was accurate and his clinical accounts remarkable.

These efforts, however, were belittled by the spite and envy of his contemporaries, and later generations tended to disregard his work, which had been carried out in isolation. There were no medical journals, no medical societies, and the College of Physicians in London seemed more concerned with disputes than the promotion of knowledge. His book, better appreciated on the Continent, ran to five editions, and was translated into German and French.

Dissatisfied with the status of Surgeon, Turner turned to medicine, becoming a licentiate of the College of Physicians in 1711, but membership without a university degree was impossible. Nevertheless, he obtained a Doctorate from the newly founded Yale University, before they had a medical school, probably on the strength of publications he had donated to their library. However, this American degree was not acceptable to the Royal College of Physicians so he remained without the coveted membership.

Two notable figures from Europe should be mentioned here as their work was to influence later British Dermatologists.

Anne-Charles Lorry (1725-1783) worked in France: his *tractus de morbis cutaneis* appeared in 1777⁷ in Latin, being translated into German in 1799. Unpopular outside France, his writings bravely attempted to correlate the skin's functions with those of other organs.

J J Plenck⁸ (1735-1807), sometime Professor of Surgery and Obstetrics, had spent a busy life, largely in Vienna, writing on a variety of subjects including the skin and in 1776 he produced *Doctrina de morbis cutaneis*, a volume of 138 pages in Latin, basing his classification on the morphology of the dominant lesion. He listed 115 examples, which he divided into 14 categories. His work, though derided by some, was accepted and built upon by William and Bateman (see Bateman's *Delineations* of 1817).

In England

Robert Willan (1757-1812) devised a dermatological classification, probably prompted by William Cullen, Professor of Medicine in Edinburgh; nosology was in the air, for Carl Linnaeus was doing just this, first with plants and then with diseases.

Willan, born in the Dales on Northwest Yorkshire, the birthplace of many learned physicians, was educated at Sedbergh, becoming a classical scholar and mathematician. A Quaker^{9,10} precluded from Oxford or Cambridge he entered Edinburgh University whence, after graduation, he moved to London at the suggestion of Dr John Fothergill, his father's friend, to work as his assistant. An unexpected and fatal illness was to overtake the doctor, prompting a brief return visit to Darlington before Willan finally and permanently settled in London.

In 1783, he was appointed Physician to the Carey Street Dispensary, a charitable institution lying between the cities of London and Westminster and catering for the sick poor. It was a time of great depression; Europe was an armed camp and England, equipped for war on land and sea, was ultimately to win the battles of Waterloo and Trafalgar. England's troubles were not confined to Europe, for the government had alienated and lost America. Ireland too remained a perennial problem, while George III, Head of State, his mind clouded with disease, seemed indifferent to outside affairs. It is scarcely surprising that charitable institutions were hard pressed in such a financial climate.

This was the background to Willan's work at Carey Street¹¹. He was the physician working with Mr Pearson, the Surgeon, and Apothecary Nelson, who was as Assistant Surgeon to the Third Regiment of Foot Guards, was posted abroad in 1799. It was here that Willan began to study the contagious fevers - variola, varicella, measles, typhoid, scarlatina and their symptoms and signs, along with the more mundane skin eruptions affecting the impoverished sick.

Later, with his pupil Thomas Bateman, he developed a system of classification based on the morphology of the primary lesion; it was to be accepted and used by future generations. Both were Edinburgh graduates: the Royal Infirmary had been founded in 1729 (Royal in 1736) and was soon to be followed by a School of Medicine. These pioneers were later joined by others, notably Anthony Todd Thomson, then Richard Bright and Thomas Addison, all of whom worked with Willan; all were physicians and Edinburgh trained.

Immigrant Scottish graduates found appointments to general hospitals in England difficult to obtain - so strong was the influence of the London College of Physicians. As a result, they would work at or even set up, dispensaries for the sick poor. In the larger hospitals skin care was still the province of the surgeons.

Willan's first treatise was published in 1798 in Breslau¹², a celebrated University town of the Austro-Hungarian empire (now Polish Wroclaw); and was translated into German, the first section having appeared earlier in London. The illustrations, accurately depicting colour changes, were to revolutionise future publications, but the expense of engraving the plates was to delay future productions.

In 1798, work pressure had been increasing, especially in the winter, so Willan suggested that Assistants should be appointed. Two Swiss physicians, both Edinburgh trained, and who had studied at Carey Street, were selected; the arrangement did not prove successful. In fact, one, Dr de la Rive, returned to practice in Geneva, while the other, Dr Alexander Marcet, entered Guy's, later being appointed to the staff. He is credited with the first clear description of renal colic and made a fortune in London before returning to Geneva as Honorary Professor of Chemistry. His portrait by Raeburn hangs in the Common Room at the Royal Society of Medicine.

In 1800 a new Assistant, Dr T A Murray had been elected, but he died of typhus after only two years; it was then that Thomas Bateman, whose appointment was to be far from straightforward, was taken on. The following year the Apothecary, the successor to Mr Nelson, died of smallpox. The governors, naturally concerned, then recommended that "in view of the increasing prevalence of contagious fevers amongst the poor the staff of the Charity do inoculate for the Cow Pox all recommended persons". The wards were to be whitewashed with hot lime and disinfected^{11,13}.

In 1802 Willan opened a Fever Hospital in Grays Inn Road. Though commonplace in many provincial cities, London had nothing of the kind apart from the one smallpox hospital which had been erected at King's Cross in 1746. Willan produced *On Vaccine inoculation* in 1806, for he was a keen advocate of the technique and was reputed to have carried his recently vaccinated son round the smallpox wards to encourage the stricken inmates.

Over the years some 40 postgraduates were to study with Willan; in fact, dermatology was really the first postgraduate subject to be taught in London. Another pupil, also Swiss, was Laurent Biett. He had studied in Paris and later attended Bateman's Clinic in 1816; throughout he remained a dedicated supporter of the Willan system.

The theorising of Lorry in Paris did not appeal to Willan. He was concerned to evolve a classification based, like Plenck's, on the precise appearance of the primary skin lesion and this could well involve prolonged searching to identify the prototype. He introduced a nomenclature which, with modifications, became universally accepted. He tried to fix the sense of terms he used by exact definitions, as had Linnaeus, so as to constitute orders, and finally to arrange distinct genera. He attempted to classify and give names to cutaneous patterns that until then had not been clearly defined and for this work he was awarded in 1796 the Fothergillian Medal of the Medical Society of London. Ferdinand von Hebra was to propound, from his pathological viewpoint, a totally different approach to classification.

In Paris, L'Hôpital St Louis has, over the years, boasted many distinguished professors: Rayet, Gilbert, Biett and Cazenave, with Alibert¹⁴ as unquestioned chief, were around at this time. Alibert used the fanciful idea of

a tree-trunk, branches and leaves, his *arbre des dermatoses*, to express the relationship between skin diseases, but many of his colleagues, influenced by Biett, preferred the Willan system. Nevertheless, it was generally agreed that Alibert's publications had superior illustrations.

Willan remained on the staff of the Carey Street Dispensary for 21 years, resigning in 1803 as private practice and tuberculosis took a heavy toll on his health. Throughout his years on the staff the Governors had been "deeply impressed by his great attention to the patients" and obviously appreciated his special talents. However, his resignation was reluctantly accepted, and they presented him with 50 guineas along with "a piece of plate of the same value" and made him Life Governor.

For a while, Willan developed a considerable private practice among the nobility; meanwhile his inquiring mind remained alert, for articles on measles and scarlet fever¹³, in which he described his attempts at immunisation, appeared in 1808. He took to entertaining friends at musical soirées with his wife and step-daughter Mary, his son Richard, and often his brother with whom he had always kept in touch. Summer holidays, with the grandees out of town, were spent in Edgware, enabling the house to be painted.

However, it was now obvious he was becoming increasingly ill, and in 1811 he left for Madeira with his family and Dr Ashby Smith. The voyage took 53 days from Blackwall; the Bay of Biscay was at its worst and the French fleet were ever a threat. Willan became iller, oedematous and ascitic; landing at Funchal on December 1st, he was a pitiable sight. However, at the home of a British merchant, James Gordon, he recovered enough to seek a cottage and start some medicinal treatment. By 1816 he began to lose his sight and his health further deteriorated, possibly the result of mercurial intake. In the eyes of some London physicians Madeira was a popular haven for tuberculosis and "chesty" patients but many emigrants were, in fact, to succumb in the steamy climate of Funchal.

Ashby Smith, to be his stepson-in-law, recounted how Willan continued to record the signs of his decline until three hours before death. He was buried in the English churchyard in Funchal, where his headstone^{15,16} remains intact. Mrs Willan prohibited Bateman from using her late husband's remaining papers; they were passed to Ashby Smith, who published them as *The miscellaneous works of Willan*.

Thomas Bateman (1778-1821) was born in Whitby. After three years apprenticeship in Yorkshire he moved to London, studying anatomy at William Hunter's School in Windmill Street and medicine at St George's Hospital. His Edinburgh MD thesis was titled *De haemorrhoea petechialis*. He became a pupil, then a friend and colleague of Willan in the Carey Street Dispensary and joined the staff in 1804. Earlier he had helped to establish the *Edinburgh Medical Journal* so he continued to contribute articles such as those on London's weather and current epidemics.

By 1812 only one volume of Willan's *Cutaneous Diseases* had appeared as the coloured engravings were proving prohibitively costly. In 1813 Bateman published his own *Practice* synopsis of *Cutaneous Disease* according to the arrangement of Dr Willan which ran to five editions before he died. It was to reach an eighth by 1849, the last being edited by Anthony Todd Thomson. On the strength of his publications Bateman received a diamond ring valued at 100 guineas from the Emperor of Russia with a request that he should send on all future publications. This could have been related to earlier smallpox in the Imperial Court when Thomas Dimsdale, Bateman's competitor for the Carey Street appointment had inoculated the Royal family and was ennobled by the Czar.

Bateman completed his own *Delineations of Cutaneous Disease*. It appeared from 1815 to 1817 in 12 sections; they were sold at a guinea each and incorporated 80 of Willan's original plates. A copy is in the library of the Royal College of Physicians in London. His atlas was republished after his death and again in 1875, with some embellishments by Tilbury Fox.

Bateman, now the principal authority in London, developed a lucrative private practice. His name is linked to many clinical entries - *molluscum contagiosum*, (for long known as Bateman's disease), *lichen urticatus*, *ecthyma*, *purpura senilis*, *alopecia areata* and *erythema multiforme* are all credited to him. He had indeed carried faithfully the mantle of Robert Willan, his friend and master.

After Willan and Bateman the Edinburgh ethos continued to permeate London.

Anthony Todd Thompson (1778-1849) the son of a Post-master General in the State of Georgia, and an Edinburgh graduate, returned home once the American Civil War had ended. By 1800 he was in his Sloane Street practice and helping to found the Chelsea Dispensary. Over his 20 years in London, he gained a considerable reputation for skin expertise, he also lectured in botany and materia medica. In that capacity he was to join University College, then the University of London, as one of two Professors of Materia Medica. He was able to start a skin clinic at a Dispensary in George (now Gower) Street, where, until his death in 1849, he developed his clinical teaching.

When the new hospital building was completed, the clinic transferred there but was not officially recognised until it was taken over by his physician nephew, Edward Parkes, already on the staff. Parkes had earlier worked in his uncle's small laboratory, and he completed Thomson's Practical Treatise on Diseases affecting the skin in 1850. Parkes was no dermatologist and was destined for a totally different though distinguished career. From the Crimea, where he set up a new military hospital, he went on to found the science of modern hygiene, becoming Professor at the Army Medical School and a Fellow of the Royal Society.

Thomas Addison (1793-1860), another émigré, had come from Newcastle to study at Edinburgh and graduated MD in 1815. He soon obtained a post in London at the Lock Hospital, and this stimulated his study of the multifarious aspects of syphilis, always writing his notes in Latin. At the Hatton Garden Dispensary, he worked with Bateman, he even joined the Carey Street staff for a while. In 1820 he entered Guy's¹⁷ as a pupil and, in 1824, against some opposition, was appointed Lecturer and Assistant Physician, becoming Demonstrator of Cutaneous Diseases in the School. He was a superb teacher, adding lustre to the new and independent school of physics at Guy's and outshining his contemporaries Brigh and Hodgkin. This shy, sensitive man did not seek publicity; his written works were published by Wilks and Dalby in one volume of the New Sydenham Society's Proceedings, and this contains his descriptions of vitiligoidea or xanthoma, true keloid (morphoe) and melasma suparenale, illustrated by several examples. His remarkable abilities were recognised by Trousseau who coined the famous eponym.

At this time an expanding printing industry stimulated a profusion of texts and atlases. Some that should be mentioned, as they went to several editions and were translated into French and German, were Plumbe's Practical Treatise on Disease of the skin, published in 1824, with a 4th edition in 1836. Anthony Todd Thomson's Delineations of Cutaneous Disease in 1829, also an atlas, with the illustrations by his son. A Practical Compendium on Disease of the Skin by Jonathan Green appeared in 1835 and again in 1837.

Samuel Plube¹⁸ (1795-1837) was not a university graduate, he qualified MRCS in 1815 but he shared the Jacksonian Prize of the College of Surgeons for his essay on Diseases of the Skin.

After four years with the East India Company's Navy, he settled to practice in London, becoming Surgeon to two Infirmaries. He worked on his own and, un-impressed with Willan's ideas, favoured the French teaching. He noted the primary pustule of sycosis barbae and clarified the relationship between Willan's "impetigo" and "eczema" (both being eczema). His Practical Treatise, an enlargement of his prize essay, published in 1824, ran to four editions. He was regarded as something of a "porrigo" expert, having coped with a stubborn ringworm outbreak amongst the "blue-coat boys" at Christ's Hospital.

Jonathan Green (1788-1864) after serving in the Royal Navy visited the St Louis in Paris where he witnessed the skilful extraction of a scabies mite on the point of a pin by one of Alibert's assistants. He was much impressed with their vapour baths and on his return to London established his own fumigating baths at 5 Bury Street: later they moved to 40 Great Marlborough Street, but in spite of his enthusiasm did not prove financially successful. He had become a firm disciple of Rayer and Bielt and, somewhat ahead of his time, attempted a careful but unsuccessful study to relate specific skin eruptions to particular systameic diseases. In his Practical Compendium, he gives due credit to Lorry, Plenck, Willan, Bateman, Alibert and Rayer and clearly was a well-read, serious student.

Though Addison's name is indelibly etched in medical history, those of Green, Plumbe and Todd Thompson have become blurred in the lists of time. (The books of Plumbe and Green, bound together, are to be found in the Willan Library).

In Scotland

Up in Scotland the earliest records indicate that syphilis had been present, and its mode of transmission recognised since the 16th century. Leprosy had been widespread for longer; indeed, King Robert I (the Bruce) in 1339 was an early victim and by the 12th century there were leper houses both in Scotland and in England¹⁹. Walker and Percival⁵ studying ancient archives and recording the development of dermatology up to the 18th century, noted that leprosy, syphilis, the "itch" and sabbens, an acute infection somewhat like yaws, made up the bulk of skin diseases. For a long time it was considered that a practice confined to such patients was not justifiable; the establishment view was that properly trained surgeons and physicians could readily cope.

The Edinburgh Infirmary and Dispensary dates from 1729, the "new buildings" being opened in 1741. Clinical teaching, for which Edinburgh rightly was to become famous, was based on the pattern that Boerhaave had established at Leiden. When the disturbance of the Jacobite rising of 1745 had subsided, a combination of university education with clinical instruction in the hospital, unavailable elsewhere, became possible. Thus, the Scottish capital became the new medical "Mecca", supplanting and finally eclipsing Leiden. It is hardly surprising that for a time, Englishmen outnumbered Scots amongst the undergraduate students.

By 1805, interest in dermatology was already apparent, and a Dr Kellie of Leith wrote on the Function of the Skin; understandably pride was also shown in the work of Willan and Bateman down in London. The writings of the French masters, like Alibert, were familiar to a few and some of the more adventurous spirits even travelled, often by foot, to London and across the water to Paris.

In 1824 Edward Duffin established a Skin Clinic in Edinburgh's Lawn-market where patients were seen twice weekly in rooms loaned to him by the Eye Institute. He used his own house to administer vapour and medicated baths but his attempts to develop a permanent clinic met with little interest or financial support; the project was doomed. Dejected and disillusioned, Duffin went off to London to try his hand at ophthalmology.

Joh Paget, graduating MD in 1831, studied in Paris with Alibert. He won a coveted prize at the St Louis in the face of considerable local opposition for an essay in which he tactfully expounded the views of his professor. He had seemed destined to be a foremost specialist in Scotland, but defied probability by succumbing to the charms of one Baroness Wesselanyi, a rich widow. Once married he looked after her estates, proving a fine landlord, an expert in the breeding of cattle and bringing science to viniculture.

In Ireland

Enquiring minds were also to be found in Dublin²⁰. As in Scotland leprosy had been endemic for many years before syphilis appeared; for a long time the popular remedy for the latter, indeed for most other chronic diseases, was mercury in one form or another. The earliest description of mercurial skin eruptions - the mercurial lepra - came independently from three Irish physicians in 1804. Thomas Moriarty, George Burrowes and Whitley Stokes all claimed precedence. Thomas Bateman certainly, and Willan probably, suffered mercurial toxicity.

Abraham Colles, a name familiar to all, studied in Edinburgh for two years before journeying to London on foot. There he became a pupil and lifelong friend of Atley Cooper the Guy's surgeon. In 1837 he presented his Observations on the use of mercury for Venereal Diseases. He was well aware of the infectivity of secondary syphilis and in this was at variance with John Hunter, but he remained unclear about its relationship to the disease's later manifestations.

Another great Irishman was Arthur Jacob, born in 1790, and destined to be an ophthalmologist. He had earlier travelled to Edinburgh, London and finally Paris, all on foot. Back in Dublin, and on the staff of Sir Patrick Dun's Hospital, he recognised the rodent ulcer in 1827, describing it as affecting the eyelids and other parts of the face. For a long time it was known as Jacob's ulcer.

William Wallace (1791-1837), familiar with the writings to Willan and Alibert, was aware that no Dubliner could claim expertise in dermatology and, at his own expense, established the Dublin Infirmary for Skin Diseases. He arranged treatment for Scabies by sulphur vapour baths and introduced potassium iodide to the materia medica, finding it particularly effective for tertiary syphilis. He agreed with Colles on the infectivity of

secondary syphilis and made accurate observations on the incubation period. He died suddenly of typhus before he was able to train a successor to carry on his admirable work.

A Dublin Physician of interest was J M Neligan (1815-63). For years he had edited the Dublin Quarterly Journal of Medical Science and, though concentrating more on materia medica than on clinical practice, he found time to publish "A Practical Treatise on Diseases of the Skin" in 1852 and, in 1855 his "Atlas of Cutaneous Disease".

The First Dispensaries

Wallace's Dublin Infirmary and Duffin's Clinic in the Edinburgh Lawnmarket may well have been the first opened in the Kingdom. However, in all the big cities and especially in London, general dispensaries were founded throughout the 19th century. Often, they catered for special classes of disease, those restricted to one system, such as the skin or the eye, and many were staffed by Scottish graduates. The founders of these institutions were individuals who might have been excluded from a conventional hospital appointment; some used their clinics to develop their special skills as Willan and Bateman had done, others saw an opportunity for financial gain. It was this aspect that helped to fuel the antagonism of the medical establishment, strongly supported by the Lancet, towards the idea of "specialism". It is true that a few of these early clinics were used to further the aims and fortunes of their founders but on the whole those did not survive for long. Others were to develop into respectable institutions, attracting many patients for whom no satisfactory provision had been made by the famous hospitals.

The Early Skin Hospitals

Rook²¹ found 12 existing in London from 1820. They, with the reputable dispensaries, must have trained the men who were to become the next generation of specialists. The Hospital for Diseases of the Skin opened at London Wall in 1841 as the London Cutaneous Infirmary and soon moved to Stamford Street, Blackfriars. It was founded by a Dr Startin²², who ran it single-handed for ten years. It became the only recognised centre in the city.

James Startin (1806-1872) was born at Mosley, Birmingham and spent some years as a student at St Bartholemew's, qualifying in 1827. After house appointments he returned to Birmingham as resident surgeon to the Town Infirmary and then set up practice. However a personal disaster with his bank, in which he had a share holding, forced him to sell up and move to France studying at Montpellier and Paris. There he was able to attend the St Louis where Bielt, extolling the virtues of the "Willanists" over the "Alibertists", was lecturing.

Returning to England, and by now impressed with the prospects for developing dermatology in London, he gained the financial backing of Samuel Gurney, a Quaker banker, and the aristocratic patronage of two Royal Dukes, those of Cambridge and of Sussex. He was able to open the doors of his hospital in 1841 and later enticed onto the staff Thomas Hodgkin, the distinguished physician from Guy's, the anatomist A M McWhinnie from St Bartholemew's, and the surgeon George Burt.

Once Jonathan Hutchinson arrived as a pupil it was not long before Startin appointed him as another surgeon, and it was thus that the hospital became a respected centre. Waren Tay, eye surgeon at the London Hospital, was his constant colleague and friend and Edward Nettleship, whose name is associated with the first description of urticaria pigmentosa²³, was a long-standing Assistant. J F Payne, Physician of St Thomas' and J H Stowers who became the main strength of St John's, were both to join the staff.

Startin gave a course of lectures which were published in the Medical Times in 1846 but it was on practicalities that he concentrated; his views were empirical but as a therapist he was widely regarded as adroit. He certainly made his mark as a clinical teacher and his greatest contribution was surely to interest, then to introduce Jonathan Hutchinson to the staff, for it was chiefly through Hutchinson that the hospital gained its fame and reputation.

Emerging Heroes

In the latter half of the 19th century while specialist hospitals were developing throughout the land, a number of individual heroes were to emerge. Two pioneers appeared in Scotland, McCall Anderson in Glasgow, and Allan Jamieson in Edinburgh; they were outstanding. Both had the advantage of a period of study in Vienna with the incomparable Ferdinand von Hebra, whose classification of skin diseases was formulated on the new and wholly admirable basis of his own pathological findings. The other pioneers were to be found in London.

William James Erasmus Wilson (1809-1884)²⁴ born in London, was the son of a naval surgeon and destined for a surgical career. He won prizes for anatomy and physiology at the Aldersgate school, forerunner of St Bartholomew's, and became a pupil of the Quain brothers. For a while he supplemented his income by demonstrating anatomy with great skill and making high quality dissections. This grounding stood him in good stead for later he was made a Fellow of the Royal Society largely on the strength of his anatomical publications and admitted in 1843 as a foundation Fellow of the Royal College of Surgeons.

Through his father, now retired from the navy and running a private lunatic asylum in Denham, Erasmus Wilson met Thomas Wakley, the Middlesex Coroner and founder of *the Lancet* (who like Willan was to die of tuberculosis in Madeira). This meeting changed the direction of Wilson's interest when it was arranged that he should coach the Wakley boy in anatomy, for young Thomas studying medicine at Oxford, wished to move to the new University College in London which had assembled a superb array of professors. Wakley, the father, variously described as forceful, outstanding or even outrageous, saw a bright future for Wilson; indeed, he used him on *the Lancet* for a while as an Assistant Editor, and this provided a useful *entrée* into the medical publishing world.

Wakley was also conscious of an opening in London, one that might possibly be filled by Wilson as there was no expert in diseases of the skin practising in the capital. Willan had left the scene, Bateman had died in 1821, the hospitals directed their skin patients to surgeons, quacks had a restricted appeal and the dispensaries catered for the sick poor. There was surely room for an impressive consultant, who could speak on equal terms with the nobility and smart London society.

As an avid reader, Wilson was able to learn as he went on. He had no effective hospital appointment, so his experience was gleaned totally from his own practice. Self-confidence and an industrious nature were his assets, and he gradually amassed a fortune. Publications flowed from his pen - *Diseases of the Skin* appeared in 1842. Having taught anatomy and physiology for five years at the Middlesex Medical School, he produced *The History of the Middlesex Hospital*, a digest of the Board's Minutes with no pertinent observations of his own. He wrote a variety of pamphlets such as - *A scamper through the spas of Belgium*, *The Eastern or Turkish Bath* and *The art of prolonging life*.

Although self-opinionated, and critical of the writings of others, he must have been an astute observer, for *lichen planus*, *exfoliative dermatitis* and *naevus araneus* are all credited to his name. *The Journal of Cutaneous Medicine and Diseases of the Skin* were published quarterly; it appeared in 1867²⁵ and Wilson was founder, editor and chief author. At first it had some exceptional contributions notably from Tilbury Fox, McCall Anderson and Jonathan Hutchinson, but the editor's enthusiasm seemed to wane and the journal to wither once he achieved his self-endowed Chair at the Royal College of Surgeons; there he is still honoured as a major benefactor.

He had become the one person in London whose name the public associated with diseases of the skin. He was also well recognized in France, for Hardy, in a retrospective address at the Vienna congress tracing progress made since Willan and Bateman, listed the French heroes of the early 19th century, Alibert and Bielt, adding "the next stage in the history of the science is marked by the names of Bazin, Hebra and Erasmus Wilson".

Philanthropy was in his nature. Practice was profitable and his investments shrewd. He distributed his gifts widely and would even forgo a fee from a deserving patient. A Chair of Pathology was endowed at Aberdeen University²⁶ in memory of his father, an ex-graduate. A protagonist of bathing and washing, then unpopular with all social classes, he was a generous benefactor of the Seabathing Hospital at Margate, which became popular for the treatment of tuberculous patients. He was knighted for his good works by the Queen and honoured by the Masons.

On one occasion he rescued a lady from drowning in the Regent's Park Canal, gaining a medal from the Royal Humane Society. He gave evidence at the inquest on a soldier who had died sometime after a judicial flogging. Wakley had suggested that the famous dermatologist had an exceptional knowledge of anatomy and would be an appropriate expert. Wilson concluded that the severe punishment had provoked the soldier's death and after ten adjournments the jury finally agreed with his views; this led to the abolition of flogging in the services. The transportation of Cleopatra's needle at his own expense, from Alexandria to the Thames embankment was a flamboyant act²⁷. Breaking loose in the wild seas of the Bay of Biscay, the obelisk, encased in iron, was retrieved much later 90 miles north of Ferrol and towed to London. Two sailors were drowned in the enterprise.

He had his portrait painted many times. Stephen Pearce, a fashionable artist, was a friend and produced at least six canvases. A small one hangs in the Willan Room and there is a three-quarter length portrait in the Medical Society of London, presented by Wilson at the end of his Presidency. It is recounted, probably apocryphally, that on a later visit he was horrified to find his picture languishing in the basement. In a fury he rescinded his plans, so the monies destined for the Society were redirected elsewhere, probably to the College of Surgeons. There are sculptural likenesses by Thomas Brock, his marble bust stands in the rebuilt library of the College of Surgeons, and his bronze figure outside the Margate Seabathing Infirmary.

Lyell²⁶ concluded - "he will be seen as an exotic epiphyte on the tree of dermatology, rather than as part of its trunk; and he will be remembered as a remarkable man, whose work as a dermatologist was eclipsed by what he did for dermatology". Be that as it may, he was surely from the mould of men who, in that expansive Victorian era were to make Britain great. Ernest Besnier wrote - *Au dessus de tout, il avait ce rare merite devenu trop rare a l'epoque actuelle, d'etre medecin en même temps que dermatologist*". (Above all, he had that quality, all too rare today, of being a doctor as well as a dermatologist).

More biographies have been written on Erasmus Wilson than on any other British dermatologist to date; those remote from our scene seem to have accorded him the greatest respect. Exuberant, extrovert or not, he certainly put dermatology "on the map" in the eyes of the world at large.

* * *

Some 20 years younger than Erasmus Wilson was Jonathan Hutchinson, a polymath²⁸ whose seminal influence on dermatology was matched by his interests in other spheres of medicine, surgery, and medical education. His various capabilities were seemingly superhuman.

Jonathan Hutchinson (1828-1913) was a surgeon, eye-surgeon, neurologist, syphilologist and dermatologist, writer and teacher. Born a Quaker at Selby where his father was a merchant, he served his medical apprenticeship with Caleb Williams in York before moving in 1850 to St Bartholomew's in London to complete his training. After a brief return to York for his House Surgeon's post he came back to London, studying ophthalmology at Moorfields and striving to learn "all he could in all branches of medicine". For a while medical journalism was his only source of income; by 1855 he was on the staff of the *Medical Times and Gazette*, the main competitor of the *Lancet* and edited by Thomas Spencer Wells.

He put up his plate at 14 Finsbury Circus in the year he married (1856), and became the paid Secretary of the New Sydenham Society. It was through this Society that he published his atlases of Skin Diseases and Drug Eruptions. In 1859 he was appointed Assistant Surgeon to the London Hospital, achieving the FRCS three years later and in 1863 was promoted to full surgeon.

Though his surgery was mainly conducted at the London, he was an eye surgeon at Moorfields and neurology and ophthalmology both intrigued him. Earlier he had studied with James Startin at his newly founded Skin Hospital at Blackfriars and once on the staff, it provided his centre for dermatology and syphilology. Soon he became pre-eminent, and Blackfriars emerged as the postgraduate skin centre.

He edited the British Medical Journal for one year and from 1877 to 1888 produced the two volumes of his *Atlas Illustrating Clinical Surgery*. His "one man" publication - the Archives of Clinical Surgery (to be seen today in the Willan library) - appeared from 1889 until 1900 and is well worth a look. He claimed he had no time to write any systematic book, but he made meticulous notes, and incomparable data are available on his numerous patients, many of dermatological interest. Scadding²⁹ referred to these Archives while pursuing the

earliest recognition of sarcoidosis; he found that Mrs Mortimer's Malady had been termed by Hutchinson "*lupus vulgaris multiplex non-ulcerans*".

Hutchinson's amazingly retentive memory, coupled with his genius for teaching, enabled him to fascinate large audiences on a multiplicity of subjects. He attained a unique status. With his tall, stooping frame, his untidy black beard and his slow speech he presented an austere, seemingly humourless figure. It might seem amazing that such a solemn man could enthral his audiences, but this is precisely what he did. In 1893 he opened at his own expense, a Clinical Museum at 1 Park Crescent, and transferred it to a house in Chenies Street in 1898. The notice outside read: "*The Medical Graduate College and Polyclinic; lectures to be given at 5.15 pm*". It can be regarded as the forerunner of London's Postgraduate Medical School. His collection of drawings and *memorabilia*, later established as a museum at his home in Haslemere, was sold to William Osler, transported across the Atlantic, and presented to the Johns Hopkins Medical School in Baltimore.

An incomparable Syphilologist, he described his triad of notched incisor teeth, labyrinthine deafness and interstitial keratitis, and so provided a firm diagnosis long before the *Treponema pallidum* or the Wassermann reaction were recognized. It was well-known to all students.

He was elected President of the London (Third) International Dermatological Congress in 1896 and his Presidential address is quoted in full in the eighth volume of his Archives (October 1896). A perceptive extract is:- "If we ask how the most rapid development has come about the answer must be: By the aid of cheap printing and cheap travelling. We are now able to communicate easily one with another and to make mental use of each other's brains. A six-hour journey will now enable a Londoner to visit, what I may fairly claim to be the Cradle of Dermatological Science - the *Hôpital St Louis*."

His presence was the one redeeming feature of this international meeting, which otherwise brought London little kudos, as our own high-class academics were so sparse and our facilities so inadequate.

He recognized an array of entities - *varicella gangrenosa*, the tabetic or Hutchinson's mask, summer eruption (*hydroa vacciniforme*), *angioma serpiginosum*, notched incisor teeth, *corneal salmon patch*, *choroiditis* and *circinate retinopathy*.

He staunchly maintained his theory about the cause of leprosy which he attributed to the consumption of decaying fish, this even after the causal organism had been demonstrated. It was his one "blind spot"; nevertheless, he remained a good friend of Gerhard Hansen, the Norwegian leprologist at Bergen. His book on *Leprosy and fish eating* was published in 1906.

Founder member of the Dermatological Society of London, he became President of the Royal College of Surgeons in 1889 and was elected a Fellow of the Royal Society. He was knighted in 1908 having earlier refused a Baronetcy. He retired in 1911, dying a month before his 85th birthday in 1913. His wife had died in 1886 having produced six sons, three becoming doctors, as well as three daughters.

Malcolm Morris, in Montreal, in his commemorative address concluded - "he brought to the study of pathology of the skin a knowledge of disease in general such as probably no other dermatologist has ever possessed".

Perhaps as dermatologists we cannot rightly claim this legendary figure as one of our own, but we can bask in his reflected glory. On his gravestone his own words are inscribed - "A man of hope and forward-looking mind".

* * *

In London, University College was beginning to set a pattern of forward-thinking³⁰. Anthony Todd Thompson and his nephew Edward Parkes, who later went to the Crimea to establish a new military hospital, have already been noted. William Jenner, an able physician destined to become Professor of Clinical Medicine, took over the skin clinic and in 1859 was able to persuade the Hospital to form a special department for skin diseases, retaining control himself. After two years, Thomas Hillier, a contemporary of Tilbury Fox, was deemed ready to take over. He was by now a general physician at Great Ormond Street and must have been lucky to be appointed ahead of Fox, for although he wrote a *Handbook of Skin Diseases* especially for students,

dermatology was not his full-time commitment. It proved a short tenure, for Hillier died aged 37, after only seven years in post. This gave Tilbury Fox the chance to return home and assume his proper role.

William Tilbury Fox (1836-1879) was born in Broughton, Hants into the large family of a surgeon, Luther Owen Fox. He came early to the newly founded University College where he proved to be a brilliant student, winning the gold medal. His entry to dermatology was circuitous for his initial aim had been obstetrics. An interest in fungal infections led him to write a treatise on "*The skin diseases of parasitic origin*" in 1863³⁰. He even attempted some cultural experiments on himself. William Jenner, his professor and chief, was so impressed with such enthusiasm that he suggested this change in Fox's plans.

Tilbury Fox must have known Erasmus Wilson and could well have been in awe of such an overbearing man. The independent Wilson had no time for the views of others and using his vast clinical experience and innate intelligence had developed a personal form of classification and of treatment. He must have been a difficult man with whom to work. At one stage Fox, without any hospital appointment, accepted an invitation from the Earl of Hopetoun to join him as personal physician on a voyage to the East. This did nothing for Fox's health, but he made good use of the experience, producing pamphlets on the spread of cholera and on the state of dermatology in Egypt. On his return he was appointed to the Charing Cross Hospital but after only two years University College beckoned him back. Then, in his rightful home, Fox set about acquiring out-patient space, installing baths and developing the subject by teaching and example. A physician both by training and instinct, he would take long and detailed histories. He was industrious, able, virtuous, and popular, and the first full-time dermatologist to be in charge of skin diseases at any English teaching Hospital.

Tilbury Fox complained that skin care at other hospitals was in the hands of "men already overworked, who have in some instances no claim but that of seniority, or who conveniently stop a gap and do the work in a dilettante fashion". By 1875 things were little better and the *Lancet* produced this infamous piece: -

"Our opinion against the increase of specialism, especially against the narrow specialism of dermatology is well known. Specialists cannot as a rule be said to be among the best educated of the profession and the exclusive practice of some small speciality tends to perpetuate and increase ignorance, if it do not already deprave professional morals".

There followed a more graceful conclusion -

"Be this as it may, we are always ready to welcome work on special subjects from Physicians and Surgeons".

A devotee of Willan and Bateman, Fox found Hebra's teaching indigestible; nor was he attracted to the current French view of blaming constitutional states for the specificity of an eruption. For him the presentation and clinical features of the primary lesion were all-important.

His description of *impetigo contagiosa* appeared in Wilson's Journal; this was followed by *pompholyx*, *hydroa pruriginosum* (*dermatitis herpetiformis*) and "*dysidrosis*", an idea which has since baffled many a dermatological tyro. His thoughts on *lichen urticatus* were way ahead of Rupert Hallam's and his understanding³¹ of fungal infections was outstanding. He refuted the idea that microbes or fungi could be generated by the skin whereas Erasmus Wilson refused to accept that fungi could in any way be pathogenic.

Prone to angina, Tilbury Fox died aged 43. He had introduced his brother Colcott to dermatology and for a while they worked together at University College Hospital. Adamson²⁴ regarded Tilbury as a shining light in London, but his brother Thomas Colcott may have shone even more brightly. Findlay³² regarded Tilbury as sincere but intellectually timid; but we should remember that he was working in a hostile environment, newly appointed to a specialism hardly recognized and still largely in the hands of surgeons. In a more forgiving vein, Findlay adds "thanks to Tilbury Fox, dermatology had become respectable, a worthy pursuit to attract other celebrated men into its fold".

Three Celtic Pillars

Thomas McCall Anderson (1836-1908), physician at the Glasgow Western Infirmary, later to be Regius Professor of Medicine, was keenly interested in dermatology for he had studied in Paris with Bazin and in Vienna with Hebra. Deploring the absence of any specialist hospitals in Britain, he helped to found the Glasgow Hospital for Skin Diseases in John Street (1861), and did most of his dermatological work there. In 1874 he took charge of the skin patients at Glasgow Western Infirmary and in 1878 the Skin Hospital opened in Elmbank Street. The subsequent developments at the Western Infirmary and of the Glasgow Royal Infirmary have been recorded by Alexander³³.

Anderson was an excellent teacher both at the bedside and in the lecture room, being able to combine a general physician's approach with his well-informed skin appraisal. He wrote on *parasitic diseases, eczema, syphilis, psoriasis, porphyria* and on the related *alopecia areata, Addison's Disease* and *vitiligo*. He produced a successful *Treatise on Disease of the Skin* and was knighted in 1905.

William Allan Jamieson (1839-1916) in Edinburgh was, with McCall Anderson, the mainstay of Scottish Dermatology. He was the son of a minister and had studied the arts before setting off to the Queensland for two years. It was then that he decided to take up medicine and returned home to qualify in 1865. After eleven years in general practice, he came back to Edinburgh with the idea of becoming a general physician, but two friends, one of them being Douglas Argyll Robertson, persuaded him to consider dermatology, which seemed to be attractive; plans were changed and he was soon away to Vienna to study with Ferdinand von Hebra.

Back home he tried to persuade the Royal Infirmary to make a dermatological appointment, but it was not until 1884 that he was elected Extraordinary Physician for Diseases of the Skin. His teaching became popular and "Saturday Skins" always filled the theatre. The allocation of the famous "small dark room" for his own use, and two wards of 12 beds shared with the otologist, was his reward.

From 1899 he was a University Lecturer, and his clinic was to become the foremost in the United Kingdom⁵. Thus the teaching of dermatology, originally dependent on the hobbies of individual professors, was now, thanks to Jamieson, placed on a sure foundation. He was joined in 1892 by Norman Walker, fresh from Vienna and where he had translated Unna's *Histopathology of the Skin*. The Edinburgh reputation rightly stood high.

Jamieson worked from an impregnable base of general medicine and was elected President of the Edinburgh Royal College of Physicians in 1877. A popular President of the Dermatological Section of the British Medical Association's Edinburgh meeting in 1887, he was a fine upstanding figure, tall, handsome and heavily bearded. He was an enthusiast for archery at which he showed great skill and gained many prizes. Greek scholar and man of culture, he had a variety of interests and was remembered by his many devoted patients as a kindly and gentle physician.

Henry Samuel Purdon (1843-1906)³⁴ from a remarkable medical family, pioneered dermatology in Belfast. A Glasgow graduate and pupil of McCall Anderson, his zeal was such that in his early twenties he arranged a public meeting to consider providing facilities for the care of skin patients; in 1865 he was able to open the "Belfast Dispensary for Diseases of the Skin" in rented accommodation in Academy Street. Henry Purdon, with his uncle Thomas Purdon, took charge. By 1868, with increasing use, a move to Regent Street was arranged; facilities there were said to be "commodious and up-to-date". The Hospital flourished until it was rebuilt in 1875 in Glenravel Street but was destroyed during an enemy air-raid in 1941. Never rebuilt as such, its spirit flourishes in the Skin Department at the Royal Victoria Hospital.

Henry Purdon was energetic, studying, lecturing, writing and travelling, he was well known in London. He became a corresponding member of the New York Dermatological Society and in 1870, when Erasmus Wilson's *Journal of Cutaneous Medicine* was proving too burdensome for the founder to sustain, the editorship was offered to Purdon. He was able to produce a few more numbers before publication finally ceased.

Two More London Pillars

In London, two pupils of Tilbury Fox came to stand out at a time when very few in Britain could devote themselves exclusively to a medical speciality. Both were physicians by instinct and training, dedicated,

industrious and with fine intellects; it is notable that neither Radcliffe Crocker nor Colcott Fox had travelled abroad to study in Paris or Vienna, the two famous centres.

H Radcliffe Crocker (1845-1909) was born in Brighton and educated privately. A man of indefatigable energy and patience he had a fine physique and a bluff manner. He spent his early years apprenticed to a general practitioner in a colliery district before returning to University College where he held various posts in the department of medicine; he then became the dermatological protégé of Tilbury Fox and joined him in 1876 as Assistant Physician, taking over the clinic on his death.

Crocker was undoubtedly a giant of his time; the foremost in English dermatology, he was to be compared with Besnier in Paris, for both had a formidable experience of general medicine which predated their interest in the skin. Meticulous observation, methodical recording and critical analysis enabled him to produce two great, indeed monumental, works. His "*Treatise on Diseases of the Skin, their Description, Diagnosis and Treatment*", was dedicated to Tilbury Fox, and published in 1888. A second edition appeared in 1895, and a third in 1903. It was based on his own 15,000 cases and was widely regarded as the most original and most authoritative text in the English language. His "*Atlas of Diseases of the Skin*" (1896) proved equally popular. Both Whitfield and Macleod stressed that Crocker had established the streptococcal cause of impetigo contagiosa, the evidence for this appearing in the first (1888) edition of his *Treatise* at a time when bacteriology was in its infancy. Impetigo had first been defined clinically by Tilbury Fox in Erasmus Wilson's journal.

An avid reader, with highly developed powers of observation and a photographic memory, Crocker stands out as a beacon. Contemporary physicians, so critical of specialization and especially of dermatology, did at least credit him and Tilbury Fox with "*bringing some semblance of order to the subject*".

He was most active in the Dermatological Society of London, of which he was an original member, and was always a remarkable contributor to the meetings. As well as producing his own books and writing sections for Quain's Dictionary and Allbutt's System of Medicine, his name is associated with an extraordinary list of clinical entities that he had observed and defined - *dermatitis repens*, *the telangiectatic form of lupus erythematosus*, *erythema elevatum diutinum*, *myoma multiplex*, recurring winter/summer eruption, *tylosis palmaris/plantar*, *granuloma annulare* and *xanthoerythroderma perstans*. The first and last have now lost their individual status.

Crocker, who gave the Lettsomian Lectures in 1903, was an immensely busy man with a large private practice. His seemingly robust physique belied appearances for his health were in fact poor, though it seemed to improve in later years when his wealth ensured a more comfortable life style. He died suddenly when on holiday in Switzerland.

Thomas Colcott Fox³⁵ (1849-1916) was the younger brother of Tilbury, with whom he was closely associated in the early years. He too had been born at Broughton, the eighth son of the surgeon Luther Owen Fox. From Queenswood he went to London's University College and thence with a scholarship to Peterhouse, Cambridge where he rowed in the college first eight. He was a countryman at heart enjoying most country pursuits, playing cricket for Hampshire and the Incogniti (no mean feat for an oarsman) he was also reputedly a good skater and a proficient golfer.

At University College his brother was in charge of the Skin Department and "Tommy" benefited from fraternal guidance and teaching. He proved to be a model student, a careful observer and later became an exceptional diagnostician. Like Crocker, he wrote articles for Quain's Dictionary and for Allbutt's System of Medicine. The brothers co-operated on the third edition of the *Epitome of Skin Disease* which was published in 1876.

His first appointment was to the Victoria Hospital for Children, a post he relinquished on moving in 1883 to the Westminster Hospital where he was to stay for 30 years. He observed his cases with meticulous care and had an uncanny ability to identify a cryptic primary lesion. His abiding interest was in children and their diseases; this never wavered, and it was to prompt his particular study of fungal infections of the skin and hair. He described *granuloma annulare*, the "ringed eruption", along with Crocker and it was he, simultaneously with Thibierge in France, who incriminated tuberculosis as the cause of *erythema induratum*.

Private practice had no attractions, it was hospital work and mycology that he found absorbing. Though he wrote many fine papers he never embarked on his own textbook. He followed Radcliffe Crocker as President of the Section in the newly formed Royal Society of Medicine, and he proved an admirable chairman; his profound knowledge of the literature and his own considerable experience brought him great respect. His devoted disciples included Graham-Little, Adamson, MacLeod, and Whitfield. The latter deemed him ideal as a man and as a teacher, "the rock upon which the modern English School of Dermatology is founded". More robust than his brother, he made the greater impact.

Humorous, modest, and without a shred of pomposity, he loathed humbug and never courted popularity. His knowledge of the literature was remarkable for he was an omnivorous reader. Inheriting his brother's library, and adding to it, he formed a unique collection. He was held in respect by Professor Besnier in Paris, who was once overheard to say, "we think the world of Dr Fox".

Childless, he had been devoted for years to his Aberdeen terrier, tragically to be killed by a passing bus. Losing his sight meant learning Braille: then he reluctantly had to forsake his Harley Street house for a quieter home but where he could still enjoy the visits of old friends and colleagues bringing him the latest news of the world he had graced for so long.

A Glimmering of Light

Around 1860 the appearance of new textbooks and atlases began to stimulate interest in the curious. Muted voices might then occasionally have been heard pleading for the establishment of special skin facilities but the reaction to this was largely hostile, and success was minimal. The established hospitals continued to appoint inappropriate persons, usually surgeons, to take charge of their skin patients, though it should be remembered that Erasmus Wilson, Malcolm Morris, Jonathan Hutchinson, and Morant Baker, among others, had all trained as surgeons.

In addition to stalwart flag-bearers such as Tilbury Fox, his brother Colcott and Radcliffe Crocker, there now emerged in London a few men who were able to combine dermatology with general medicine. Even fewer could consider a practice solely confined to diseases of the skin, as private patients, then the only means of financing such an enterprise, were few and far between. Most developed their specialized interests as a sideline; and with time, experience and good fortune, the balance of a practice could be tipped to favour dermatology. In Scotland, Jamieson and McCall Anderson, in London, J F Payne, Robert Liveing, Dyce Duckworth, Stephen Mackenzie, Galloway, Hilton Fagge, Pye-Smith and Cavafy, physicians all, had done just that.

The last two decades of the 19th century were to have a profound influence on the development of the subject. The first important event was the founding in 1882 of the Dermatological Society of London to be followed eight years later by the Dermatological Society of Great Britain and Ireland, the latter was larger and catered for a wider membership; the benefits of congregation were being appreciated. The second important event was the birth of the British Journal of Dermatology in 1888.

The Dermatological Society of London was founded by Herbert Stowers and Alfred Sangster, who became the first Secretaries. Neither had studied abroad but both must have been aware of the vacuum that existed in London. The group was originally limited to 23 members to allow a close, uninhibited view of each patient; thus friendly and informal discussions could be enjoyed, it was an activity that brought a breath of fresh air to the London scene. Here was a forum for the best informed and the most enthusiastic, permitting an exchange of views and discussion of problems. The young Whitfield, unofficially smuggled into a meeting, described his experience as "enlightenment for the privileged initiate". The study of dermatology was poised to develop in London largely through the stimulus of this gathering which included Erasmus Wilson, Colcott Fox, Crocker, Malcolm Morris, Waren Tay and Jonathan Hutchinson.

Biographical notes follow on the founder members whose names do not appear elsewhere.

Alfred Sangster (joint founder and Secretary) went from Cambridge to Guy's and obtained the MRCP in 1876. After studying at Blackfriars, he was appointed Skin Physician to Charing Cross Hospital, following a German, Hermann Beigel. Tilbury Fox had earlier been there, but for only two years.

J Herbert Stowers (joint founder and Secretary) moved from assisting Dyce Duckworth into the city as no post seemed forthcoming for him at Bart's. Energetic and a good mixer, he supported both editors in the early days of the Journal and proved to be the arch-conciliator at St John's during the struggles over the very survival of the London School of Dermatology.

W H Allchin practised in Wimpole Street and lectured at Westminster Hospital Medical School.

William Morant Baker, a general surgeon and lecturer in physiology at St Bartholomew's Hospital, took over the skin patients after Dyce Duckworth. He reported an inflammatory eruption on the hand seen in the meat porters of Smithfield market, this he termed *erythema serpens*, now *erysipeloid* or Baker-Rosenbach disease; he identified *acne keloid* of the neck. Herniation of synovial membrane from around the knee joint became widely known among surgeons as Baker's cyst.

Evans Buchanan Baxter won two gold medals before joining the staff of the Evelina and King's College Hospitals. He was also one of the Assistant Surgeons to Blackfriars Skin Hospital.

J S Bristowe was Lecturer in Pathology at St Thomas'. An important man in Public Health matters he wrote many papers on diverse, including dermatological, subjects.

John Cavafy, of Greek origins, was a regular attender; he had studied at St George's where he was later to be Physician and in 1882, took on the teaching of dermatology. He wrote on *macular urticaria pigmentosa* and described *annular lichen planus*. A fatal case of systemic *lupus erythematosus*, the first to be recognized in this country, was under his care at St George's.

W B Cheadle, from Cambridge and St George's, became a Physician to St Mary's and to Great Ormond Street.

Dyce Duckworth came to St Bartholomew's from Liverpool. A physician with immense enthusiasm and ability, he was honoured with a knighthood. He studied and wrote on many dermatological subjects.

A B Duffin, before migrating South, had been a Surgeon to the Edinburgh Dispensary for Diseases of the Skin. He joined King's College Hospital as physician assuming charge of the skin department.

C Hilton Fagge, a prominent Physician at Guy's was the author of *Principles and Practice of Medicine*, a large and famous book which occupied his energies for the best part of 12 years. It was re-edited through four editions by his younger colleague, P H Pye-Smith. He took over skin care at Guy's in 1867 and was regarded as a critical dermatologist with "one of the most dynamic minds of the age". He catalogued the fine collection of Towne's wax moulages. Joseph Towne, a youth of 17 from Royston, had been introduced to Guy's for his artistic skills and he produced some wonderful models in wax (*moulages*) of skin disease of which Guy's is justifiably proud.

Robert Liveing, moving to the Middlesex Hospital as Lecturer in Anatomy and Physiology after Cambridge and Kings, was promoted Assistant Physician there in 1866, becoming full physician in 1872 and given charge of the Skin patients. In time he relinquished his physician's role and concentrated on dermatology, being designated Physician to the Skin Department in 1879. After UCH and Charing Cross, it was the third such post in a London teaching Hospital. He produced his *Handbook on Diseases of the Skin* in 1887; his Goulstonian Lecture in 1873 was on *Elephantiasis Graecorum* or *True Leprosy*. He retired in 1888 after he had trained J J Pringle to take over the reins.

Stephen Mackenzie, a graduate from Aberdeen, was appointed Assistant Physician to the London Hospital in 1874 and in 1897 found himself officially in charge of the weekly Skin Clinic that was held in a basement. Also a Physician to Moorfields Eye Hospital, he was a friendly colleague of Hughlings Jackson the neurologist and of Jonathan Hutchinson. Although dermatology was a subsidiary subject his clinics soon filled with ever increasing numbers and, as he was able to admit patients to his wards, he could study them more fully than most of his contemporaries. He wrote, in 1893, on dermatitis herpetiformis, on the nature of urticaria, and in 1899, on exfoliative dermatitis. A lifelong sufferer from asthma, from which he ultimately died, he trained J H Sequeira, who, as a full-time specialist, was further to enhance the London Hospital's reputation.

Joseph Frank Payne, after Oxford and St George's worked in various posts before being appointed Physician to St Thomas' in 1884. Earlier he had won a scholarship that took him to the European centres - Paris, Vienna

and Berlin - where his interest must surely have been whetted. He joined the staff of Blackfriars Skin Hospital and, throughout his life, revealed his dermatological interest, writing on *Observations on Rare Disease of the Skin*, on *Persistent Erythema*, *Contagiousness of Common Warts*, and *their Treatment* and on the *Bacteria in Skin Diseases*. Though he taught dermatology at St Thomas' he was not in charge of any skin department there. Payne was keenly interested in pathology, epidemiology and medical history; he was for ten years Harveian Librarian at the College where he became Senior Censor and a Harveian Orator; he had earlier given both the Lumleian and Fitzpatrick Lectures.

P H Pye-Smith, Physician at Guy's and friend of Hilton Fagge, had earlier been Demonstrator of Skin Diseases before taking charge of the department. A fluent linguist and Greek scholar he too had studied at the great centres in Paris, Berlin, and Vienna.

Waren Tay, ophthalmic Surgeon at the London, was initially a general surgeon. A contemporary of Hutchinson and Hughlings Jackson, he was a shy, modest man and probably overawed by them. As Surgeon to Blackfriars Skin Hospital where he had earlier studied with Hutchinson, he became a learned dermatologist. Apart from identifying several specific ocular diseases, Tay translated three volumes of Hebra and Kaposi's comprehensive textbook for the New Sydenham Society.

Frederick Taylor¹⁷ for a time took over the Guy's skin patients from Hilton Fagge. He wrote a highly successful *Practice of Medicine* which ran to 16 editions.

George Thin, a Scottish general practitioner had settled in London to practise privately. Having studied in Vienna he decided to specialize in tropical diseases, but, after prolonged ill-health he was to die young.

The above group includes most of the notable London figures of the period. In 1883 McCall Anderson, Walter Smith of Dublin and Brooke of Manchester, all influential and respected men, were elected "non-resident" members to give the Society a broader representation. As in many clubs, some of the original members were clearly not totally committed to the main cause, but were judged, for various reasons, worthy of inclusion.

Over the years more were admitted, and in 1895, 17 were introduced but the numbers were still kept low enough to ensure that the patients could be viewed comfortably. One late addition to the membership should be noted:

William Anderson, a surgeon at St Thomas' from 1886, was nominated to be in charge of skin patients, and became expert in the surgical treatment of lupus vulgaris. He was an unusual and artistic man, having earlier been Professor of Anatomy in the Tokyo Naval College for 10 years, so becoming a connoisseur of Japanese paintings. On his return to London, he was appointed anatomist to the Royal Academy and continued to be closely involved in the London art world. For a time he served the Editor of our journal in an advisory capacity. In 1897 he presented to the Society his patient, which with Fabry's the following year, established the identity of *angiokeratoma corporis diffusum*. He died prematurely in 1906.

Elegant rooms at the Medical Society of London, still surviving in Chandos Street and where Willan had first expounded his views, were used for these meetings. The informal gatherings were run democratically by an executive Council and two secretaries, the monthly meetings were clinical and as there was no President, a Council member would always take the chair. Once a year a special subject would be chosen for discussion and this meeting would be held in the home of a member, doubtless with agreeable social overtones. Understandably membership became coveted, in Whitfield's view it represented Dermatology's "Blue Riband".

For 15 years Colcott Fox kept the records, which were often pithy: they were published in the *British Journal of Dermatology* in 1907. In that year a special dinner to mark 25 years of the Society's existence was held in Pagani's Restaurant. Jonathan Hutchinson, reminiscing on the progress that had been made over those early days, paid tributes to Erasmus Wilson and also to James Startin, co-founder and for a time the one and only physician at Blackfriars Skin Hospital. Recalling the International Congress of 1896, he recounted Ferdinand von Hebra's concern at the distressing lack of scientific activity in London.

The Dermatological Society of Great Britain and Ireland was promoted by J H Stowers and Marmaduke Shield, a surgeon at St George's Hospital and involved with the skin clinics there. They were the first

secretaries while the council and Vice-Presidents were drawn from a wide field. It was not as select a body as the Dermatological Society of London; its membership, largely general practitioners supported by a few senior men, soon exceeded a hundred. Meetings were held at St John's and the reports were sometimes published in the British Journal of Dermatology, though Pye-Smith's first Presidential address appeared in the Society's own short-lived Transactions. Naturally the meetings were clinical, rarely a symposium was organized. McCall Anderson came from Scotland to be President in 1905 and he happily reminisced over his experiences in Vienna at the feet of the "genial" Ferdinand von Hebra.

The Society's independence was short lived, for having merged with the Dermatological Society of London, they were to be absorbed by the newly formed Royal Society of Medicine, forming the core of the Dermatological Section.

International meetings, both clinical and scientific, were beginning to be held in the main European centres. They were well publicised and would be visited by a cohort from this country, the events often being reported in our journal with enthusiasm if not a little envy. In the USA the American Dermatological Association had followed hard on the heels of that in New York; the New World was forging ahead.

International Congresses of Medicine were already regular events and often included a Section for Dermatology. At the 1894 meeting in Rome for instance, Malcolm Morris presented a paper on "The present position of Lichen". Three years later, the meeting in Moscow was planned for Professor Pospelow to show off his new 60-bedded department, but owing to administrative confusion, the unit had not been commissioned in time so only empty wards were on view.

The first **International Congress of Dermatology** was held, appropriately, in Paris in 1889. Paris and Vienna were the two pre-eminent centres. *L'Hôpital St Louis* had been founded in 1607 to cope with pestilence; it boasted some 600 beds, providing students a unique clinical experience. There were six separate *services* with appropriate staff, laboratories, library and lecture rooms; facilities there were beyond belief. The English contingent of Malcolm Morris, Crocker, Colcott Fox, Brooke and Pringle were outnumbered both by those from Scotland and from the USA.

The second International Congress of 1892 was held in Vienna with Kaposi as President and Gustav Riehl as Secretary. It was reported in great detail in the British Journal of Dermatology of 1894. The five original British delegates were this time joined by Jonathan Hutchinson, Alfred Eddowes, on the staff of St John's, and Leslie Roberts from Liverpool, an ardent student of microbiology. The third (1896) was in London and with Jonathan Hutchinson as President, one day was devoted to discussing Syphilis. It was held in the Examination Halls, the clinical and museum items being at St Thomas' Hospital. Distinguished visitors such as Jadassohn, Lassar, Besnier and Unna were quickly made aware of our city's poor facilities.

The British Medical Association were by now holding regular meetings and an active Dermatological Section served as an interface between specialists and general practitioners. The 1893 meeting in Newcastle was given wide coverage; Colcott Fox discussed *tinea*, Crocker spoke on *psoriasis* and Hutchinson on *lupus vulgaris*. Sometimes famous visitors from abroad would be invited to address the section; thus Unna's "Eczema in the 1800s" provoked special interest as he seemed to admire the views of Rayer and Willan, if not of Erasmus Wilson. Unna was again invited to the Bristol meeting of 1894, and with Professor Leloir of Lille, opened a discussion on tuberculosis of the skin. It was a theme that constantly recurred, for the differing clinical patterns were being identified, furthermore Robert Koch had discovered the tubercle bacillus in March, 1892. New treatments, such as the use of tuberculin and actinotherapy were being assessed. These BMA meetings moved around provincial centres; that of 1898 in Edinburgh, with Allan Jamieson as President, was a grand affair and distinguished speakers attended such as Neisser from Breslau, Sabouraud from Paris and Gilchrist from Baltimore. Doubtless they gave dermatology some useful publicity.

* * *

The British Journal of Dermatology, the brain child of Malcolm Morris and Henry Brooke, and enthusiastically supported by J H Stowers, first appeared in 1888. Brooke had worked for a while with Morris at St Mary's and they had become good friends. With such a notable lack of interest at home, their appetites must have been stimulated by their recent European experiences. The journal was not entirely breaking fresh

ground, for Erasmus Wilson²⁵ had for a few years, produced his Journal of Cutaneous Diseases, to which Morris, his protégé, had contributed.

Gray³⁶ noted that the early days were marked by financial difficulties. Within three years the founders had to form a syndicate to sustain the project and Colcott Fox, Radcliffe Crocker, Payne and Pringle all gave their support. Six years earlier the Dermatological Society of London had been formed and, with Radcliffe Crocker performing the secretarial duties and maintaining meticulous notes, useful copy was available. These notes are to be found in the Willan Library, thanks to the generosity of University College Hospital and Archibald Gray.

There were soon to be Editorial changes; the two founders retired being succeeded by J J Pringle, who took over in 1891. After five years he was joined by James Galloway, who came to assist and then assumed control in 1901. Galloway later introduced

J M H MacLeod, his pupil and successor at the Charing Cross Hospital and he carried on single-handed from 1905 to 1910.

The Dermatological Society of Great Britain and Ireland's Transactions could be included and, in 1896, generously provided some welcome financial help; the London Society, not so quick to respond, later followed suit. Nevertheless, despite these extra funds the syndicate still had to make good the shortfall. The lack of a Treasurer, indeed of any proper accounting system, did not help. In 1898 13 more men, the so-called "Co-operating members", were each persuaded to guarantee ,10 a year. When Galloway took over he ensured that careful records were kept; but even so, by 1906 the deficit had reached,1,000. The guarantors and "co-operating members" were now called upon to honour their pledges.

In 1907 yet another crisis prompted urgent rethinking, as the two clinical societies were to merge into the new Royal Society of Medicine so different financial arrangements for the Journal were urgently needed. The RSM saw no good reason to provide support, so once more a number of dermatologists, 30 this time, were persuaded to act yet another group of guarantors. In fact, they were never called upon, but they did insist on a more business-like organization. The Editor, MacLeod, being in post, was re-elected; the corner seemed to have been turned, the Journal was now independent, without ties and affiliated to no parent body.

The first numbers consisted largely of clinical reports, generally of individual patients, but occasionally of a series. Speculative ruminations were not entirely absent. Classical papers are to be found here, for instance Brooke's account of *epithelioma adenoides cysticum* appeared in 1892, Savill's report on the curious epidemic of erythroderma in 1894, and Radcliffe Crocker's *erythema elevatum diutinum* is featured in the same year. MacLeod's "*The development of the human epidermis and its appendages*" appeared in 1898 and *parakeratosis variegata* was defined by Colcott Fox in 1901. The last two were embellished by MacLeod's elegant illustrations - he was a skilled water-colourist.

The Early Editors

Malcolm Morris (1847-1924), regarded by Whitfield³⁷ as one of the great figures of the 1880s, qualified from St Mary's. He practised in Yorkshire before visiting Berlin and Vienna to study dermatology and on his return assisted Erasmus Wilson, who is believed to have become warmly attached to this handsome, enterprising man. In 1882 he obtained the Edinburgh FRCS and was elected Surgeon In Charge of the Skin patients at St Mary's, an enlightened move which provoked considerable interest.

He was brilliant at diagnosis and inpatient management, but less interested in histopathology of the skin, then becoming an exciting innovation. A lover of literature, Morris was a perfectionist in his use of the written word, and his *Manual of Skin Diseases* published in 1879 became a favourite, running to six editions.

Erasmus Wilson suggested that Morris should bring out a new edition of his own *Diseases of the Skin* and therein oppose the current view that ringworm infections had a parasitic cause. A financial consideration, in fact the bulk of Wilson's fortune, was said to have been on offer. After a day of agonizing, Morris, to his credit, demurred; the funds went elsewhere, possibly the Royal College of Surgeons.

Morris was a pioneer in the therapeutic use of Koch's tuberculin and was early in the field of actinotherapy; he was personally involved with the campaign against tuberculosis. A syphilologist and a knowledgeable leprologist, he established a leper colony in the Essex countryside and that still remains outside Governmental aid. He helped promote the Royal Commission on Venereal Disease, advocating universal free treatment. These were momentous days, Schaudinn had identified *treponema pallidum*, Wassermann came upon his antigen and Ehrlich discovered arsphenamine.

In addition, Morris had a good business head and was an excellent organizer and a competent teacher. Maybe latterly he did not feel completely stretched, for he became interested in a different subject, Public Health, and published two works - *The Nation's Health*, in 1917, and later, *The Story of English Public Health*.

He was a founder member of the Dermatological Society of London and its third President, following Crocker and Colcott Fox. He was first President of the Section at the new RSM and at the 17th London International Congress of Medicine in 1913 he also presided over the Dermatological Section. He received the KCVO, an award restricted to those who have given personal service to the monarch, for he had treated King Edward VII for a rodent ulcer, an event that was marked by a special dinner arranged by his admiring colleagues. He died in Bordighera, aged 74, a respected man. His widow, endowing a Memorial lecture at St Mary's Hospital, specified that Dermatology should alternate with Public Health as the subject.

Henry Grundy Brooke (1854-1919) practised in his hometown, becoming a household name - Brooke of Manchester. From Owen's college he went to Guy's for his clinical training and thence to Kaposi in Vienna, Unna in Hamburg, and Besnier in Paris for two years, studying dermatology and diseases of the ear, nose and throat. On his return, he was offered the post of physician to the Manchester and Salford Hospital for Skin Diseases; his future was decided.

Brooke was a cultured man - linguist (speaking German with a Lancashire accent), musician, an expert judge of painting, and with his mordant wit, an entertaining speaker; his own literary interests ensured an agreeable style of writing. Though he wrote no books as such, he was a much respected figure and is forever associated with the familial *epithelioma adenoides cysticum* (now *trichoepithelioma*), he also studied Darier's disease which he termed *keratosis follicularis contagiosa*. In 1901 he recorded an epidemic of arsenical poisoning, describing with great clarity the various skin changes to be seen. As he was acutely sensitive himself to ingestion of egg in any form, he maintained a lifelong interest in all types of allergic reaction.

He attracted a great following from Manchester, indeed from the Midlands as a whole, and this brought him an enormous private practice. Despite this Brooke frequently journeyed South as an active member of the Dermatological Society of London. He introduced Louis Savatard into dermatology, and Whitfield³⁷ regarded him as one of the "great five" at this time. He was finely built and tall, but with the passage of time developed a stoop. He was also remarkably short-sighted. These distinctive features allowed him readily to be identified at meetings as he bent forward intently to study the patients. In 1906 he suffered a hemiplegia from which he partially recovered, though with his confidence badly shaken. It was an event to be repeated in 1919, this time with a fatal outcome.

John James Pringle (1855-1923)³⁸, a Scottish boy from Dumfriesshire, had been sent to school at Merchiston Castle before studying medicine in Edinburgh. After a spell as Resident Physician at the Royal Infirmary he was off on his travels, first to Dublin, then Paris, Vienna and finally Berlin, to study dermatology and foreign languages.

On his return he worked in London as a Clinical Assistant at Moorfields Eye Hospital and as Physician at the Royal Hospital for Diseases of the Chest. These led him to his next appointment, that of Medical Registrar at the Middlesex Hospital in 1883. He made a good impression there, for after only two years he was promoted to Assistant Physician, a stepping-stone towards a full staff appointment. From 1888 he combined the Lectureship in Medicine with the newly contrived post of Assistant Physician to Robert Liveing, then in charge of the Skin Clinics. On Liveing's retirement, Pringle assumed control and decided to concentrate solely on dermatology. He joined the Dermatological Society of London two years after its inception; an active contributor, he was for 16 years its secretary. In 1896, Jonathan Hutchinson, selected him to be the Secretary for the Third International Congress of Dermatology.

"J J" was a delightful and amusing bachelor, sociable and fun-loving, devoted to music and painting, he was always impeccably attired. A short, round, cherubic figure he cultivated a somewhat flowery artistry in dress, speech and in writing. Nevertheless, under the cover of such insouciance and wit he concealed a tremendous capacity for hard work.

When he took over the editorial duties in 1891 he was supported by a strong committee of Brooke, Colcott Fox, Radcliffe Crocker, J F Payne and Morris. This pattern continued for 30 years. During his time, until James Galloway joined him, foreign influence understandably became a feature of the journal as Pringle had made some long-lasting friends, such as Louis Wickham in Paris and Edward Schiff in Vienna; they were to be regular correspondents.

Pringle is remembered for his recognition of congenital *adenoma sebaceum*, for long known as "Pringle's disease", it was recorded in the Journal in 1890; also for his report of *angiokeratoma* in the following year. Though he produced no textbook, he edited both the English editions of the *St Louis Atlas* and *Jacobi's Portfolio of Dermochromes*; he contributed articles to Quain's dictionary and to Allbutt's system of Medicine. He was also a corresponding member of several foreign dermatological societies. His grounding in general medicine was a feature of his professional approach and "J J" attracted a number of budding dermatologists to work with him, no less than five of whom went on to take charge of their own departments. When the Royal Society of Medicine was going through a difficult time during the 1914-18 war, Pringle, as President of the Section, proved a tower of strength, always able to initiate discussions amongst the depleted audiences.

His life had been blighted by tuberculosis; indeed, six months were spent in a sanatorium in 1903 before he was able to get back to his busy life. "J J" battled valiantly for another 20 years, finally dying in 1920 at Christchurch, New Zealand while on a voyage intended to restore lost health. Adamson²⁴ claimed him to be "precise and punctilious in everything, a precision relieved by a sense of humour and embellished by a fondness for the ornate", while Whitfield³⁷ noted "that if he had a caustic tongue, he had the kindest of hearts". Lyell³⁸ concluded "Add to that somewhat solemn plainsong chant the descant of his sparkling personality, and we get a captivating harmony that echoes still among the pillars of the history of dermatology".

James Galloway (1862-1922) was involved with the Journal's editorial duties for eight years, assisting Pringle for four and then taking on MacLeod as assistant for four more.

He was a man of fine intellect and wide interests, well read in botany as well as medicine, an enthusiastic antiquarian with an expertise in ecclesiastical architecture; he was also an accomplished pianist. He had come down from Aberdeen to the London Hospital where the influence of Stephen Mackenzie stimulated his interest in dermatological matters, and he was subsequently appointed to the Charing Cross Hospital in 1894 as Assistant Physician charged with the care of skin patients. Tilbury Fox had been there before, but briefly, solely as dermatologist before he returned to University College Hospital. In the interim the Board, having appointed first Hermann Beigel and then Alfred Sangster, now reverted to the more conventional arrangement of "Physician with an interest".

Galloway, an active member of the Dermatological Society of London, proved an effective Editor and the quality of the journal improved notably during his tenure. His own papers described the interplay of the skin with general disease; thus, he wrote on mycosis fungoides, lupus erythematosus and erythema multiforme. He was of that select band of physicians who were not just "lumbered with dermatology" but who took a scholarly interest in studying, investigating, and teaching on his patients. In 1902 he had helped reorganize the Royal Army Medical Corps, and during the 1914-18 war was a Chief Medical Commissioner at the Ministry of National Services. He was surely a man of parts and accorded considerable and wide respect, being awarded a KBE.

John MacLeod Hendrie MacLeod (1870-1954) distinguished himself as clinician, pathologist, and writer. He proved to be an outstanding Editor of the Journal and was able to make it financially stable. He himself had been a prolific contributor, concluding in 1938 with *Retrospect*, outlining 50 years of the Journal's life.

Like so many adventurous and enterprising Scots of that time, he moved South. In his Prosser White Oration, *Milestones on a Dermatological Journey*³⁹, he recounted his European experiences with Kaposi, Hebra and Ehrmann in Vienna then capital of the Austro-Hungarian Empire; with Unna in Hamburg, Lassar in Berlin

and finally, most inspiring of all, with Besnier in Paris. On his return from the Continent, after taking the MRCP in 1900, he was promptly appointed to the Charing Cross Hospital in 1901 as assistant to James Galloway. Other appointments soon followed - the Victoria Hospital for Children and the Goldie Leigh Hospital where, with Cochrane Shanks⁴⁰, he became involved in x-ray epilation for the scalp ringworm which was rampant in many London schools.

"*The development of the human epidermis and its appendages*" was presented in three separate numbers of the Journal and his *Practical Handbook of the Pathology of the Skin*, published in 1903, broke new ground. He had cut and stained all the slides himself, indeed he had personally produced and coloured all the illustrations which enhanced most of his subsequent publications. In 1923 he was appointed to St John's Hospital for Diseases of the Skin as Director of Pathology in the London School of Dermatology which was then desperately in need of rejuvenation. This inspired move had been brought about by the far-seeing J H Stowers: MacLeod's organizing ability and industry became abundantly obvious. It was there that he now did most of his work, furthermore mycological interests were being developed. His facilities at St John's proved to be much better than at the Charing Cross Medical School.

By 1930 he had successfully encouraged his eager pupil, Isaac Muende, to collaborate in a second edition of the *Handbook* and in the same year his monumental *Diseases of the Skin* appeared. It was regarded as the most comprehensive and authoritative text available at that time. Three years later it was reprinted with additional supplements.

MacLeod was active in the management of leprosy and for many years ran the St Giles Home in Essex where he had followed Malcolm Morris as the Medical Director. He was always happy to conduct visitors around the Home so as to meet the patients and discuss their treatment.

He held three offices in our Association, Editor, Secretary and finally President in 1930. He also presided at the Section meetings of the Royal Society of Medicine and at the St John's Society. He was a corresponding member of many foreign dermatological societies and, as he taught so many of the next generation, acted as a bridge between the 19th and the 20th centuries.

Cultured and well-read, he appreciated fine china, paintings, and furniture but he was also a practical man and good with his hands. He was an enthusiastic member of the Clan MacLeod over which he presided in 1947. Dressed in full highland attire, he presented an impressive figure as he gallantly led the redoubtable Dame Flora into the gathering.

Turn of the Century

Some Remarkable Clinicians

On the whole little interest was taken in promoting dermatological knowledge at this time, nevertheless a few outstanding individuals were to make lasting impressions.

In Manchester, Louis Savatard, Brooke's pupil, was meticulously analysing all the various cutaneous malignancies.

Louis Savatard (1874-1942) was a pioneer of radiotherapy, but it must have been Brooke's interest in pathology that set him on his way; he was to become an acknowledged expert, spending endless hours at his microscope. From 1920 to 1940 he published many papers on superficial and pre-malignant skin changes and his interest in "mulespinner's cancer", led to his appointment to the special Home Office Committee. He virtually founded both the North of England and the Manchester Dermatological Societies and was President of the BAD in 1940. Savatard worked in isolation, but he made Manchester aware of the subject at what was surely a barren period.

In London one or two others were now to make a name for themselves and for dermatology.

Arthur Whitfield (1868-1947) entered King's with a scholarship in 1887 and remained a devoted King's man throughout his life; he is remembered proudly, even revered, by generations of his successors. During his several house appointments he was happiest in the medical wards, he gained the MRCP in 1893 and was awarded the Sambrooke Medical Registrarship, a prestigious prize at King's after completing his house jobs.

Like many of his most outstanding forbears in dermatology, he based his thinking on a strong foundation of general medicine.

After three years in Vienna and Berlin he returned home, but purely dermatological appointments in the London Hospitals, with few exceptions (UCH, Charing Cross and Middlesex), were non-existent. The staff of the Blackfriars Skin Hospital consisted of surgeons - Hutchinson, Anderson and Waren Tay, with Payne and Stowers as the senior physicians.

Whitfield was appointed Assistant Physician first at the West London Hospital and then at the Royal Northern. Finally, in 1899, King's gave him his own "department", even providing a modicum of space, and that was always at a premium; only two beds were forthcoming, dermatology made but little impact. However, having achieved this breakthrough, he decided to devote his energies wholeheartedly to the affairs of King's, eventually becoming Dean of the Medical School. In 1906, having been elected FRCP, he was appointed to the staff as full physician and given the title of Professor, a sure indication of his colleagues' esteem. Then, accepted on equal terms, he could widen his sphere of activity and devote his energies to the Chairmanship of the Medical Committee. In fact he helped in the establishment of other special departments at King's, those which had been struggling for recognition as he had done. During the 1914-18 war he acted as the physician in outpatients.

He differentiated nodular vasculitis of the hypoderm from Bazin's tuberculous type at a time when tuberculosis was common and warm homes certainly were not. He was also a pioneer in the use of vaccine therapy, a technique popular only briefly, but it is in the field of mycology that he is best remembered, and that will be considered later. His *"Handbook of Skin Diseases and their Treatment"* ran to two editions; a third was completed by E H Molesworth, his Australian ex-pupil. In the Lumleian Lectures he reported generalised eruptions that had been stimulated by traumatic bruising and defined "Secondary spread" of eczema stemming from an irritated primary focus, (auto-sensitization). These concepts were developed at the 1935 Congress where he described a similar event following a tendinous sprain, this he designated as *"autophytic eczema"*.

Whitfield did not write articles without good reason - "I write with my blood", he claimed. A study on the origin of naevus cells, for he was an enthusiast of microscopy, was an early venture: it appeared in the BJD. His professional success was attributable to his knowledge and experience of general medicine, his careful attention to any item which could possibly relate to the problem in hand, a meticulous examination of the patient, and finally a willingness to consider any other sensible approach if it could possibly throw any light onto the final diagnosis.

He was the first Secretary of our Association and then President in 1927. He wrote an account of *"British Dermatology in the early eighties"*³⁷ which provided a fund of information for this report. Over the years many accolades were to come his way. Though he did not suffer fools gladly, he was an outstanding teacher and attracted postgraduates, especially welcoming those from overseas. He idolized Colcott Fox for his infinite care, an influence that seemed to permeate his own life, and one which he passed on to his own pupils. In treatment he was an optimist, he was also unselfish to his colleagues and always scrupulous in giving credit to others. In retirement, in spite of infirmity, his energy, alertness and even his dogmatic manner never seemed to flag.

Frederick Parkes-Weber (1863-1962)⁴¹, German by birth, was the eldest son of a distinguished Victorian physician, Sir Hermann Weber, who had been on the staff of the German Hospital specializing in diseases of the chest. He had attended the Queen and looked after no less than five Prime Ministers. He had also been an ardent collector, specializing in coins, an interest he passed on to Frederick. The name Parkes was added to Weber in deference to E A Parkes, the Physician at University College Hospital, and nephew, pupil and successor to Anthony Todd Thompson; he was a particular friend of Sir Hermann.

After Charterhouse he went on to Trinity College, Cambridge, where, rather surprisingly, he made no particular mark other than becoming, like his father, an enthusiastic collector. At first it was coins but then other diverse objects took his fancy such as postage stamps, moths, fossils and also rare diseases, especially those involving the skin. The coin collection of father and son was broken up in 1906 most of it going to the

Boston Medical Library, some to the British Museum, and some to both the Bodleian at Oxford and the Fitzwilliam at Cambridge.

Frederick's initial clinical work was at St Bartholomew's as House Physician to Dyce Duckworth, himself no mean dermatologist. He was destined to be a general physician with a particular interest in diseases of the chest, just like his father, indeed in his early days he worked at the Brompton and later was on the staff of the Mount Vernon Hospital in this capacity. However, most of his clinical work was, again like his father, carried out at the German Hospital. His knowledge of pathology was profound and throughout his life he contributed to many a pathological meeting. With diseases of the skin he focused on the rare and the obscure. He had no pretensions to be a practising dermatologist, but over the years attended most of the clinical meetings where his opinion was often sought as the final arbiter of a debatable diagnosis. His tall, stooping figure came to be recognized in the medical wards of most of the large London hospitals. His comments were learned and often discursive. Indeed, at meetings he had been known to disregard the Chairman's strictures when he had overrun his time, even obscuring the red warning light designed to arrest the verbose, once he even tried to wrench it away from its stand.

This erudite and remarkable man lived to a great age, narrowly missing his century. He continued to attend the Section meetings at the Royal Society of Medicine into his ninetieth year - this in spite of deafness, failing vision and unsteadiness of gait. He was ably supported by his devoted wife who acted as nurse, secretary, stabilizer and general factotum. He would often contribute to the discussions, quietly yet revealing in a modest way his astonishing erudition. He had the kindest disposition and when giving a second opinion would never let the referring physician lose face over a faulty diagnosis, so subtle would be his remarks and so gentle his correction. Mention of a relevant reference would cunningly give the game away.

He is credited with having written 23 books and over 1,000 articles scattered in various journals. His perceptive anthology "*Aspects of death and correlated aspects of life*" was a remarkable achievement - it was written with his wife and ran to four editions, the last, considerably enlarged, being published in 1922. The College of Physicians awarded him the Mitchell Lectureship in 1921 and the Moxon medal in 1930. In 1959 he founded his own triennial prize and medal to promote advances in dermatology.

Geoffrey Dowling in 1962 wrote⁴¹ - "For about as long as any living physician is able to remember, it was customary to consult Parkes-Weber on any case of exceptional rarity or obscurity. He was the kindest consultant imaginable but had sometimes the fault of crediting his colleagues with more knowledge than they possessed".

On his 80th birthday his friends at the German Hospital presented him with a handsomely bound volume containing a summary of his life and a bibliography of his publications. Rare diseases and syndromes which are rightly associated with his name include - Sturge-Kalischer-Weber (*encephalofacial angiomas*); Weber-Christian (*nodular non-suppurative panniculitis*); Klippel-Trenaunay-Weber (*haemangiectatic hemihypertrophy*); Rendu-Osler-Weber (*familial haemorrhagic telangiectasia*); *telangiectasia macularis eruptiva perstans*; *recurrent bullous eruption of the feet in children*, this some years before Cockayne's 1938 paper.

He was one of the greatest contributors to the world literature, surely ranking with Professor Albert Touraine in Paris. All his papers, bound in separate volumes, are to be found in the Willan library.

Horatio George Adamson⁴³ (1860-1955), after various house appointments, spent some years in a Surrey general practice before returning to hospital medicine. He had qualified at Bart's but learnt his dermatology with Pringle at the Middlesex. Back in London, his appointments, such as physician to the North-eastern Hospital for Children, were all maintained until 1909 when he returned to St Bartholomew's to be in charge of the Department as a full-time specialist.

His paediatric experience was by then considerable and led to the publication in 1907 of *Skin Affections of Children*; many other papers followed. He developed a lifelong interest in mycology which was fostered by his work with Colcott Fox at the Downs Ringworm School in Sutton. There Adamson modified the Keinbock technique for X-ray epilation for scalp ringworm, a method maintained by Cochrane Shanks⁴⁰ until 1947. Griseofulvin had yet to appear.

An active member of the Dermatological Society of London, he was later President of the Section at the Royal Society of Medicine. He attended and contributed to the Third International Congress (1896); was a Vice-President, opening the discussion on Tuberculides at the Eighth (1930) in Copenhagen; he was happily able to welcome old friends and pupils in London at the 10th (1952).

He was Goulstonian Lecturer at the College in 1912, the first dermatologist since Robert Liveing 40 years earlier to be so honoured. He had been Treasurer of our Association for many years and was President in 1924. This distinguished man did not court publicity. He wrote two books - "*Some thoughts of a doctor*" in 1936 and "*More thoughts of a doctor*" two years later. He was a keen antiquarian and an enthusiastic amateur artist, producing water colours in various shades of grey as he was green/red colour-blind⁴³. An inspiring teacher he was beloved by his colleagues, by postgraduates, and by generations of students at St Bartholomew's Hospital and Medical School.

Ernest Graham Little (1867-1950), an indefatigable worker and keen student of pathology, followed Malcolm Morris at St Mary's Hospital, contributing much to the London scene.

After qualifying from St George's, he had carefully planned his career in dermatology and studied with Besnier, Brocq and others in Paris. He wrote a number of papers on a variety of subjects but is remembered especially for his work on *lichen planus* and for the recognition of a follicular pattern in the scalp leading to atrophic bald patches. He was held in considerable esteem, being President of the RSM Section, leader of the British Delegates to the Ninth Budapest Congress and President of the BAD in 1936.

He was elected to the Senate of London University and did much to secure the admission of women as external students. From 1924 as Member of Parliament for London University he retained the seat until university franchise was abolished. He was a strong opponent of socialism and the National Health Service, but a supporter of the Footpaths Association, an upholder of the Empire and an advocate of wholemeal bread. It is hardly surprising to learn he was a keen member of the Society for Individualists. He was knighted in 1931 and assumed his double-barrelled name.

James Henry Sequeira (1865-1948) edited the Journal from 1911-1915. He had been a student at the London Hospital where his early interests were surgical; he won the Hutchinson Prize and became House Surgeon to Waren Tay. After obtaining the FRCS he taught anatomy before turning to medicine, and was then to work with Stephen Mackenzie, the general physician who had charge of skin patients, with whom, for a while, Galloway was the assistant. With Jonathan Hutchinson and Waren Tay around, Sequeira must have found himself surrounded by an array of wisdom and experience.

With such illustrious mentors his knowledge both of dermatology and syphilology burgeoned so that when he was appointed to take charge in 1902, as the first full-time dermatologist at the London Hospital, he had become a formidable clinician. In his turn he was to train men who were to become distinguished such as his successor, W O'Donovan; John Ingram who went to Leeds; R T Brain, Royal Free; and J E M Wigley, of Charing Cross and long-term Dean of the embryonic Institute of Dermatology.

Sequeira had been to Kaposi's clinic in Vienna and wondered, wide eyed, at his huge department; but a more fruitful experience was a visit to Finsen in Copenhagen to see the actinotherapy technique for the treatment of lupus vulgaris, a disease then endemic in the East End of London. He translated Finsen's *Phototherapy* into English and, once back home, he acquired Finsen lamps to be formally presented by our Danish Queen Alexandra; her statue in the Hospital Garden records the event. This busy UV department flourished for many years, until modern chemotherapy surpassed its effectiveness.

Photography and radiotherapy were studied; radium plaques were used to treat rodent ulcers and in these early days several pioneering colleagues were to suffer radiation damage. He was always busy; an unending stream of patients waited to be seen, students to be taught, secretarial and presidential posts to fulfil. All were taken in his stride.

After retiring to Kenya, Sequeira worked on a leprosy project sponsored by the BMA and for 10 years edited the East African Medical Journal. In 1932 he was back in London to give the Chadwick Lecture. Glaucoma was to prove a tiresome trial and, after months of angina, he died on 25th November 1948.

Henry MacCormac (1879-1950) followed his teacher J J Pringle at the Middlesex. His grandfather had practised in Belfast, and his uncle William had been President of the Royal College of Surgeons of Edinburgh.

After qualifying in Edinburgh, he moved south for his house and more senior appointments to the Middlesex and the Westminster Hospitals. In addition, he read for the Bar, and even ate his dinners though he was never "called". His lectures on forensic medicine, the responsibility of the Assistant Bacteriologist, were ever popular. Obtaining the MRCP in 1909, he was clearly earmarked by his seniors as a potential staff member at a time when the fact of obtaining an appointment to the Honorary staff of a teaching hospital was more important than the actual speciality to be practised. He was elected Assistant Physician to outpatients in 1912 and soon joined Pringle in dermatology. The die was now cast. The Middlesex staff having picked their man, sent him off to Paris to learn his trade at the feet of Darier and Sabouraud. Back in London he worked with Pringle until his retirement in 1920; MacCormac then assumed full control.

During the 1914-18 war he was in charge of the 25th General Hospital at Hardelet, and he wrote with authority on current military skin problems, indicating how they contributed to unnecessary wastage of manpower; for this he was twice mentioned in despatches and awarded the CBE.

Harry MacCormac was a personable fellow and soon became accepted as one of the leaders in London, building a busy private practice. For a time (1938-1941) he was Secretary of the BAD. He became an experienced syphilologist and an expert in the use of the newly introduced arsenical drugs, this was to provide the substance of his Lumleian Lectures given at the College of Physicians in 1945. With Robert W Scarff, a pathologist at the Middlesex, he studied the various patterns of skin cancer and together they first described *molluscum sebaceum* later to be renamed *keratoacanthoma*, recognizing its distinctive morphology, predictable evolution and usually benign behaviour.

One of his major undertakings was editing and revising Jacobi's *Portfolio of Dermochromes*; this was immensely popular and had world-wide appeal. He wrote no textbook but many papers; latterly industrial dermatitis took pride of place, he made a particular study of these patients and was the first Medical Referee to adjudicate. As a teacher at the Middlesex and at St John's he was always popular; as President of the Section at the RSM and of the BAD in 1942 he was excellent, a witty speaker with a delicate touch. He was awarded Honorary and Corresponding Membership of many foreign societies and in 1941 was elected to the Council of the College of Physicians.

He continued practice to within a year of his death. Supported by his wife as secretary he had given up all leisure pursuits like his garden, even his golf; work took over. Harry "Mac" was universally regarded with great affection.

Early Investigators

Towards the end of the 19th century, enterprising men with an eye to studying skin disease had to travel to one of the European academic centres for enlightenment. The Paris School at the *St Louis* was pre-eminent in France; Kaposi and Ehrmann along with Ferdinand Hebra, wielding his strong pathological hand, provided a masterly triumvirate in Vienna. In Hamburg, P G Unna developed his own personal Clinic, at first in a modest town house which served both as a dispensary for the sick poor and as his clinical laboratory for the study and teaching of dermatology. He was the pioneer of skin histopathology and with his obsessive zeal and industry achieved enduring fame.

Pure dermatological appointments were virtually unknown here at this time and the care of patients with skin diseases remained largely in the hands of physicians and surgeons who may or may not have had any particular interest in the subject. So it was natural that a group of aspiring dermatologists, many of whom had by now studied abroad, were emerging and determined that this branch of medicine should be properly recognized. Furthermore, ancillary skills were developing. The microscope and the concept of cutaneous histopathology had intrigued Tilbury Fox for Neumann's *Treatise*, already translated from German, had provided him with a hint of what jewels lay in store; Radcliffe Crocker had also admitted his considerable fascination.

H G Brooke stayed two years in Germany and was an early visitor to Unna's clinic. His skill at identifying *trichoepithelioma*, supported by such distinctive pathological features, must have been in part due to the experience he had assimilated in Hamburg.

Alfred Eddowes, from St Bartholomew's, had also studied in Hamburg, and on his return to London joined the staffs of St John's and the West London Hospital for Nervous Diseases. He maintained a lifelong interest in skin histopathology, publishing a paper "*The nature of Herxheimer's spirals*" in the British Journal of Dermatology. A modest physician, he was a regular attendee at both national and international meetings; he died in 1946 aged 95.

J M H MacLeod visited Hamburg especially to be with Unna; in London he continued his histological work and became something of an evangelist. Once appointed assistant to James Galloway at Charing Cross Hospital, MacLeod was generously loaned laboratory space by William Hunter, the pathologist. He also created a workshop at his home and there he taught dermatopathology to selected postgraduates, one being the distinguished American, Oliver Ormsby. At St John's he was given greater scope for his laboratory work and his dynamism quickly became obvious. Geoffrey Dowling, on joining him, set about to explore the importance of skin commensal yeasts and their relationship with the so-called seborrhoeic eruptions. Later Isaac Muende studied histopathology with MacLeod, co-operated on a new edition of his textbook and ultimately took over the routine histopathology reporting at St John's Hospital.

In Edinburgh the interest of Professor J H Bennet in the field of mycology had long been recognized. A pioneer microscopist, he taught his pupils the necessary skills. He had worked with favus, then endemic in Scotland and Ireland, and transmitted it experimentally, confirming Gruby's findings. According to Mapother²⁰ the physician to the Adelaide Hospital in Dublin, W G Smith, had also worked with favus and transmitted it successfully.

At the Westminster Hospital Thomas Colcott Fox showed great interest in children and their skin diseases, this prompted his special and unwavering interest in the fungal infections ever present in London. He spent most of his evenings studying the specimens he had acquired during that day. His knowledge of the subject was unmatched and he became the undisputed authority on ringworm infections at a time when tinea capitis was the scourge of the city's schools. He gave many demonstrations and was responsible for a number of useful and informative papers.

H G Adamson, an ex-pupil of Colcott Fox, had developed an expertise in paediatric dermatology as, before returning to St Bartholomew's, all his early appointments had been to children's hospitals. With his lifelong interest in mycology he was able to demonstrate the route taken by fungus as it penetrated the hair shaft (Adamson's fringe) countering the views of Sabouraud. He explained that the Professor had been pressing his specimens with solutions of potassium hydroxide which were both too hot and too strong.

The name of Arthur Whitfield, who was appointed to his parent Hospital, Kings, in 1899, has always been associated with fungal diseases: his ointment, lotion and forceps are, even now, occasionally in use. A pioneer of dermatological mycology he was able to demonstrate, in 1908, fungal mycelia in specimens from a patient with interdigital tinea. This fundamental connection had even then not been made by Professor Sabouraud. It was with some dismay therefore that Whitfield subsequently learnt of an obscure publication by one Djelalludin Muktar in an Egyptian journal, making identical claims. Thenceforward he invariably gave credit to Djelalludin Muktar as first in the field. In 1911 he was able to demonstrate, at the Royal Society of Medicine, a patient with "eczematoid ringworm of the groins" along with supportive mycological specimens. This prompted a special visit from Paris by Professor Sabouraud.

Others to show interest in fungal infections were Alfred Eddowes in London and Leslie Roberts in Liverpool. The latter, appointed in 1893 to the Royal Infirmary, was an enthusiastic clinician but also an ardent part-time mycologist who produced a number of competent papers.

However only two investigators, Robert Cranston Low and George Percival, undertook any really fundamental work in those early days; both were Scots, a reflection no doubt on the medical education and training they had received in Edinburgh. Low's work on anaphylaxis and allergic sensitivity to *Primula obconica* is referred to later. On retirement he happily returned to full-time laboratory work and for three

years was Curator of the Laboratories at Edinburgh's Royal College of Physicians. George Percival had his eyes opened during a prolonged period of study on the Continent, not only by the clinical feast provided at *Hôpital St Louis* but also by the scientific enthusiasm of Bruno Bloch in Zürich. On returning home he worked with C P Stewart, correlating calcium and parathormone metabolism with skin disease; he produced several papers on that subject, also on chemical mediators and the response of blood vessels in cutaneous inflammation. In fact he had a contretemps with Sir Thomas Lewis over a paper in which he stated that mediators other than histamine could be inferred in some inflammatory reactions. Percival was not to be deterred by Lewis and his contrary views, so continued undaunted on his way. Bloch, when he heard of these events, referred to Percival as the *Feu sacré* of dermatological research in Britain.

These then, were some of the first in Britain to show any glimmerings of interest in the scientific basis of skin disease. The second World War was to create a gap before the Medical Research Council decided to establish its own special unit in Birmingham

Into the 20th Century

The nation was soon to be preoccupied by war clouds gathering over Europe, carrying threats of chaos, death and economic ruin. No steps to foster dermatology could be taken, but some who had caught a glimpse of one of the great European Centres, must have been considering their own future and the future prospects of dermatology in Britain.

Archibald Gray (1880-1967), son of a country doctor, was born in Ottery St Mary in 1880; his grandfather had served as a naval surgeon at the battle of Trafalgar. He had been an outstanding student at University College Hospital where he won several prizes and became President of the Students' Union. It seems that from an early stage administration was to be his forte. Examinations held no terrors for him and after MRCP and FRCS he turned to gynaecology. Reputedly he was the first man in England to perform a Wertheim hysterectomy and he became an Examiner for the Midwives' Board. It was natural at that time for him to become involved with the management of syphilis, indeed he published articles on the therapeutic use of the new arsenical preparations that were becoming available.

When Radcliffe Crocker died in 1912 the Governing Board of University College Hospital looked around for a successor and alighted on Gray. The place of dermatology had already been established by Todd Thompson, William Jenner, and especially by Tilbury Fox. Gray was bright, ambitious and experienced in syphilology, in gynaecology and in paediatrics as well. After some consideration he finally accepted the offer and was off post-haste to study with the famous Joseph Jadassohn who had moved from Breslau to Bern. Such was the pattern of those days: once chosen the individual was often dispatched abroad to learn the craft.

In 1913 Gray, by that time an acknowledged syphilologist, was made Secretary of the Section of Dermatology at the XIIIth International Congress of Medicine held at the Albert Hall in London. There he met the famous professors, Darier and Neisser, also Jadassohn with whom he had recently studied in Bern. He must have been aware, as Hutchinson had been twenty years earlier, of the poor standing of dermatology in Britain and of the inadequate facilities available.

His appointment at UCH proved a productive one as Gray, who had remarkable organizational skills, was able to gain four inpatient wards as well as laboratory space in the school. Later he was joined by W N Goldsmith and later still, these two welcomed Walter Freudenthal the histopathologist, he had previously worked in Jadassohn's clinic in Breslau where he had become friendly with Goldsmith. Gray with his paediatric experience was soon appointed to the staff of the Children's Hospital at Great Ormond Street where his study of *sclerema neonatorum* proved to be his most distinguished work. By 1916 he was Editor of the British Journal of Dermatology, a post he was to hold for 14 years.

During the first world war Gray, who had been a keen member of the University Officers' Training Corps, eventually became a Lieutenant Colonel with the British Expeditionary Force. When the Official Medical History of the War came to be written he joined Arthur Whitfield to compile the dermatological section. It was during these war years that Gray began to ruminate over the foundation of an Association of Dermatologists. He had to travel around the various university hospitals and used the opportunity to visit dermatological colleagues working in the provinces. He found that many felt distanced from London,

disadvantaged and very much the "poor relations". He was also aware that the Association of Physicians had been founded for similar reasons and was planning to rotate its meetings through a variety of provincial centres. Frustratingly, his "pipe-dream" had to be put in abeyance and could not begin to take shape until 1921, well after the armistice.

Back in civilian life, busy with hospital duties and practice, he continued to formulate his ideas about an association, but this did not deter him from other activities such as becoming vice-dean of his medical school, and in the development of postgraduate education. With Francis Fraser he conceived the Federation of London University's Postgraduate Medical Institutes and the Institute of Dermatology was ever close to his heart. Jonathan Hutchinson would surely have approved.

Awards abounded - CBE in 1919 was followed by KBE in 1946 and KCVO in 1959. He gave the Malcolm Morris lecture in 1945, the Harveian - a rare honour for a dermatologist - in 1951, and the Prosser White in 1954. Perhaps his finest hour was in 1952 when he presided at the first post-war International Congress of Dermatology in London; there had been a long gap since Nekam's Budapest meeting of 1935. The London occasion was held in Bedford College, Regent's Park, a lady's establishment and part of London University, it was judged a great success.

It is not difficult to see how this intelligent man, dismayed by the low standing of dermatology in Britain at that time, should consider the formation of an Association of Specialists; the idea had been germinating throughout the long years of the war. He desperately wanted dermatology to be recognized and it is obvious, from the ultimate successes of the BAD, the Postgraduate Medical Federation and the Institute of Dermatology, that his dreams were finally fulfilled.

He had been President of the BAD in 1939, having been Secretary, long-standing Editor and prudent Treasurer for 20 years. It can justifiably be said that he was not only our Founder, but for decades our very backbone.

Of diminutive stature, he tended latterly to be somewhat shabbily dressed. As a teaching hospital dermatologist Gray could hardly rank with Crocker, Colcott Fox, Whitfield, Barber or Dowling, as a pre-eminent "thinker", but all acknowledge his foresight, his persistence and his administrative skills. On October 13th 1967, this little old man died. He was 87.

Birth of the Association

Gray as Editor of the Journal in 1919 could use its secretariat as a launching pad for this new venture. The minutes of the Editorial Committee of 28th July, read³⁶:-

"The Editor brought forward a suggestion that the guarantors should form themselves into an Association for the purpose of conducting the Journal and also for holding an annual congress, alternately in London and in a provincial centre, with the object of:-

- i) promoting a free interchange of views between the London and the provincial dermatologists and
- ii) dealing more with the academic side of dermatology and syphilis than was possible at the ordinary clinical meeting of the Dermatological Section of the Royal Society of Medicine."

This suggestion was then referred to a special subcommittee where the following was agreed:-

- i) "To hold an annual meeting alternately in London and a provincial centre, lasting one to three days at which subjects of interest in dermatology and syphilology should be discussed
- ii) To become the proprietor of the Journal at present owned by a number of guarantors."

It was also minuted that:-

"Such an Association would in no way interfere with the work of existing dermatological societies but would have the advantage

- i) of bringing together London and provincial dermatologists at more regular intervals than has been possible in the past and

- ii) of dealing with the academic side of dermatology and syphilology in a way that is not possible in existing societies, which are mainly clinical in type;
- iii) of stimulating investigation into dermatological problems, and
- iv) of increasing interest in and providing material for publication in the Journal, which is the sole organ of British dermatology and at present compares unfavourably with many foreign publications."

Gray, a natural administrator, defined the intentions of the Association clearly; he formulated outlines for membership, the appointment of officers and essential regulations. These, with certain modifications, were approved by the Editorial Committee in May 1921. The first meeting proper then followed on the 18th of November at the Royal Society of Medicine. An Executive Committee was then established, rules were agreed and our Association was launched. It was wryly noted that our founder, originally trained as an obstetrician, had proved an accomplished *accoucheur*.

The First Meeting in 1921, appropriately was in London and Morris, who had with Brooke founded the Journal, was the Association's first choice as President. The proceedings opened with a discussion on "Focal Infection in the Aetiology of Skin Diseases". H Leslie-Roberts, the first full-time appointee to Liverpool Royal Infirmary (in 1893), and an enthusiastic clinical mycologist, opened the discussion followed by H W Barber of Guy's. This was a concept then fashionable to explain the inexplicable (since supplanted by notions such as avitaminosis, disturbed immunity and stress, among others). J H Sequeira opened the second topic - "The Wassermann Reaction as a guide to the treatment of Syphilis". He was followed by the distinguished venereologist, Colonel L W Harrison, then in charge of that department at St Thomas' Hospital, quaintly known as Lydia Ward. Syphilis, like tuberculosis, played a large part in the work of any skin physician. Finally, a demonstration of clinical cases was arranged. Some 30 participants attended this first meeting, and it was regarded as a satisfactory beginning.

The Second Meeting in 1922 was a grander affair in Edinburgh, with Norman Walker an imposing President.

Norman Purves Walker (1862-1943), having graduated in Edinburgh, became the first full-time dermatologist in Scotland (Allan Jamieson was a "generalist"). He had studied with Kaposi in Vienna, with Pick in Prague and in Hamburg with Unna where reputedly he became his favourite pupil, translating the famous *Die Histopathologie der Hautkrankheiten*, a monument of intense research and precise observation. He had also translated Hansen and Looft's book on leprosy.

In Edinburgh^{44,45} Walker was an active teacher, but curiously, did not pursue the study of histopathology. His well-illustrated *Introduction to Dermatology* ran to 13 editions, the last (1931) was in collaboration with G H Percival. His appetite for the subject may have waned, for committee rooms were proving attractive. The General Medical Council became his interest and he represented Scotland for thirty years before becoming President in 1931. In addition, he advised the India Office on medical education and for this he was knighted; furthermore for 20 years he was Treasurer at Edinburgh's Royal College of Physicians.

The Edinburgh Department became divided, for half was to go to the long-serving Assistant, Frederick Gardiner, who due for promotion, was entitled to the charge of beds. Academic momentum understandably faltered.

At Walker's Edinburgh meeting "Allergy" was the main topic; Arthur Whitfield, now the BAD's first official Secretary, and Cranston Low, were the main speakers; both were widely regarded as two of the most thoughtful dermatologists around. At the formal dinner in the magnificent college hall, the tables were resplendent with thistles and roses tastefully arranged by Mrs Low. Next day, she with her husband Cranston, entertained the guests at a garden party, undoubtedly the social highlight of the meeting.

Norman Walker was to become a severe diabetic and reaching the last stages of emaciation, was one of the first to be rescued by the timely arrival of insulin from Canada.

Robert Cranston Low (1879-1949) went from Merchiston Castle School to Edinburgh University, graduating in 1900. He had been stimulated by Allan Jamieson, and, after house appointments was off to Breslau where Neisser, the micro-biologist, was using an experimental approach to immunology. This was to lead Low to his long-term interest in anaphylaxis. From Breslau he went on to Hamburg, and thence to Paris, before returning home after two most educative and stimulating years.

In Edinburgh he was awarded the Gold Medal for his thesis, later published as a monograph, on anaphylaxis. He was one of the earliest in Britain to venture into the minefields of allergy and idiosyncrasy, and certainly the first artificially to establish contact sensitivity to *Primula obconica*⁴⁶ in both himself and his brother. He deduced that this reaction was unlike anaphylaxis as the state could not be passively transferred and the antibodies seemed cell-bound; it was also a different process from chemical irritation. Furthermore, he had already established that eczema from primary irritants was not an allergic phenomenon. Cranston Low seems to have been well ahead of his time.

He had learned the technique of *moulage* making from Baretta in Paris and with his innate artistry Low set about making his own wax models. His collection was displayed, along with those from other centres such as Vienna and Prague, at the 1939 International Congress of Medicine in London.

Low was appointed Assistant to Walker in 1906 but did not become the "Senior" until 1924, such were the hierarchical arrangements of those days. He was physically small, whereas Walker was tall, imposing and even austere, but intellectually Low was more than a match for his chief.

The Association's Growth

From 1922 until well after the second war⁴⁷ the annual meetings meandered on gently in their regular if unexciting way. The format through which the venue rotated so that meetings in provincial centres would alternate with London (2:1) was maintained. Attendance was small, less than 60, for membership was closely guarded and indeed restricted; it was a cosy and elite affair, election being a formal process conducted by ballot. Blackballing was not unknown. The London Presidents rotated by seniority, the provincial centres chose their nominated leader to take the chair and some of their names are now unfamiliar.

Distinguished foreign visitors were invited to attend and Howard Fox from New York was an early guest; Svend Lomholt and Haxthausen were both to become lifelong friends. Likewise, the Association arranged that a few British delegates should attend important International Congresses such as the brilliant one in Copenhagen in 1930 and Nekam's meeting in Budapest five years later. These made unforgettable impressions on a fortunate few.

The most prestigious President in those early years was at the Cambridge meeting of 1932 when Humphrey Rolleston, the Regius Professor of Physic, officiated. There had been a meeting in Oxford in 1928 but Cambridge had no pretensions to a skin department though Howard Whittle, then in pathology, was showing interest in the subject. In fact he served as the local secretary for this meeting.

How was it that such a busy and distinguished physician came to grace our small and relatively insignificant meeting? Rolleston had earlier been a friend and contemporary of Wilfrid Fox, the senior dermatologist at St George's, and both had to retire after 20 years' service, a rule which could be devastating to anyone appointed early in professional life. Both had been educated at Marlborough before Cambridge and friendship may well have eased his Presidential appointment; blood is thicker than water. Furthermore, in 1924, Rolleston had revealed interest in matters dermatological with a paper on "Skin manifestations of leukaemia and allied conditions" at our London meeting.

Humphrey Rolleston (1864-1944) was the brilliant son of the Linacre Professor of Physiology at Oxford, and great nephew on his maternal side of Sir Humphrey Davy. After Cambridge, where he gained a double first in the Tripos, he entered St Bartholomew's as a clinical student. After the usual house appointments, he demonstrated in pathology first at Bart's and then at Cambridge as there were no immediate prospects of joining the staff at his own hospital he had to look elsewhere. In 1893 he was appointed first to the Metropolitan Hospital and then to St George's as Assistant Physician where he was nominated Curator of the museum which had been bequeathed to the hospital by Sir Benjamin Brodie; he became a full physician five years later.

His wide-ranging knowledge was to revolutionise pathology at St George's where his erudition, wisdom and experience were readily acknowledged; furthermore an interest in the skin manifestations of general disease is apparent in several of his papers. His first important publication in 1905 was *Disease of the Liver, Gall Bladder and Bile ducts* his last - *The endocrine organs in Health and Disease with an Historical Review* appeared in 1936.

A lifelong association with Clifford Allbutt, with whom he collaborated over the massive "*System of Medicine*", was more than rewarding. He was to follow him as Regius Professor in Cambridge for seven years from 1925. At the College of Physicians, he gave numerous eponymous lectures including the Harveian, and he was Senior Censor and President from 1922-26. Many other appointments and accolades came his way. He supported Lord Dawson during the terminal illnesses of King George V, and was awarded a KCB, then a baronetcy and finally the GCVO.

Humphrey Rolleston was a quiet, self-effacing man. He was characterised by his industry and by his infinite care and accuracy over the written word though he was a prolific writer. His immense knowledge of the rare and the obscure allowed him to approach that pinnacle occupied by the one and only Frederick Parkes-Weber.

S E Dore's London meeting in 1933, broke the usual mould by being devoted to an historical survey with three papers on Robert Willan by MacCormac, by J D Rolleston and by Haldin-Davis; one on "*Erasmus Wilson, his predecessors and contemporaries*" by H G Adamson and "*British Dermatology in the eighties*" by Whitfield. Scottish dermatology was covered by Norman Walker and Percival. These papers are to be found in the Journal of 1933. The price of the dinner at Claridge's hotel seems to have been a bargain at a guinea a head inclusive of all wines.

During the 1939-45 war the Association's depleted meetings were held in London and at the one in 1943 Robert Klaber suggested that careful thought should be given to the post-war status of dermatology, its teaching, its training and the facilities required. Though the idea was widely supported, the ultimate outcome of the war was far from certain, and it was felt that this was not the time for prolonged and detailed planning. By 1944 membership had increased to 80, the Journal was making a profit, and a modest investment was made in War Bonds. Latterly military dermatologists, such as R M B MacKenna and Frank Hellier, and even Donald Pillsbury, Consultant to the American forces, had been invited to present observations of current interest on subjects such as khaki dermatitis, the introduction of DDT, and dimercaprol (BAL), and then later on the use of sulphonamides and penicillin.

Foreign members were now introduced, first as "Corresponding", and later as "Honorary" members. Our relations with colleagues from Canada and South Africa were particularly close and members of the affiliated branches in New Zealand and Australia could participate in our meetings. By 1949 the home membership was up to 120, a figure which was, for the time being regarded as a "ceiling". The subscription was still one guinea a year. It was not until 1964 that the abolition of restricted membership became accepted, it had been championed by both Ingram and Dowling, though a number of "backwoodsmen" seemed keen to cling on to their privileged and exclusive club.

The Scottish Dermatological Society

The origins, evolution and development of the Scottish Dermatological Society have been recorded by Gordon Fraser⁴⁸. It first met in 1924 having been instigated by Norman Walker, fresh from his Presidency of the BAD's highly successful meeting in Edinburgh two years earlier.

Thirteen dermatologists from Glasgow, Edinburgh, Dundee and Aberdeen were joined by Robert Bolam of Newcastle, a crony of Norman Walker, and they were both to become actively involved with the General Medical Council. Originally it was known as the North British Association, in deference to Bolam; the designation hardly surprisingly proved unpopular and was later changed to its present more acceptable form. Meetings were held three times a year, one in Edinburgh, one in Glasgow and a third rotating between the other centres. These were informal clinical affairs without papers, indeed for some years minutes were not kept and subscriptions were not required. Qualifications for joining were not defined at first but until the 1939 war, only senior dermatologists were proposed. Attendance was sometimes low, occasionally even in single figures. In Aberdeen in 1936 but three supported Tom Anderson, the host.

After the war, and the launch of the National Health Service, the Society inevitably became transformed, losing something of its friendly informality; with the changing medico-political scene, involvement with education and training had now to be considered. A new Constitution evolved in 1968, with a wider

membership and a new pattern of meetings; formal papers were included, the duration was extended and visiting guest speakers were to be invited.

The Scottish Dermatological Society is now a force to be reckoned with in the modern arena, proudly asserting its place in dermatology and pointing to Willan, Bateman and to Addison, to her own heroes, and to the many adventurous sons who migrated South such as Pringle, MacLeod, Mackenzie, MacCormac and Galloway.

A New Generation

The inter-war years were marred by economic woes and the disastrous general strike of 1926. Nevertheless, they witnessed a growth in the number of hospitals that supported skin clinics and more doctors, mostly general practitioners, showed an interest in skin patients. Such clinics thrived, or simply survived, depending on the energy, industry and enthusiasm of the physician-in-charge and the support provided by the hospital authorities. Self-contained departments as in Edinburgh, were unknown in England, with the exception of Sheffield where Rupert Hallam, taking over the care of skin patients earlier than expected, showed remarkable foresight. Many cities could provide ample clinical material to justify such an enterprise but there was no money, no university funding and little general interest. Dermatology was not even in the doldrums, it had yet to put to sea. However the firmament was to be brightened by several individual stars.

Harold Wordsworth Barber⁴⁹ (1886-1955) was in 1919 the first Dermatologist to be appointed to the staff of Guy's, one of the last of the London teaching hospitals to take this step. He had been preceded by a distinguished series of physicians. Thomas Addison had been appointed, after no little argument, Assistant Physician in 1824: an Edinburgh graduate he had been a pupil of Bateman and of Willan, and indeed had worked for a while at the Carey Street Dispensary. There followed Gull, Wilkes, Hilton Fagge and Pye-Smith, all physicians interested in and making useful contributions to the study of skin disease¹⁷.

Barber, the son of a Nottingham solicitor, arrived at Guy's from Cambridge; unusually bright, charming and cultured, he was clearly marked for advancement. In 1913 he won the Arthur Durham Travelling Scholarship which took him to Paris where he came under the spell of Ferdinand Darier, the incomparable morphologist, with whom he developed an enduring friendship; then on to Unna's clinic at Hamburg where he savoured his quite different, pathological approach. Returning to Guy's he amply confirmed the qualities he had displayed earlier as a Medical Registrar but an inevitable five years in the RAMC delayed his return. In 1923 he was appointed Physician-in-Charge of a Department for Diseases of the Skin - Guy's had schemed well.

He was to become the pre-eminent clinician in London. His knowledge of general medicine, his reverence for French morphological precision, his retentive visual memory, but above all his charisma, ensured a busy life in his clinical work at Guy's and private practice. He produced papers of unusual interest for his ideas were often novel. He attracted a retinue of devoted acolytes who became enthralled by his teaching and charm, while at meetings or lectures he would always command rapt attention. As a therapist he was incomparable, due in part no doubt to his personal brand of "magic". He remained a sincere advocate of the "art" of medicine, encouraging his pupils to appreciate an attitude he felt was in danger of being lost in the modern scientific revolution.

Barber was totally at ease in the drawing rooms of London society. His handsome appearance, his courteous if somewhat aloof bearing, and his wide and cultured interests ensured respectful attention. With a French wife it was hardly surprising that he displayed an expertise in gastronomy and a critical appreciation of fine wine, but his fascinations for cricket, horse racing and steam trains were unexpected; latterly he became an ardent birdwatcher.

His contribution to dermatology, even with hindsight, is less easy to assess. He delved deeply into the pathogenesis and aetiology of skin disease but developed enthusiasms for concepts which now seem a little facile. With Arthur Hurst, the distinguished gastroenterologist, he explored the relationship between the gut and the skin. Metabolic faults, detectable by esoteric urinary abnormalities, were also investigated but above all his ideas about "focal sepsis" as an explanation of a diversity of disease occupied much of his thinking. Patients with lupus erythematosus, urticaria and indeed most of the commoner problems, were explored to discover some cryptic infection. Teeth, tonsils and appendices were ablated with abandon.

He served twice as President of the Section at the Royal Society of Medicine and twice as President of the BAD. He gave the 1929 Lettsomian Lectures and the 1952 Prosser White Oration. His memorial service was held in the Chapel at Guy's and the packed congregation gave his family some idea of the intensity of esteem and affection his colleagues, pupils and patients wished to express. The likes of Harold Barber are seen but once in a life-time.

Hard on the heels of Harold Barber, came his ex-pupil and colleague, Geoffrey Dowling, whom he had stimulated to consider dermatology as an alternative to pathology. In later years the protégé might be seen to smile wryly at his master's incurable romanticism and his attachment to French foibles and diathetic notions.

Geoffrey Barrow Dowling (1892-1976) stands high in the opinions of the post-war generation for the quiet and unobtrusive stimulus he was to give to British dermatology; it led to a resurgence and modest restoration of national pride. He had been Secretary of our Association, President in 1956 and his thoughts were never far from our affairs.

He was the son of the organist of Cape Town cathedral and his family was closely involved with all aspects of musical life⁵⁰. For his education, he came to England where after three miserable years at the Exeter Choir School he moved on to Dulwich College. His sights had first been set on the Navy, but he was not accepted for Dartmouth so it was decided that he should instead go to Guy's to study medicine. His training was inevitably interrupted by two years in France as a cavalry trooper, which though uncomfortable did not prove dangerous; furthermore he claimed that he had been able to develop some useful culinary skills.

He graduated in 1920, gaining the MRCP that year and an MD the next, a feat now impossible but providing a clue to his ability. He was appointed to St John's in 1926, after, he claimed, a remarkably relaxed interview. J M H MacLeod was in charge of pathology and Dowling, whose laboratory skills were to prove more than useful, joined him to study the role of *pityrosporon ovale* in the genesis of *seborrhoeic dermatitis*.

His next appointment was to Goldie Leigh, a long-term residential Hospital for Children providing treatment for scalp ringworm, then endemic in London. In 1927 Dowling was appointed Assistant Physician to the Skin Department at Guy's where he stayed until 1933 before moving across to St Thomas'. Facilities there were limited and venereology claimed more space, more "student-appeal" and more patients. Two beds were allocated for skin patients, one for each sex; the standing of dermatology was not high.

It was not until after the second German war, largely through the inspirational touch of his new junior colleague, Hugh Wallace, that Dowling's influence became manifest, his erudition, medical knowledge and kindly wisdom having lain hidden under a shy and modest exterior. More about this exceptional man will appear later.

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Another who served the BAD in three roles, Editor of the Journal from 1930-38, Secretary for two years in the war and President in 1946, was Archibald Roxburgh, a quintessential London consultant.

Archibald Cathcart Roxburgh (1886-1954), born in Chile, was educated at Charterhouse, Trinity College, Cambridge, where he obtained a First, and then St Bartholomew's where he gained the top entrance scholarship. All three of his sons became doctors following their father's Cambridge and St Bartholomew's path. His brother was the famous Headmaster at Stowe, the newly founded public school.

He qualified in 1913 and after a number of house posts served in the RNVR throughout the first world war. He came back to work as Adamson's Chief Assistant from 1919 before being appointed to the consultant staff working in both the skin and venereal disease departments and proved to be a brilliant teacher of medical students. He arrived at St John's in 1924, at a time when teaching hospital consultants were being invited to join the staff there; in fact he later became Dean of the London School of Dermatology from 1924-30. He also joined the staff of other Hospitals - the Masonic, Wembley and Hampstead Children's, a peripatetic life was then the norm.

Roxburgh was a practical man with a ready sense of humour. He did not relish the highfalutin theories emanating from some of the academic centres and he had not studied abroad. Photography became more

than a fascinating hobby to him and he used it extensively in his clinical practice. His successful textbook "*Common Skin Diseases*" first appeared in 1932 and ran to many editions, later being re-edited by his successors at Bart's. The illustrations were from his own collection and a commonsense approach ensured that "Roxburgh" remained a favourite for generations.

He introduced Wood's Light, a fluorescent lamp, from France (Adamson, his senior, was an enthusiastic mycologist) and Thorium-X, a radio-active alpha emitter used as a topical paint which became a popular application for treating capillary haemangiomas, lichen simplex and psoriatic plaques; the long-term results were unconvincing.

Devoted to the BAD and the Section at the Royal Society of Medicine, Roxburgh clearly loved his work. His obituarist considered the words of Cassius - "a plain, blunt man, that love my friend".

* * *

It was not until 1927 that Leeds Royal Infirmary saw fit to appoint its first consultant dermatologist.

John Thornton Ingram (1890-1972) proved to be a mainspring in the Association; as Treasurer he guarded its finances for 20 years, and in 1947 he was President.

From University College he had gone to the London Hospital for his medical training, which was interrupted by war service, at first with the Artists' Rifles. Under the spell of his great hero, Jonathan Hutchinson, Ingram, having qualified in 1924, worked with Sequeira in the Skin Department. Later when he became First Assistant he revealed his ability, enthusiasm and considerable ambition.

Though small in stature, and shy by nature, John Ingram had charisma; from the outset he believed and taught that dermatology and general medicine were inseparable. A thorough history and full physical examination were demanded, and he was ever ready to consider psychological factors. Leeds students were easily recognized, so well had they been drilled in dermatology; he even persuaded the University to include the subject in the final MB examination and to introduce an external specialist examiner. His dynamic energy enabled him to achieve his aim within 12 years - a fine clinic, plenty of departmental space and facilities which seemed extraordinary by the standards then current. He was first joined by Frank Hellier and after the war by Stephen Anning.

As a result of his personal reputation, overseas visitors and postgraduate students, especially from Australia, visited his clinic. Apart from his teaching, and his insistence on a meticulous examination and the accurate recording of data, his fame rests on the "Ingram Regime", a treatment technique for chronic psoriasis. This consists of daily tar baths, irradiation with ultra-violet light and application of dithranol paste, in various concentrations, under a stockinette dressing. It has stood the test of time.

In 1939, as a full Colonel in France with the BEF, he strove to separate the care of skin patients from those with venereal disease; furthermore, he pressed that female nurses should tend skin patients in hospital; both ideas were to be implemented. In the Autumn of his professional life he held the Professorial "fort" in Newcastle for five years, paving the way and keeping the Chair warm for Sam Shuster.

Ingram did not claim to be a scientist but was a careful observer, a brilliant teacher and a forceful personality. He wrote many articles especially on *psoriasis* and *scleroderma* and was joint author of the later editions of Sequeira's "*Diseases of the Skin*". It was he who persuaded Leeds University to pass Hutchinson's "*Archives of Surgery*" for safe keeping to the Willan Library.

John Ingram, like Archibald Gray, was of small stature and with abounding energy; both showed extraordinary organizational skills, invaluable in the early days of the Association; both stressed the importance of a close relationship with general medicine and with the Royal College of Physicians. Many of his admiring pupils became "infected" with his remarkable enthusiasm.

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In Edinburgh, the Skin Department for a time seemed to lose its way after Norman Walker found himself sharing authority with a general practitioner-cum-dermatologist - Dr Frederick Gardiner. However, its

fortunes were to be restored by G H Percival, an unusual man, a product of George Watson's College and Edinburgh University. The way he hit on dermatology as a career was remarkable.

George Hector Percival (1902-1983) joined the Skin Department in 1923. He had been looking for a clinical post after a spell of research with Professor Cushny in pharmacology and one in ENT was advertised. On his way to enquire about it he saw that Dermatology needed a locum House Physician, he was accepted on the spot. Four years later he was Assistant Physician to the Department^{44,45}.

In 1936 Percival was appointed Consultant-in-Charge of a newly built block in Edinburgh Royal Infirmary, where dermatology had a self-contained unit that included beds, out-patients, and laboratories. In fact he made his main mark on British dermatology in the years before the war while many of his contemporaries remained either unaware of his great abilities or vaguely disturbed by them. He possessed considerable charm and great intelligence but could be contemptuous of colleagues and was convinced that London was behind Edinburgh, particularly in the realm of skin therapy. Perhaps it was, for his team had made a special study of local treatment, and the redoubtable Sister Elizabeth Toddie had written a book on the subject.

This brilliant man could have made a much greater mark on dermatology had his attention not wandered, for example into the realms of Chinese jade or the ageing of salmon as detected by a microscopic examination of their scales. Nevertheless what he built up has developed into the present flourishing department at Edinburgh. As for his contemptuous mien, while he was certainly no respecter of persons, nevertheless he welcomed spirited opposition and was always exceptionally loyal to his own staff.

WW2 and its Aftermath

There could be little progress in dermatological affairs during the Second World War and in the immediate post-war years; doctors had left their practices to join the forces, teaching in medical schools was disrupted, and civilian healthcare became the responsibility of the Emergency Medical Service. Bombing of cities and industrial targets was anticipated, though surprisingly delayed; senior doctors emerged from retirement and the EMS shouldered this tremendous load with characteristic British resourcefulness. For administrative reasons London was divided into sectors, each with a teaching Hospital, usually adapted as a Casualty Reception Station, at its peak. Each zone, fanning out into the country, would take in local hospitals where Skin Clinics were to be conducted, so that one dermatologist might well serve several hospitals. Geoffrey Dowling, for example, used a motorcycle to get around his "parish"; in the winter and with the "blackout", this proved extremely taxing.

Some of the established consultants, especially those with administrative skills, had successful careers in the services, some had already been Territorial Officers or in the Reserve. John Ingram went to France early on, while the young Liverpool dermatologist, R M B MacKenna, then in practice with his father R W, moved to the War Office to become Adviser in Dermatology to the Army. These two men were able to upgrade the status of dermatology in the eyes of the military; furthermore, skin patients were to be treated separately from those with venereal diseases, which naturally seem to flourish in times of war.

Unusual chemicals were introduced into military clothing and an outbreak of "khaki shirt" dermatitis⁵¹, with its purpuric features, caused interest and puzzlement. Dermatitis from military footwear was not uncommon but never assumed the dimensions of that which afflicted the Americans in Korea, or for that matter our own forces in the Falklands in more recent times. Therapeutic advances were notable: sulphonamides appeared in the early stages of the war, being used topically as well as systemically. As a result in North Africa, the Mediterranean sunlight provoked photosensitivity and other inflammatory patterns were also noted. Grant Peterkin of Edinburgh, serving in that theatre, wrote of his extensive experience of sulphonamide sensitivity. The first appearance of penicillin was as secret as it was exciting for it was prescribed for Winston Churchill's pneumonia; it was then to become available, most sparingly, for dermatological use. Its effects in the first place seemed nigh to miraculous and were reported by Hellier and Hodgson among others. DDT proved invaluable in eradicating the infestations which scourged so many prison camps. Malaria prophylaxis was vital to preserve a soldier's fighting capability; once this had been assured by the swallowing of a daily mepacrine pill, the improved performance of our forces in the tropics brought added kudos to the medical establishment. However the subsequent development of tropical lichenoid dermatosis caused concern, the

American forces in the Pacific being more affected than the British. Chloroquine, mepacrine's successor, without its skin staining tendency, was better tolerated.

Once the American Forces had joined ours, military dermatologists soon got to know their counterparts, and friendships developed many of which survived long-term. American generosity is well known; their somewhat different approach to dermatology, as apparent then as now, depends on a training and education closer to the Continental pattern than that of Britain. Their social and their professional expectations are as different from ours as are their economic strengths. These newly acquired friendships were to prove a long-lasting bonus.

Some less fortunate individuals suffered the privations of incarceration: prisoners of War in the hands of the Japanese were ill-treated and Louis Sefton, who had trained at the London, wrote of his experiences⁵² in Singapore which he faced with detachment and bravery. He had charge of a hospital with at least a hundred "Skin" beds and recorded his observations over three years. He was puzzled and amused to report that the enigmatic "seborrheic dermatitis" disappeared after nine months of imprisonment. In his view this cast doubts on the various pathogenic theories then popular - vitamin deficiency, dietary imbalance and psychological stress; his patients had more than their fair share of each.

Regular meetings of the BAD, albeit in low-key, had continued throughout the war. The 25th in 1945 was held at the Royal Society of Medicine and "there was a good attendance of members and visitors". The special discussion was on "Penicillin in the Treatment of Skin Diseases" presented by R M B MacKenna, Adviser in Dermatology to the Army, and Frank Hellier - both were enthusiastic about their experiences. The concluding dinner at the Dorchester was gracious and "Formal Dress" was still *de rigueur*.

Post-War Recovery and Development

At the end of the war, a Britain exhausted from prolonged privation, years of food rationing (nutritious but uninspiring), and a shortage of fuel and of clothing, had to cope with broken-down cities, factories, railways and docks. Concerns about the health of returning warriors and family estrangements, were borne with fortitude as optimism, nourished by the mighty American aid effort, began to return. Once victory was achieved, relief was overwhelming; Churchill's National Government, which had included representatives of the main political parties, was disbanded and a General Election was called. There was a widespread feeling that a change was needed, and an overt socialist campaign had latterly been run in the forces; it was not surprising that Clement Atlee's Labour party took over.

The new Government was occupied in demobilizing the services and in reconstruction, both of the environment and of the social fabric. The Emergency Medical Service had coped well during the war but there was no question of reverting to the pre-war pattern of medical care with Voluntary Hospitals and their Honorary staff on the high ground, and more modest Council Hospitals with paid staff elsewhere, while the Panel system dealt with general practice.

W H Beveridge, an enthusiastic social reformer, had met Churchill, then a Liberal, in 1907 to discuss ideas on national efficiency. Beveridge, as unpopular with the Unions as he was with the Labour movement, was then a Secretary at the Ministry of Food; later he became closely involved with the London School of Economics. Throughout his life he was obsessed by the social injustices in Britain and his inquiry into Social Service began in 1941 and was presented the following year; it was viewed with disquiet by the Churchill Government but was widely acclaimed elsewhere. In 1943 it was agreed that his proposals could act as a "blue print" for a Welfare State with insurance against want, disease, ignorance, squalor and idleness.

Aneurin Bevan was Minister of Health in Atlee's post-war Socialist Government, a tough Welsh coal miner like his father before him; he possessed a sparkling intellect and was a brilliant orator. His National Health Act of 1946 promoted universal free medical and dental care, the nationalization of hospitals which were to be run by Regional Boards, the abolition of the sale of medical practices, universal education to the age of 15, and legal aid. All of these were to be funded from general taxation. It took two long years of negotiation with the medical profession: tempting carrots, such as part-time contracts and Merit Awards, had to be dangled to entice the influential and largely antagonistic hospital consultants to accept. But in 1948 the National Service

became a fact and Bevan, an ever-present thorn in Churchill's flesh, had won. He then set about repairing the country's war damaged houses, and erected thousands of ugly but practical "Prefabs".

Doctors were demobilized in an orderly fashion and soon large numbers of young, potential consultants were seeking hospital appointments and postgraduate training. In this way the "Demobilization Registrar" posts evolved, with a salary of between ,500-600 a year and the chance to settle into an educational environment. It proved an enlightened system. The London teaching hospitals combined to support these skin registrar posts, and St John's became a focus offering places for registrars and clinical assistants as well as courses of lectures and teaching in histopathology, mycology and radiotherapy. The Institute of Dermatology had yet to be launched. The Blackfriars Skin Hospital, still in operation but losing its appeal, was soon to close. In Scotland the departments both in Edinburgh and Glasgow provided posts and the former in particular attracted overseas students; G H Percival and Grant Peterkin were stimulating, both highly effective if contrasting teachers. In those days it was possible to obtain the Edinburgh Membership with dermatology as a special subject, and this encouraged a continuing supply of able postgraduates. Nothing comparable existed at that time in England where the greatest activity was in London, though Leeds, Sheffield and later other centres such as Newcastle, Bristol, Oxford and Cambridge were soon to play their part.

In London, prominent teachers included Thomson at King's, Roxburgh with Klaber at Bart's, O'Donovan at the London, Forman at Guy's where Barber, though still alive, restricted his attention to a favoured few. Goldsmith was at UCH with Freudenthal in the background, and Tom Brain was at the Royal Free and Great Ormond Street. At St Thomas' the knowledgeable but arcane genius of Geoffrey Dowling was revealed, interpreted by his shrewd junior colleague Hugh Wallace, to a number of men who were to become well-known in years to come. All of these teachers attracted lively groups and biographical notes follow.

Teachers in Post-War London

Matthew Sydney Thomson (1894-1969), a self-effacing man, had been Secretary of the BAD for three years from 1945. After Merchant Taylors and Downing College, Cambridge, he entered King's College Hospital Medical School where he proved a bright student winning the Burney Yeo Scholarship and coming under the eye of Arthur Whitfield. After House Appointments he became Medical Registrar, assisting in the Skin and V D Clinics. Having served as First Assistant to Whitfield he was finally put on the honorary staff in 1933; other appointments soon followed. Throughout the 1939-45 war, with Whitfield totally embroiled in medical outpatients, Thomson became Resident Casualty Officer at King's, and this work along with the routine Skin Clinics, provided a tremendous load; nevertheless his handwritten letters, were always promptly despatched.

"Tommy", a popular member of staff, was to become well-disposed to the newly demobilized King's men; in fact he taught many, directing a number to distinguished careers. He published several papers, but his report of *Poikiloderma congenitale* (Rothmund-Thomson) in 1923 ensured lasting fame. In 1958 he retired to the coast, cutting himself off from London, to tend his garden and stamp collection.

Robert Klaber (1900-1946), was Roxburgh's Chief Assistant at St Bartholomew's from 1933, displaying natural teaching ability and wide erudition. At the Prince of Wales' and the Haymeads Hospital in Bishops Stortford he developed excellent units within the Emergency Medical Service but his life was to end abruptly and prematurely.

After his house appointments he had enjoyed a period in Vienna before returning to Bart's as a demonstrator in pathology and a Clinical Assistant in the Skin Department, a combined arrangement which provided an ideal base for his future career. He published some excellent papers - observations on contact sensitivity, particularly *phytophoto-dermatitis* from meadow grass and the puzzling, even though self-acquired, phosphorus sensitivity from red-headed matches (he was an inveterate smoker). Other studies such as on *glomangioma*, *necrobiosis lipoidica* and *erythema gyratum perstans* revealed his wide reading and a mature understanding of skin pathology.

He amassed a large collection of histological specimens at St Bartholomew's Hospital and gained something of a personal reputation as a dermatopathologist, at a time when these were few and far between.

It should be remembered that in the early part of this century responsibility for venereal disease was the lot of the dermatologist. Syphilis was being treated with the arsenicals, which, with the new serological tests, were to bring special interest to the study - and generated respect for the specialists. It was for this reason that the Continental clinics achieved such standing with their lavish departmental space, central funding and high academic status. In London Macormac and Gray both gained generous allocation of beds.

William James O'Donovan (1886-1955), the eldest of a large Irish Catholic family, was educated privately before entering the London Hospital in 1909. He was attracted to pathology eventually becoming Junior Assistant to the Director. This led to his appointment as CMO at the Ministry of Munitions in the 1914-18 War, the acquisition of an interest in industrial skin disease, and the receipt of an OBE. Sequeira took him into the skin clinic, first as an assistant and finally appointing him to the full staff in 1926. Like his teacher he became an expert syphilologist.

"O'D" did not conform to the mould of a conventional consultant - far from it. As colourful as he was eccentric, he continued to be a Coroner's pathologist. With his morning coat and top-hat, a monocle firmly fixed in his eye, he made a striking and unforgettable figure. His Irish brogue and quick repartee caused him to be revered (and feared) in the London Hospital Clinics. In 1927 he wrote his own book - "*Dermatological Neuroses*". It was hardly surprising that the large Irish community, bemused by his wit and badinage, and the fact that he was now a Papal Count, elected him as their Member of Parliament for Mile End - a seat he held for five years.

O'Donovan's fame in the hospital was based on his personality but he was not accepted by many of the more established and conventional of his colleagues; some may have been fearful of his acid tongue and some incensed that he continued to work for a Coroner's court. He did not become a member of our Association for many years and was never elected a Fellow of the Royal College of Physicians. At the London he was in control of a busy clinic, where his teaching sessions proved magnetic to the students. An expert syphilologist, he remained in total charge until the formation of the Whitechapel Clinic in 1930. In the 1940s he found himself in Egypt, dressed in army uniform, as Adviser in Dermatology; there he astounded all with his caustic wit but particularly with his thoroughly unmilitary behaviour.

William Noel Goldsmith (1893-1975) edited the British Journal of Dermatology for 10 years, taking over from Roxburgh. He coped single-handed during the difficult days of war-time restrictions in London and virtually saved the journal from oblivion.

His father had come to England and founded the London Metal exchange, his uncle Viktor had been Professor of Mineralogy at Heidelberg University. William was born in Kensington and after Rugby and Pembroke College, Cambridge entered UCH Medical School, qualifying in 1918.

After a spell in the RAMC he returned to London, passed the outstanding exams and worked with Archibald Gray in the Skin Department as his Assistant. This led to a year of travel, thanks to the Radcliffe Crocker scholarship in the gift of the Medical School. He spent most of his time in Breslau¹² with Joseph Jadassohn working with Frei, the bacteriologist. "The staphylococci in acne vulgaris" was the subject of his MD thesis. In the department were Jessner, Biberstein and Freudenthal, the latter being particularly friendly and this friendship was to be repaid in later years.

In 1928 he achieved a consultancy at St John's for one weekly outpatient clinic. In 1932 he was appointed Assistant Physician to the Skin Department; now a full blooded "Honorary", at UCH, he assumed charge on Gray's retirement in 1946.

Goldsmith (the name had changed) was a hybrid. Genetically he was of middle-European Jewish stock, with high-achieving intellectual parents, but was sent to a superior English public school, and then Cambridge, before entering a conventional London Medical School. Conscientious to a degree, the epitome of industry and learning, the studies he published, and there were many, were undertaken with exquisite care. He decided, at considerable cost to his energies and time to edit the first "Recent Advances in Dermatology" which appeared in 1936, recounting worldwide developments over the previous 20 years. Later he helped R M B MacKenna to compile the Dermatology Section of the "Nomenclature of Disease" promoted by the Joint Committee of the Royal College of Physicians.

In the clinic he was the essence of kindness to his patients, but his manner was ponderous, and his students had been known to shut an eye during some of the longer sessions; more noteworthy was the senior registrar who took a shooting stick on one of his ward rounds. He often chose to examine the patient before embarking on the history and of course insisted on precise morphological detail. P J Hare noted⁵³ that it was easy to misjudge Goldsmith's solemn expression, likening it to Roman gravitas. Though of exceptional erudition, he was not pompous but basically a humble, shy man who enjoyed fun. He gained great pleasure from his music and his vast record collection; he also followed the fortunes of the English ballet and was no mean performer on the dance floor himself - he was said to find the Charleston intoxicating!

Goldsmith knew everyone who was anyone in world dermatology. His genius for friendship was remarkable and he was a loveable man. Many of similar ethnic background had emigrated to the USA giving a powerful and vital thrust to American dermatology; such contacts later proved useful to the travelling young.

Walter Freudenthal (1894-1952), an erstwhile Breslau colleague of Goldsmith, arrived at UCH in 1933 bringing his expertise in dermatopathology. He co-operated with Dowling who came to admire his unusual talents, he even encouraged his own students to attend Freudenthal's teaching sessions. London University honoured him with the first Readership of Dermatological Histology.

Louis Forman (1901-1989) had been President of the BAD in 1960, and was, after Dowling retired, the doyen at St John's, the Dowling Club and the RSM section. Deservedly he was awarded the Society's Honorary Fellowship.

Entering Guy's⁵⁴ in 1918, this brilliant student carried off many prizes and distinctions. After qualifying in 1923 he served some of the famous Guy's physicians as houseman, then for four years worked as a general physician at St Olave's Hospital where Geoffrey Dowling was the visiting dermatologist. This proved opportune, for Forman was smitten by the magic of dermatology and returned to Guy's in 1930 as Skin Registrar. When Dowling moved to St Thomas' in 1932, Forman was appointed Assistant Physician, joining Barber in the Guy's Department; in 1935 he joined the staff of St John's.

War-time for Louis Forman was exhausting. As Consultant to the Southeast Sector of the EMS he had to travel around many hospitals giving a clinical service as well as still teaching the students; he was also Sub-Dean of the medical school which was then based in Farnborough. After 1945, with the influx of demobilised registrars to the department, Forman became their "Director" for Barber was nearing retirement. Histopathology of the skin, still a Cinderella subject, was keenly studied and discussed, indeed Forman was ready to consider any problem presented. His clinical memory was remarkable and invaluable.

His study of erythema nodosum appeared in 1946 but it was the relationship of bowel and skin, an early interest of Barber and others at Guy's, which continued to fascinate him. He was conscious of his predecessors and proud of his Guy's lineage. His Prosser-White Oration "The Skin and the Colon" revealed deep understanding of a complex field; throughout his life he maintained an intense interest in any disease process affecting the oral mucosa.

"Lolly" was approachable, patient and tolerant. His unworldly air and ability to disregard what was currently in hand, led to slow consultations with his clinics regularly over-running their allotted span; he was generally seen to be deep in thought even thinking aloud between prolonged silences. Unmarried, he lived in comfort and had countless friends. Tennis and his piano had given him pleasure, even the tragedy of failing vision seemed not to dampen his enthusiasm. He was popular, generous, and greatly respected. Dermatology had been his life's interest and his love.

Reginald Thomas Brain (1894-1972) had been a pupil of Sequeira at the London Hospital along with O'Donovan, Ingram and Arthur Burrows; he came to be treated by them as a father figure for he was older and seemed worldly-wise.

During the 1914-18 war he had served for five years in the Army Medical Service acquiring skills in laboratory work so, when installed at the London, he was able to develop this interest, becoming an expert in handling viruses, especially herpes simplex. This experience served him as the basis for his Watson Smith Lecture, and probably influenced his appointments to the Royal Free, the Hospital for Sick Children at Great Ormond

Street and even St John's. At the latter, apart from clinical work, he took over radiotherapy, an interest he had acquired from Sequeira; his dosages by modern standards may now seem somewhat cavalier.

Tom Brain was no great contributor to the literature, but having been Sequeira's First Assistant, he participated in the later editions of his textbook. With Northern accent, bald pate, and blunt manner he was at home with children, their parents and their diseases; his down-to-earth teaching was ever popular. Individual in his style he may have been, but he was also much loved and respected.

St Thomas' Hospital it was Hugh Wallace who identified and exploited the peculiar talents of Geoffrey Dowling as a postgraduate teacher. In the Surrey Sector hospitals, they served there were plentiful clinical slots where the ex-service registrars could be placed to gain practical experience, providing scope to nourish what proved to be an impressive cohort. Those to enlist and train at St Thomas' over these years included many of our future leaders - Wells, Rook, Sweet, Wilkinson, and Lyell to name but a few. During the war years Robert Bowers had been Registrar with E W Prosser-Thomas Chief Assistant; soon Ian Whimster arrived in the pathology department, and, encouraged and stimulated by Dowling, was developing more than a passing interest in the vagaries of skin behaviour.

Dowling tended to make friends at St Thomas' with the less conventional of his colleagues as he was not at ease with the "establishment" figures, and they abounded there. He was thought at one time to harbour left wing ideas, for there was indeed a coterie (mostly ensconced in various laboratories) of such around; in fact, though he was a thinking, caring man, brought up in the liberal Anglican society of Cape Town, these suspicions were not far off the mark. Quiet, shy and seemingly gruff with little appeal for the uninitiated student he came to be regarded as a "character" in the Medical School. His musical interests led him to the Hospital Choral Society then run by Wilfred Dykes-Bower, a Thomas'-trained GP, brother of John the organist and Stephen the architect. This musical interest brought Dowling much joy, later he became President of the Society. In 1938 Renwick Vickers paid a short visit to look around the London Hospitals and he found his reception by Dowling unusually warm, a common devotion to choral music cemented their friendship over the years.

During and immediately after the war Dowling developed an interest in treating patients with lupus vulgaris. Finsen's actino-therapy, as used at the London Hospital, had become more popular than the earlier methods of chemical or thermal destruction. Dowling deduced that administration of calciferol, (high potency Vitamin D) might benefit patients with long-term tuberculous infections. With K M Tomlinson as his assistant, his own observations confirmed this idea, and in 1945 he was able to demonstrate a selection of his cases at the Royal Society of Medicine. (Similar observations were being made in France by Professor Jacques Charpy). The impact was short-lived for the specific anti-tuberculous drugs were soon to become available.

With Walter Freudenthal settled in his laboratory at University College Hospital, Dowling became aware, as never before, of the potential of such a superb histopathologist; the two formed a friendship based on a mutual respect of each other's expertise. This led in 1938 to a joint study of the muscle changes in systemic sclerosis, and then to a review of scleroderma and dermatomyositis which formed the basis of his Watson-Smith Lecture.

It was indeed fortunate that Wallace recognized the unique qualities of Dowling - the clear thinking and an ability to distinguish between the significant and the irrelevant. He knew of Dowling's humility and inability to contradict, his difficulty in explaining his essential diagnostic "steps", and particularly in communicating with undergraduate students. However, with his remarkable memory and such critical faculties he was the complete clinician, who could stimulate and enthral his group of enthusiastic registrars without any hint of patronage or deference. Wallace, understanding this quiet observer, could act as interpreter; he planned that Dowling should play a "Professorial" role.

Hugh John Wallace (1909-1985) from Bedford School and King's College Cambridge moved to St Thomas' Hospital Medical School for his clinical training. It became his second home. As house physician he had served Geoffrey Dowling and marvelled at the wisdom of this unassuming man.

His war years were spent as Superintendent of the "Woking War", a disused railway orphanage then a hospital, as administrator and physician; he undertook the teaching of the undergraduate students and

Membership candidates with skill and good humour. His curious short stature, the result of some vertebral anomaly, his muscular frame, bald head and delightful countenance presented an unusual appearance. An impish humour with a penchant for the absurd made him good company - often outrageous and always entertaining.

In the early days he had considered a career in paediatrics, but from 1939 he had worked in various skin clinics with Dowling as his Assistant, and in 1946 he was on the staff of St Thomas' continuing to serve a number of other hospitals in the Sector. From these he could refer to the parent Hospital patients of interest for investigation and teaching. Thus the scene was set for reception of the demobilized doctors joining the St Thomas's team, to work in the Sector hospitals and to benefit from the "Headmaster's" guidance and teaching. Without doubt it was Wallace's vision, friendliness and clever assessment of this potential, that was to lay the foundation for a high calibre "production line". The outcome was an élite group soon to be responsible for an upturn of our dermatological fortunes - a *renaissance*, no less. Hugh Wallace himself was a gifted teacher, a wise physician and an astute dermatologist, popular at St Thomas' and St John's to which he was appointed in 1951.

His most important project, prompted by Dowling, was to elucidate the status of *lichen sclerosus et atrophicus*, a condition which had been befogged by a particularly clumsy gynaecological jargon, and to clarify its position *vis-à-vis leucoplakia* and *carcinoma* of the vulva. His exposition was later to be accepted by most pathologists and any clinician who favoured the use of a microscope; it formed the basis of his Prosser-White Oration.

His other main study concerned a family with *angioma corporis diffusum* - Anderson-Fabry disease and he was delighted to find that the St Thomas' surgeon, William Anderson, had recognized it ahead of Fabry. He identified the precise nature of the dyslipoidosis and established its mode of inheritance, it was the basis of his Watson-Smith Lecture.

Articulate speech was not his forte; a series of grunts, pauses, winks and innuendoes could make his train of thought difficult to follow: some felt that he could imply intemperate ideas without actually declaring them. He was our representative at the International Congresses of Dermatology and as a keen traveller was sought after at many meetings; he was informative and an entertaining speaker. A great protagonist of Anglo-French cordiality, as President of the BAD in 1974 he hosted the Reunion and was able to exercise his linguistic skills.

Hugh Wallace endeared himself to all but not least to his patients who, aware of his professional skill, were enchanted by his personality.

Ian Whimster (1924-1979) volunteered as a young doctor to go and work in Belsen before returning to pathology at St Thomas'; he acquired an interest in the skin which Dowling was able to support and strengthen. Whimster acquired fame for his work with Rook on *keratoacanthoma* and on the site of cell cleavage in the bullous eruptions. With Wallace he studied *lichen sclerosus* and vulval *leucoplakia* but it was his experimentation on reptilian pigment systems that ensured world-wide recognition⁵⁵.

Birmingham and the MRC Unit

When the Medical Research Council became concerned about a widespread ignorance of the skin's role following burns, the only academic dermatological unit in Britain was the one in Edinburgh, the chair being endowed there in 1946. Burns had been a major problem throughout the war, affecting all the services; plastic surgeons had developed remarkable reparative skills but little was known of the skin's natural ability to protect or disinfect itself; death from circulatory failure after severe burning was commonplace and the choice of suitable local dressings always posed problems. Research activities in the United States and elsewhere convinced the Council that it should set up a British Unit for Experimental Pathology of the Skin, and the Birmingham Accident Hospital seemed to provide a suitable centre.

John Squire, a capable and highly experienced research worker, had been a protégé of Sir Thomas Lewis. He was appointed to the Leith Chair of Experimental Pathology in Birmingham and took on Directorship of this Unit, but he had other responsibilities, notably overall charge of three distinct and separate research projects

- those considering renal disease, immunological chemistry and connective tissue disorders. His part in the identification of benzpyrene as the carcinogenic factor in the mineral oils then used as industrial coolants had been of particular interest to dermatologists. This seemed to be responsible for occupational scrotal cancer and its subsequent exclusion was to prove totally effective.

Squire recruited two other capable scientists, C N D Cruikshank, a biochemist who was to take over control after the Director's early and unexpected death and M D Trotter, who had gained a considerable reputation at the Chemical Warfare Unit at Porton Down for his study on the penetration and absorption of chemicals by the skin.

With hindsight there seems to have been little consistent or satisfactory liaison between the scientists and local clinicians though E A Fairburn, Roy Summerly and Stanley Wood for a time joined in the activities. With Cruikshank's retirement the Unit was disbanded but by then the Institute of Dermatology in London was expanding under Professor Charles Calnan and dermatological research was beginning to develop in other areas.

* * *

The 10th International Congress of Dermatology had been planned for 1940 in New York, but it was not to be. So, 15 years after Nékam's Budapest meeting, universal admiration for Britain's brave survival and more practically, the potential currency difficulties for any European visiting the United States, determined that London should be the centre.

The British Association undertook to arrange the Congress and Archibald Gray, our founder and currently the Harveian Orator, was naturally President. Gordon Mitchell-Heggs, fresh from running a large Military Hospital and destined to be Dean of St Mary's Medical School, was an efficient and business-like Secretary. Following the Royal opening by King George's brother, the Duke of Gloucester, Bedford College, then a ladies' enclave in Regent's Park, provided a tranquil rural venue. The "Museum Exhibition" featured more than 40 items and the presence of pharmaceutical firms broke fresh ground for conservative Britain; a number of educational films were shown.

The first somewhat daunting subject for consideration was the pathogenesis of eczema, but it did not deter John Belisario from Sydney, who was followed by Oscar Gans from Frankfurt, Jean Gaté from Lyons and Donald Pillsbury of Philadelphia; the latter enlivened a somewhat indigestible session with delightful illustrations. Guido Miescher of Zürich followed with a histological study and finally R T Brain, from London's Great Ormond Street Hospital, recounted his experiences with infantile eczema.

The second topic concerned the exciting advent of Cortisone and Corticotrophin (ACTH) and their effects on the skin. The main contributors were American, Louis Brunsting from the Mayo Clinic, Lemuel Eraux of Montreal and Marion Sulzberger from New York were able to tell of their three years of experience. F T G Prunty, from Britain, with his St Thomas' collaborators presented early data on the treatment of systemic lupus erythematosus and dermatomyositis. This topic was to stimulate numerous, often over-excited delegates to take the floor.

The third subject was the treatment of cutaneous tuberculosis and allied infections. Geoffrey Dowling, who had reported earlier the results of calciferol treatment in patients with lupus vulgaris, opened the proceedings. He was followed by Professor J Charpy from Marseilles who had been pursuing the same course independently since 1940. Next Poul Marcussen with Arne Nielsen from Copenhagen compared the results of this method with those of conventional actinotherapy, a treatment originating in Scandinavia. From Madrid, Sainz de Aja reported on his experiences, followed by Gustav Riehl, a revered figure who had been secretary of the International Congress in Vienna 60 years earlier. There then followed a group from Belgium, and finally, from St Thomas', Wetherley-Mein considered the metabolic effects which might follow calciferol treatment. These findings are only of historical interest, as anti-tuberculous drugs were about to appear on the scene.

One hundred and fifty short papers were given over the five days and 140 cases were demonstrated at the Clinical Section, which was held in the Military Hospital, Millbank on the final day. Bearing in mind the difficulties in mounting such an event so soon after the war we could feel justifiably proud over the

outcome. Furthermore, a financial surplus was passed to our Association and then, via Sir Archibald Gray, to the College of Physicians at the time of its move from Pall Mall East to Regent's Park. The Willan Room was the outcome.

St Johns and the IOD

The Blackfriars Skin Hospital, for years the most important bastion of dermatology in London, was to close; St John's, by contrast, was set to grow. Its earliest days have been recorded by Russell⁵⁶ and the more recent ones by Samman⁵⁷. The wards in Shepherd's Bush had been destroyed in an air-raid. Outpatients moved from Leicester Square to a distinctive house in Lisle Street which was set in the red-light district of Soho. Lectures were given in an unstructured programme and teaching was largely restricted to the out-patient clinics.

St John's ran a busy service and a number of established London Consultants (Roxburgh and Goldsmith had recently resigned) were on its staff. Each would nominate their own clinical assistants; MacLeod had retired so Isaac Muende, his pupil and collaborator, was solely responsible for the histological reports. Basic and general pathology and all histological preparations were in the hands of a dedicated laboratory technician, R C Syms. A mycological laboratory was founded and R W Riddell, micro-biologist at the Brompton Hospital, took charge; it was to prosper. A photographic unit, a library and a staff restaurant were all to appear as many postgraduates were around, not only our own demobilized men but several from the "old colonies", a number were to gravitate to the opposite camp in Edinburgh.

By 1948, with the introduction of a National Health Service, considerable increases in funds, staffing and facilities were apparent; not only were Honorary Consultants to be paid but the splendid idea of salaried Registrars was established. Three of senior grade were appointed at St John's but as yet no agreed pattern of training had been formulated.

The Institute of Dermatology, one of the Medical Postgraduate Schools of London University, had been founded as an administrative unit in 1945, with J E M Wigley as Dean. Naturally it was based at St John's but it remained for some years just as "a project for the future". Archibald Gray, who had originated the scheme, never lost the chance of pushing for its realisation.

In 1951 University recognition permitted the appointment of a Director as the first step before a Professorial Chair could be established. This followed the acquisition of more space so that wards, residents' accommodation, laboratories and an animal house could all be provided - essential requirements for an academic Institute. The Eastern Fever Hospital at Homerton, a relic of Victorian medicine, had many disused wards which were adapted and opened to signal the Institute's birth.

Geoffrey Dowling, already on the staff of St John's, was appointed Director in 1951; as a part-time post it fitted in with his commitment at St Thomas'. George Wells, after three years in Chicago, returned to be Senior Lecturer, he had earlier been Registrar to Professor de Wesselow in the Department of Medicine at St Thomas'. Wells had recently been working with Stephen Rothman (another emigrant from Nazi Europe), learning among other things, the wizardry of histochemistry; this he was able to import into the Institute, establishing his own histochemistry laboratory at Lisle Street. With Dowling and, since 1951 Wallace, both working at St John's, it was natural that many of the St Thomas' registrars would come across to the teaching sessions when possible.

In 1952 the 10th International Congress of Dermatology came to be held in London. Dowling, Mitchell-Heggs and Wigley, the Dean, were all heavily involved in its machinations; inevitably interest spilt over, and minor involvement of the juniors gave a zest to life.

John Edwin Mackonachie Wigley (1892-1962) a past Secretary and President of the Association, was Dean of the London School before it became the Institute of Dermatology. The son of an Australian solicitor, he was born in Surrey though brought up in Australia. Graduating from Melbourne in 1915, he joined the RAMC

serving in Egypt and then taking part in the Gallipoli landings, a devastating experience for any Australian soldier.

After postgraduate study at the London Hospital with Sequeira, he assisted MacLeod at the Charing Cross and it was he who stimulated further interest both in clinical work and histopathology; ultimately Wigley was to succeed him. In 1930 he was appointed to St John's. An excellent clinician and lucid teacher, he was active at clinical meetings and reported in 1945 the first example of facial granuloma. As Dean he was closely associated with Gray and Dowling in the early formative years, but he claimed to dislike paperwork and administrators! For a University Dean that seemed curious. Physically he was a large man with a blunt wit, juniors were ever wary of crossing his path. Nevertheless "Wiggles" was unfailingly helpful to anyone from the "old colonies", and in his own home, a kindly host.

Growth of the Institute

Dowling retired from his short-lived Directorship in 1956, and the way had still to be cleared for the appointment of a full-time Professor. It was not until 1960 that the advertisement duly appeared in the Times, and it was hoped George Wells, heir apparent, would take over but this was not to be. In the next year another of Dowling's disciples was to be selected.

Charles Calnan was appointed in 1961. As Senior Registrar with R H Meara he had already established a patch-testing clinic at St John's and at this time had just returned from Pilsbury's unit in Philadelphia where he had worked with Albert Kligman and Walter Shelley; he had learnt that basic scientists are essential if fundamental advances are to be made in an up-to-date academic department.

Sam Shuster in Cardiff, a Lecturer in the Department of Medicine working with Professor Harold Scarborough, seemed to have the necessary qualities and was enticed to London. He immediately attracted other scientists to the Institute and promptly set to work studying acne, skin ageing, thermo-regulation and cutaneous metabolism - fields that he continued to explore in Newcastle, where he was later to move as Professor.

In 1960 there had been a record number of students at the Institute and the effect that Shuster's arrival had was inestimable. Teaching had previously been concentrated in the clinics and wards, the evenings being given over to histopathology. The programme was now supplemented by Grand Rounds, seminars, and journal clubs, while the popular Friday evening clinical "exhibition" continued to attract many of the other London registrars.

The excellent Department of Illustration, developed by R J Lunnon, was to gain University approval; it was supplemented by the elegant work of Alice Gretener, a Swiss immigrant who, like Cranston Low, had acquired skills of *moulage* making. (Wax models provided useful teaching aids before the era of modern colour photography).

Calnan now introduced other scientists notably J L Turk an immunologist, Y M Clayton came in to join Riddell's department of mycology, W C Noble a microbiologist, later to gain professor status, and R S Wells turning his attention to the genodermatoses. Photobiology, which had started with Arthur Porter's monochromator was now in the hands of Ian Magnus, who with his colleagues was to define erythropoietic protoporphyria.

Peter Derrick Samman (1914-1992) was an enlightened Dean for five years but also made his mark as a meticulous clinical observer.

From King's he had gone into the RAF, returning as a Squadron Leader to Sidney Thomson's group. He soon moved to Bristol as Registrar and Clinical Tutor in Dermatology; in fact he expected to stay there as successor to Kenneth Wills but his plans went awry and so he came back to London as one of the first Senior Registrars at St John's. After his appointment as Consultant first to St John's and then to the Westminster he managed to arrange a six month visit to Pilsbury's department in Philadelphia.

At Bristol he had become intrigued with the patterns of skin involvement seen in Hodgkin's and related diseases; this provided the core of his MD. In London he started his survey of *lichen planus*, while his Nail Clinic

enabled him to amass information which he could use for his textbook. His observations on the "*yellow nail syndrome*" were mostly made at the Westminster Hospital. At St John's he continued to study the skin *lymphomas* and was able to persuade his clinical colleagues to refer their patients for assessment and follow-up at a time when many guarded their clinical material as if it was personal property. Samman's quiet and modest approach dispelled all anxieties. This long-term survey of the cutaneous aspects of lymphoproliferative disease was carried out in conjunction with the pathologists and two oncologists, first Leon Szur and then Margaret Spittle. The study is still on-going, an object lesson in accurate and patient observation and recording; it provided the substance of his Parkes Weber lecture in 1976.

There were then many personalities at the Institute to promote a climate of enthusiasm amongst the trainees. An inpatient department of 70 beds, the monochromator, the contact clinic, the mycology department which was always involved in research projects, and histopathology provided the registrars with an array of interests over and above the essential study of clinical dermatology which continued to be "celebrated" at the weekly registrar clinics, where Dowling even after retirement, continued to take his usual "back seat". It was the highlight of the week.

As important as cutaneous morphology was the study of the skin's microscopical features. Isaac Muende, responsible for routine reporting, had been discouraged from formal teaching but now the way became clear both for Wells and for Haber.

Henry Haber (1901-1962) arrived in England in 1939, having earlier studied dermatology in Prague with Professor Kreibich. After the RAMC, and he was a peculiarly unmilitary figure, he arrived at St John's as a Clinical Assistant. He was immediately recognized for his zest and unusual flair, and though an experienced clinician, histopathology became his forte, self-taught he claimed. He was to make a considerable reputation lecturing at St John's for he could always enthuse students, young and old with his teaching. His memory was formidable; he seemed able to call on the vast experience of clinical and pathological data that had previously come his way, so that at meetings he could be relied upon to throw light on many an obscure problem. With his personality, warmth, and charm he was much loved; his early and unexpected death was a tragedy.

While George Wells was developing histo-chemistry, in his words "applying Mrs Beeton's culinary skills" to cutaneous pathology; electron-microscopy, cyto-chemistry and immuno-pathology were also being explored and the reputation of the Institute was to attract many visitors from overseas. The Diploma course which had started in 1967, initially for 12 postgraduates though later for 24, was running regularly and successfully. Individual students came from Europe, the United States, Canada and the Commonwealth to work alongside the Institute's own experts, e.g. contact dermatitis in which Charles Calnan and Etain Cronin were achieving wide recognition. A unique accolade was awarded by the American "Boards" in their recognition that time spent in London would be acceptable towards their training programme.

However the long-term prospects of the Institute never seemed secure, and from the 1970's political and economic factors troubled the planners of postgraduate medical teaching in London. At least three schemes had been put forward to link the Institute with other hospitals and medical schools. The small houses in Lisle and Gerrard Streets provided only cramped accommodation; the inpatient department at Homerton was an inconvenient eight miles away. In spite of these uncertainties the clinical standards and teaching at the Institute was of the highest order, and adding further lustre, Edward Wilson-Jones and Malcolm Greaves were to bring their own special expertise. Many of today's consultants happily spent some of their formative years cutting their dermatological teeth in London.

Growth in a Wider Scene

The medical vista for the country as a whole was unclear; the National Health Service was in play and hinted at a new millennium. Post-war trainees, many having been specialists in the services, would soon be ready for consultant posts, and these seemed likely to increase in number; a few that had fallen vacant during the war had thoughtfully been left unfilled. Many areas had been devastated by air raids, hospitals were outdated, even derelict; ward space and serviceable buildings were in short supply, as was equipment.

Dermatology had a low priority. Huge clinics were staffed by few doctors, most of whom had received no formal training, relying on reading books and personal experience gleaned over years of practice. The figure of

one consultant post for 200,000 persons, as depressing then as it seems to remain, was regarded appropriate; a number of provincial regions have taken time to meet even that target. Separation from venereology, as in the services, was officially supported though some seniors naturally persisted in their dual roles. Alluring private practice could deflect interest from the hospital scene and the ethos of a National Health Service had, among some seniors, yet to be accepted.

In Scotland, Edinburgh, as ever, was a law unto itself, and in many ways academically advanced. It is true that when Percival first arrived there were no histological slides to be found anywhere in the department in spite of Norman Walker's earlier interest in pathology, but he promptly set about recording and storing material so that in time a fine collection of slides, classified by disease, was created^{44,45}.

Percival was becoming a dominant force on the British scene and his department strove to perfect the technique of local treatment; precise methods for applications to the skin were demanded, dressings, bandaging and support all had to conform to a meticulous standard. This was very different from the state of affairs in many British hospitals where the prescribing of ointments and pastes was crude, simple and haphazard. Often these medicaments were given without advice as to how they should be used. Several large clinics simplified their prescribing by using a limited selection of topical applications which were designated in code; this reduced the time taken to write a prescription and allowed the pharmacy to prepare these concoctions in bulk. Treatment was one of Percival's priorities.

In 1945, Sir Robert Grant, a friend, patient and admirer of Percival, had donated £70,000 to endow a University Chair of Dermatology for him in Edinburgh. It was the first in Britain enabling dermatology to be accepted academically in the University and was a major academic coup. Percival soon had a popular (1947) textbook to his credit for *Histopathology of the Skin* had been produced jointly with T C Dodds and A Murray Drennan. After the war he was re-joined by G A Grant Peterkin and the two of them with similar enthusiasms if different styles, ensured that dermatology in Edinburgh remained in the forefront. Numerous postgraduates, from home and abroad perpetuated an eager spirit.

George A Grant Peterkin (1907-1987), a proud Scot from Forfar, was educated in Edinburgh. Having been afflicted by a severe rash provoked by anti-tetanus serum, he saw clearly that skin diseases deserved study; a scholarship enabled him to do this in Copenhagen. He was appointed Assistant Physician to the Edinburgh Department in 1933, and soon acquired other posts in regional hospitals. By 1942 he was in the RAMC in charge of a large skin unit in Penhurst before being posted to North Africa. There he observed the various eruptions resulting from sulphonamide administration, recently introduced and seemingly effective in combatting wound infection; he described lupus-like photosensitivity among other patterns. He also recorded early reactions following the anti-malarial drug, mepacrine. While in North Africa "Pete" formed close friendships with a number of the younger American dermatologists, some of which were to be sustained long after the armistice. Later he travelled to the United States, visiting old friends and meeting their students, reciprocal trips were also arranged. With his students he was the old-fashioned type of teacher, clear and clinical; his papers likewise were factual without airy speculations. As President of the BAD his warm generous personality shone through.

Glasgow, indeed, the whole of Western Scotland, owed much to Thomas McCall Anderson, whose ancestry was so elegantly displayed by Alexander³³; he laid the foundation of his practice and teaching. The Skin Dispensary had been founded as early as 1861 and while a number of physicians were soon to be found practising dermatology in a profusion of clinics, they were inevitably overshadowed by the giant at the Royal Infirmary. This group included Alex Morton, and George McIntyre, both of whom studied the subject seriously, but it was Ferguson Smith who made the most recognisable academic impact. Allison MacLachlan and Herbert Brown came to be regarded, along with Ferguson Smith, as the Glasgow Triumvirate. Herbert Brown, a tall courtly gentleman, had produced a popular atlas of the cutaneous lesions of syphilis but is especially remembered as an expert clinical photographer. His name is revered by the Glasgow Dermatological Society.

John Ferguson Smith (1888-1978), the son of an Anglican clergyman, was educated in Glasgow. His early clinical experience was one of great variety - general practice, bacteriology and pathology all featured. In the 1914 war he served in France being mentioned in dispatches. From 1919, back in Glasgow, he worked in

bacteriology and assisted George McIntyre in the Skin Department of the Glasgow Royal Infirmary, the hospital where Lister had introduced "antiseptic surgery". In 1922 he took charge of affairs there^{58,59} and over the years wrote a number of clinical papers always displaying an acute awareness of pathological detail. In 1933 he reported on his patient with multiple, primary, self-healing squamous carcinoma, subsequently shown to be a genodermatosis, the autosomal dominant inheritance of which has been studied by his son.

This delightful and truly gentle man was awarded the MD with honours in 1936 and the Bellahouston Gold Medal for his work on the bacteriology of *syphilis barbae*, a scourge of the shaving male in those pre-antibiotic days.

At this time in Glasgow a few self-taught and non-academic consultants assisted by Senior Hospital Medical Officers, (SHMO grade is disbanded) held sway and kept the flag flying until Milne arrived on the scene.

John Alexander Milne (1920-1977)⁶⁰ became the first Professor of Dermatology in Glasgow in 1968, he had been Reader since 1960.

After a firm grounding in pathology, especially microscopy, he gained a scholarship to the Mayo Clinic where he studied with Hamilton Montgomery; he was to become a valued friend, as indeed did Herman Pinkus. Back home he soon established himself as a premier dermato-pathologist, his regular and concentrated courses were highly regarded and more often than not oversubscribed. On appointment to the Glasgow Chair he needed to embrace clinical work once again; this he did readily for he was to inherit a colossal clinical empire that had been amassed by the energetic Walter Sommerville.

In England, London's privileged teaching hospitals were developing their own skin departments though St John's and the Institute provided a central focus for most trainees. The Dermatology Section at the Royal Society of Medicine presented a regular opportunity, not only for seeing the rare and the bizarre, but also for demonstrating patients; the same can be said of the St John's Hospital Dermatological Society whose Thursday meetings were less formal and intimidating for the tyro; both were highly educational and helped presenters to develop confidence in confronting a critical audience.

The Dowling Club had started with the cluster of St Thomas' Registrars foregathering at the Hospital before moving to the Antelope, a popular "watering-hole". At the will of Geoffrey Dowling this group grew into a regular dining club with meetings at the George, a Dickensian inn close to Guy's Hospital and much favoured by tourists. Current journals could be discussed there in a friendly informal way. Dowling's interest and hospitable nature ensured that any keen registrar, and this was primarily a grouping of the young, should be able to join. Later the idea of travelling to a foreign centre was introduced, something which over the war years had been impossible. The first visit was to Paris, the next to Copenhagen, and these were memorable affairs. Since then regular travel has been an essential ingredient in cultivating friendly relations with dermatologists throughout the world, especially the young ones.

In provincial England, centres like Leeds and Sheffield were developing. John Ingram was not appointed to Leeds until 1927, but interest had already been shown there, indeed a special hospital had been established in 1857⁶². Clifford Allbutt (later to be Regius Professor in Cambridge) held regular demonstrations when Physician to the Infirmary as did John Eddison, and both gave courses of winter lectures on skin diseases. A Finsen lamp was acquired in 1901 to treat the many tuberculous patients and a nurse was sent down to Sequeira's clinic at the London Hospital to learn the necessary skills. Under Ingram, dermatology at Leeds became renowned.

Frank Findlay Hellier (1904-1986), son of a professor and one time Dean of the Leeds Medical School, obtained a double first at Cambridge and narrowly missed a Rugby blue. He seemed destined to be a general physician but in 1927 John Ingram's magnetism was to convince him that dermatology must be a serious option. A new department was being planned and Ingram's thesis, that dermatology was but a part of general medicine, appealed. After six months with Barber, and visiting Freudenthal at UCH in London, he went across to Professor Pautrier's clinic in France. The bait had been taken and Hellier was soon appointed Assistant Physician in the Leeds Department.

In 1940, with Ingram in France, Frank Hellier took charge, but they were to "Box and Cox", for when Ingram was released from the Army, Hellier joined Western Command as a Lieutenant Colonel. He was one of the

first to use topical penicillin for pyococcal infections and recorded a miraculous outcome; with Geoffrey Hodgson he puzzled over the troublesome "khaki dermatitis".

The Leeds department thrived, in fact pulsed; it was to attain an enviable reputation for facilities there were outstanding. Hellier became an expert in Industrial Skin Diseases, and in the department, he made a point of reviewing all the histopathology, it became a feature of his teaching. It was not possible to "outshine" John Ingram but the two formed an admirable team and, when Ingram left for Newcastle, Hellier, now with Stephen Anning, took charge in Leeds. His Personal Chair, awarded in 1968, was celebrated with great and universal joy. He had joined W N Goldsmith to edit the second *Recent Advances in Dermatology* and was a popular President of the BAD in 1964; he gave the Watson Smith Lecture in 1969. Frank Hellier had a bubbling personality and an infectious charm as did his wife, an operatic singer. His interests and approach differed in many ways from those of John Ingram, but they balanced each other and cooperated admirably.

Stephen Towers Anning (1908-1984) joined Ingram and Hellier as third consultant in 1950. Like Hellier, he was from a medical family and he too, after Cambridge, returned to Leeds for his clinical years. While in general practice before the war, he had been a keen territorial and ended his service commanding the 27th General Hospital as a full Colonel. Much of his time had been spent overseas, and while in the Middle East he had studied the tiresome "Desert sores", this provided the data for his MD.

On appointment he took over the daunting Leg Ulcer Clinic, but he made it rewarding and his observations were to lead to a useful textbook (1954). In the introduction he found himself delving into the lore of "festerings sores" and this seemed to turn his interest towards a historical perspective of medicine. He embarked, with his colleague W K J Walls, on a two volume *History of the Leeds Infirmary* which appeared on the occasion of its 150th anniversary. Thus, it was that he received from Leeds University an Honorary Mastership of Philosophy; he was also elected by the Society of Apothecaries to their group of Lecturers in the History of Medicine and was appropriately nominated first Willan librarian to catalogue and nurture our own collection.

In Sheffield, dermatology had been encouraged ever since William Dale James had first been granted facilities in the Royal Infirmary in 1893⁶³; (as a lifelong sufferer from psoriasis he had made a special visit to see Professor Unna in Hamburg to gain his expert advice). Three beds and two outpatient clinics were allotted, followed by baths and a Finsen light. At the Royal Hospital, Arthur Hall, later Professor of Physiology and then of Pathology, had taken an interest in skin diseases; in fact he reported on the histopathology of some of James' patients. Hall had made a study of xerostomia, analysing 39 cases, these were subsequently included in Sjorgren's original series (1933). Following James, William Cocking took over skin responsibilities but briefly, never physically fit he had to retire early.

Arthur Rupert Hallam (1878-1955), the son of a Sheffield doctor, had spent five adolescent years in Hamburg before studying medicine in Edinburgh. While a Resident at the Sheffield Royal Infirmary, and Houseman to Dale James, he went on to assist Dr Cocking, then in charge of the skin patients, but after Cocking's early death, Hallam found himself in charge much earlier than expected. He was also appointed to the Infirmary's embryo X-ray Department, a useful linkage as he was to become a pioneer of radiotherapy. Though keen to make dermatology his career he had, to his great regret, never been able to study at Hamburg or at other continental clinics. However, while in the RAMC during the 1914-18 war, he made a point of visiting a number of the European centres and on his return was determined to incorporate into his department the features he had seen abroad. In 1930 he established the concept of a full-time clinical assistant, the equivalent of today's senior registrar; this was something entirely novel. H R Vickers was appointed and subsequently became his junior consultant colleague just two years before the second world war. In 1949 the department, by then considerably enlarged, was officially dedicated to Rupert Hallam.

Convinced that a thorough training in general medicine was essential to a dermatologist, Hallam studied common problems like chilblains and psoriasis, and especially papular urticaria, which he was able to relate to insect bites, as Tilbury Fox and Hutchinson had earlier suspected; it was a classic study. He was an inspiring teacher and, conscious of working in isolation, took every opportunity on his holidays to travel and visit various European clinics; he spoke enthusiastically of the Copenhagen and Budapest International Congresses.

A founder member of the BAD he was President in 1936. He was an austere somewhat forbidding presence, tall and dignified; to those who knew him well he was a loyal and entertaining colleague and adviser. He had throughout insisted that dermatology was part of general medicine, but to appoint a full-time Assistant to his clinic at that time was a triumph.

Henry Renwick Vickers (1911-1993) was the able and energetic Sheffield graduate selected, and it was soon arranged that he should spend time in London, visiting the most reputable clinics to see the experts in action. It was then that he became friendly with Dowling. Already in the RNVR he was mobilized in September 1939 and became the first Consultant Dermatologist in the Royal Navy based at Haslar Hospital. He gained an early notoriety by diagnosing leprosy in a serving officer, a diagnosis until then that had not featured in the official naval medical index.

With Hallam's retirement in 1944 a special dispensation enabled Vickers to curtail his naval service and return to take over the Sheffield department where he was joined after the war by Ian Sneddon, another outstanding physician. The two of them, by their industry, ability, common sense and example, made dermatology a star subject. Private practice was heavy, he became medical adviser to the National Coal Board and completed his MD thesis on "*Dermatitis in an industrial population*" in 1959; that same year he moved to Oxford.

Ian Bruce Sneddon (1915-1987) also followed in the footsteps of Rupert Hallam in Sheffield by retaining an overriding interest in general medicine throughout his dermatological life. He portrayed the very best aspects of the British medical tradition and in 1970 was President at the Association's 50th Anniversary celebrations.

Sneddon produced a number of clinical papers, all of the highest class. A shrewd observer, he established with D S Wilkinson, the entity of "*subcorneal pustular dermatosis*" in 1956. In 1965 he described cerebro-vascular lesions occurring in patients with *livedo reticularis*, a neuro-cutaneous entity now recognized as Sneddon's syndrome. Teaching came naturally and was well appreciated in his medical school where he proved a popular and effective Clinical Dean from 1950-1968. Held in the highest respect, he was much sought after as a speaker. He gave several formal lectures such as the 1963 Watson-Smith in London and in 1968 the Thom Bequest in Edinburgh. He travelled widely and was a fine ambassador for British medicine. The University of Texas honoured him with a visiting Professorship in 1974. The reputation of the Sheffield department was maintained, even enhanced, since Hallam's days, by the contributions of this charming, modest man. To the delight of all his friends and colleagues, he was honoured with a CBE.

Bristol and Bath both claimed, early on, physicians who showed an interest in dermatology⁶⁴, doubtless the affluence of these two cities presented opportunities for lucrative specialism. Henry Waldo was an expert syphilologist, and he must have had plenty of scope with the rare and exotic venereal diseases presented by the seafarers passing through Bristol docks. Alfred Harrison, from Guy's went to the Bristol General Hospital where he introduced electrical and hydropathic treatments and he became a skilled animal anaesthetist at the Bristol Zoo. Kenneth Wills, also from Guy's, was to follow and he developed an enthusiasm for the new Röntgen rays with which he treated rodent ulcers and lupus vulgaris. After the 1939 war Peter Samman was appointed the first full-time registrar in Bristol and it was there that his long-term interest in cutaneous lymphoma started. Clifford Evans followed Wills and was to be joined by Robert Warin and then by Roger Harman.

Robert Phillipson Warin (1915-1992) was President of the BAD in 1977; the Bristol meeting was a splendid affair. He was a graduate of Leeds University and returned there after serving in the RAMC, mostly with 167 Field Ambulance in North Africa and the Middle East. At the Leeds Royal Infirmary, he worked with John Ingram as his Registrar until he was appointed consultant to the Bristol Royal Infirmary in 1949.

There is no doubt he was an enthusiast, both as clinician and teacher, reflecting the keen approach of his mentor. He soon set up a mycology laboratory in Bristol, for only Glasgow and Leeds outside London were involved in any serious work in the 1950's. Mary English was the first mycologist to be appointed and together they conducted useful epidemiological studies of human infection; animals at the Bristol Zoo were not excluded from their investigations. However it was the challenge of the urticarial reaction which proved his greatest interest; indeed he made it a lifelong study, continuing well after retirement. This resulted in a flow of publications including a monograph produced jointly with R H Champion.

He had been a first-class hockey player and keen cricketer, another interest was his splendid garden. He had an encyclopaedic knowledge of horticulture and of the Bristol Zoo on whose Council he served for 25 years, and on which, with his wife, he had written a best-selling book. Bob Warin and Anne his wife were killed in a road traffic accident *en route* to Desmond Burrows' 1992 meeting of the BAD in Bournemouth. Inevitably it cast a melancholy pall over the whole event.

Roger Richard Martin Harman (1927-1993) qualified from St Thomas' in 1950. After various training posts and two years in the army he arrived at St John's, finally ending as Senior Registrar. It was at the time when secondment from the Institute of a young dermatologist to the University Hospital in Ibadan, Nigeria for one year was a successful arrangement, Roger was one of the first to go. It gave him a taste for travel and for practising dermatology in a different economic and climatic environment⁶⁵.

After his appointment to Bristol, he was able to make many visits to various underdeveloped countries. Kumassi in Ghana, where the development of the teaching and status of dermatology had been close to his heart, accorded him a visiting Professorship; he has been vigorously involved in fundraising to support this fine enterprise. Other visits to Africa and a spell in Jeddah as visiting Professor were to imbue him with expertise in tropical dermatology. His reports from Africa start in 1968 when, with Shrank, he described the distinctive *atrophyng pustulosis* of the legs, the result of overgreasing the skin. He also contributed sections on leprosy and on parasitic worms to the first editions of Rook's *Textbook of Dermatology*, and more recently edited with Canizares the second edition of his *Textbook of Tropical Dermatology*.

It would be wrong to think that his energies were exclusively directed towards the problems of poverty, malnourishment and hostile climates. He was critical of poor standards or lax administration wherever found; the Hospital authorities in Bristol were more than familiar with his views. He took on the Chairmanship of the Special Advisory Committee on Training and also of the Dermatology Committee at the Royal College of Physicians, all added burdens to his busy Bristol life. As President of the BAD in 1989 he was the first to host the meeting on "foreign soil"; Warwick provided admirable facilities, but it was not home ground. He more than made up for it by arranging novel and delightful entertainments with an Art and Craft Fair, accompanied by home-made music (how talented are our colleagues and especially their spouses).

His independent spirit and strong Christian convictions were to involve him, with Pamela, his GP-wife, in many activities - pastoral, musical and dramatic in Chew Magna, the village where they lived for many years. That is where he happily took on the role of farming smallholder with tractor and pitchfork⁶⁶. To die at 66 is too young for such as Roger Harman.

In Cambridge, Howard Whittle had moved from pathology to concentrate on dermatology; his regional commitment was vast, and Addenbrooke's Hospital was planning to move from its old buildings to a splendid new hospital complex. Arthur Rook left Cardiff to join him and brought his organizing brilliance and his teaching skills to bear. The regular Cambridge study-courses of postgraduate instruction became immediately successful, attracting high-class contributors and participants. They have become a regular feature of the dermatology calendar.

In Oxford the first clinics had been in the hands of Ernest Mallam, a respected practitioner who had presided over the BAD meeting of 1928. He was joined by the enchanting Alice Carleton from Dublin, who had come over to Oxford ostensibly to "keep an eye" on the first intake of female medical students but officially to work in the anatomy department; she became renowned as an amusing, indeed scintillating teacher. She was soon embroiled in Mallam's skin clinics and after his retirement took charge. She had no formal dermatological training but in those days this was not unusual. With her intellect, learning and Irish wit she achieved peculiar fame, becoming an outstanding President of the BAD's Oxford meeting in 1951.

In 1957 Alice Carleton retired and Renwick Vickers arrived, somewhat surprisingly, to take her place, leaving Ian Sneddon in charge in Sheffield. The energy, experience and personal charm of Vickers ensured that dermatology was to thrive and his interest in leprosy was sustained with the MRC unit already established there. He never lost the chance to stress the interface of dermatology with general medicine and his Watson-Smith lecture of 1959 was entitled "*The place of dermatology in a general hospital*". He became Chairman of the Medical Staff Council and later Chairman of the Medicine Board at the University. With such personal charm,

articulate speech, common sense and industry it was not surprising that the students decided to present him with a "Golden Stethoscope".

Vickers was President of the BAD in 1966 and in the same year took on the new role of Adviser to our young trainees. When Consultant Adviser at the Ministry of Health, he presented in 1970 a joint paper with P D Samman, then Dean of the Institute in London, on *Postgraduate Training in Dermatology in England*⁶⁷. Renwick Vickers was a popular recipient of the Gray Medal and on his retirement happily filled a dermatological vacuum at the Postgraduate School at Hammersmith Hospital; there he was able to join in the Grand Rounds with considerable gusto, showing little reticence in the company of such academic profundity.

Newcastle's medical school had, at this time, made no contribution to dermatology though Sir Robert Bolam, medical politician (BMA and GMC) and a close friend of Norman Walker, was ostensibly in charge of a skin department and had presided over the Newcastle BAD meeting of 1934. Following the institution of the Professorial chair in London, an academic department was envisaged for Newcastle but initially no candidate was deemed suitable. It was suggested that Ingram, an outside assessor, should fill the chair as a stopgap and this he did, being able to develop many of the essential facilities ready for a definitive appointment. Five years later Sam Shuster was installed.

* * *

Throughout the country the development of dermatology, uneven though it may have been, was obvious and not restricted to University centres. These vignettes have included some of the departments that were involved in postgraduate training after the war; it should be realised that the numbers of these demobilized young men enabled the NHS to expand its dermatological services in a way which would not otherwise have been possible. Their youth, energy and enthusiasm made for a lively, healthy scene. Sadly, the number of consultant posts coming "on stream" did not match expectations, some were to find themselves "stuck" in training posts for far too long; others were forced to give up the quest.

Another welcome opportunity for the young generation was the chance of unrestricted foreign travel; it had been out of the question during the war. International meetings and famous departments abroad could now be visited; several were fortunate enough to spend months of study and research in such clinics. It is noteworthy that many American university centres had added to their academic lustre by taking in brilliant emigrants from Hitler's Europe, be they physicians, scientists, or musicians. In this country we benefitted similarly from, among others, the experience and wisdom of Walter Freudenthal and Henry Haber.

Maturation of the BAD

From 1950⁴⁷ the Association's activities grew as it became involved with the Tenth International Congress of 1952. Dermatology, its development and its academic status, was widely accepted and this healthy and energetic attitude was reflected by the success of the burgeoning regional societies, all of which arranged successful clinical meetings. The Dowling Club also started to foster provincial meetings, and some enterprising pharmaceutical companies, like Stiefel, sponsored educational gatherings, at varying academic levels, and always with generous hospitality.

For some years after the war the Journal had run at a loss despite a gradual increase in membership (120 in 1949). Subscriptions had to be increased, and by 1954 a credit balance was recorded - this gradually grew. In 1961 the yearly subscription was still only one guinea (,1-5p) for the 144 members. Gray, and later Ingram were conservative Treasurers, models of financial rectitude.

The Willan Room

In October 1965, Sir Archibald Gray's dream was realized in the form of the Willan Room at the College of Physicians. He, as Treasurer, had planned a donation of £2,500 towards the College's costly new home, as it moved from Pall Mall East to Dennis Lasdun's controversial building in Regent's Park. These monies were derived from the profit of the 1952 International Congress, and Archibald Gray was delighted that his tentative suggestion had been so widely supported. The allocation of a room, though not for our exclusive use, meant that we could house our memorabilia there and it enshrines our speciality within the orbit of general medicine, a theme dear to both Gray and John Ingram.

At first, the Willan Room was used for our committee meetings though now, with accommodation of our own, it is less in demand; the College also puts it to good use. It is on the first floor, facing south towards St Andrew's Place. The entrance is flanked outside, on the west by a portrait of Robert Willan on loan from Sedbergh School, and on the opposite side by one of John Ingram painted by Frank Eastman and presented to the Association by his widow, Dame Kathleen Raven.

On the inside (north) wall, are shelves and cupboards, installed by Rattee and Kett of Cambridge; they had built the furniture for the Harveian Library, and the College insisted we should follow their pattern. This shelving houses the Willan Library. Books were sought by Stephen Anning, the first Willan Librarian, and by his successors, Arthur Rook and now Peter Copeman. The collection includes Hutchinson's Archives of Surgery, the treasured library of Radcliffe Crocker donated by University College Hospital, and his records of the Dermatological Society of London; various texts by Willan, Daniel Turner, Plenck, Lorry, Jonathan Green and Samuel Plumbe are also there. All the writings of Parkes Weber, a unique collection of the rare and bizarre, bound in three volumes, were donated by Dr E P W Helps, his great nephew. The many gifts of books and atlases have led to duplication; but such gifts are still actively encouraged, exchanges can be arranged.

Our first portrait, bought in the art market and reframed, is by Stephen Pearce of Erasmus Wilson. That of Sir Archibald Gray, founding father of the Association, was painted by Rodrigo Moynihan in 1956, and presented to him after his long-term as Honorary Treasurer. Lady Gray later passed it back, along with his "grandmother" long-case clock made by Alex Innes of Dalkeith. The portrait of Geoffrey Dowling by Patrick Phillips was given to the Association by his family; the most recently acquired is of Arthur Rook, also by Patrick Phillips, and presented to an outstanding Editor on completion of his office. It was returned to the Association by his elder son, John Rook.

The opening of this room was a formal occasion, at which the Association entertained the officers of the College and other distinguished guests. It was certainly a happy day for Gray.

Two further items commemorating Robert Willan should be mentioned here. The placing of a plaque on the face of his old home, the Hill at Marthwaite, was arranged in 1971 by G A Grant Peterkin with the help of the incumbent, Mr Madge, then biology master at Sedbergh. It was finally affixed, after many vicissitudes, in 1980. The other is the elegant medallion of Robert Willan, the work of Francis Ray Bettley, which until 1993 graced the outer cover of our Journal; it has now been replaced by our modern "logo". (There is also a silhouette of Willan in the possession of the Medical Society of London).

* * *

The Association's secretariat had by 1970 realised that an increasing workload demands a more professional approach. A registration fee, introduced in 1965, helped defray costs, but an invitation to the pharmaceutical houses, an accepted feature of most foreign meetings, had not yet been countenanced. The pattern of our Annual Meetings remained largely unchanged over these years. Contributions unashamedly clinical, but, as more members, especially the eager young, were now able to visit foreign centres, they noted the accent on basic research and investigative measures. Pressure to make comparable arrangements was understandable, and an opportunity to break the mould arose in 1967, the year of the Munich International Congress. Our President, R M B MacKenna, was approached by American colleagues who suggested that London might organize an extra meeting so their delegates could learn from the British before departing for Germany; such an agreeable interlude might even provide tax advantages. The programme, arranged by Imrich Sarkany, was patently successful.

1968 was an important year for the Association. A second meeting, restricted to research and investigation, was arranged for the Winter. Instigated largely by the new Professor in Newcastle, Sam Shuster, it proved to be the germ of the British Society for Investigative Dermatology, which has now more than 120 members. Gradually other affiliated groups arose, notably the British Society for Dermatopathology (1975), Contact Dermatitis (1981), Dermatological Surgery (1983), Paediatric Dermatology (1985), Photodermatology (1987), Nursing Group (1990) and most recently the British Association of University Teachers of Dermatology. All receive modest subsidies from the parent Association.

In 1968, we first hired professional help. Until then administration had been in the hands of the Honorary Secretaries, who were responsible for all activities, such as supervising the election of officers, guiding the President through committees, and coping with correspondence. This was achieved thanks to accommodating wives and was conducted on various dining-room tables.

Peggy Paxton, long on the staff of the Royal Society of Medicine, was "loaned" in 1978 to help with our administrative work. She developed a warm relationship with the Association and continued in this role, moving us in 1979 into the basement in John Street, Blackwell's London headquarters. There we stayed until 1986 when space became available in St Andrew's Place. We had applied in 1972 for a tenancy when this development had first been mooted by the College of Physicians. Our first office was not agreeable but the next year we found the basement of Number Three, which was lighter and more spacious. On Peggy Paxton's retirement, Linda Barducci, previously Professor Greaves' secretary at the Institute of Dermatology, proved an admirable replacement.

The third coup in 1968 was persuading Arthur Rook to become Editor, this proved to be an inspired move. The journal, he felt, would improve with a different publisher and he was convinced that Blackwells in Oxford would be superior to H K Lewis. The effect on circulation was dramatic, and the Journal quickly became profitable. Nevertheless, H K Lewis had been responsible for publishing our Journal, and indeed collecting all subscriptions, from our very beginnings, and this parting of the ways was for some a sad occasion. With this change in our fortunes, and with an increasing membership, (267 in 1974) our Treasurer, Oliver Scott, arranged that the Association should be accorded charitable status.

Some years later the nettle was grasped, and an invitation was sent to pharmaceutical houses to attend the Annual Meeting and to exhibit at a Trade Show. This idea had long been anathema, but the effect was stunning, and funds accumulated miraculously. Our increasing affluence now prompted the funding of scholarships and the provision of means for the young to travel. The Dowling Fellowship was the first such prize and was soon followed by a grant from Stiefel. Glaxo, thanks to David Williams, had long been involved in producing our programmes and literature. We remain indebted to these two companies as they started an avalanche of other gifts. Such grants are usually towards travel expenses enabling attendance at foreign meetings.

The Growth of the Journal

For the first 20 years of this century the journal prospered modestly. Editors changed: MacLeod was followed by Sequiera, and then, by Archibald Gray, who was in post for 13 years. This was the period of Gray's ruminations and dreams - dreams that resulted in the genesis of our Association. The journal's title was changed to embrace "syphilis" in 1917 so as to harmonise with the Royal Commission on Venereal Diseases but reverted in 1951. Roxburgh and Goldsmith were to follow, their biographies have already appeared. Throughout this time the pattern was maintained, though the volumes grew, and editorial "stints" seemed to shrink. Goldsmith was succeeded by F R Bettley, and then by P J Hare - the academic influence of University College Hospital was evident.

Francis Ray Bettley (1909-1993) edited the Journal for 10 years, following his mentor, W N Goldsmith.

After Whitgift School he had gone to University College and then UCH, qualifying in 1932. He was attracted to dermatology early, so once he had completed his house appointments, he was able, thanks to a Radcliffe Crocker Scholarship, to visit Vienna and then Strasbourg, where he fell under the spell of Professor Worringner and became fluent in French. On his return he was appointed Consultant Dermatologist and Venereologist to Cardiff Royal Infirmary in 1937, but only briefly. Already a Territorial Officer, he was mobilized early as ADMS (T) to the 53rd (Welsh) Division, then after a variety of posts found himself Adviser to the East Africa command.

On demobilisation, he returned to Cardiff, but within a few months applied successfully to the Middlesex Hospital in London following the retirement of MacCormac. Within two more years he was appointed to St John's, soon became Editor of the Journal and for a few years even took on the Deanship of the Institute of Dermatology.

While working at the Institute of Clinical Research at the Middlesex Hospital, between 1950 and 1965, he studied the effect of soaps and detergents on the skin and on epidermal permeability. He measured insensible water loss through the epidermis, and with K A Grice noted the effect of sweating on patch testing to soap. Interested in Industrial Dermatitis, and in its medico-legal implications, he was a particularly skilful expert witness, helped by his research activities. His interest in the law was more than passing - he invariably wore a tie that was plain and white, and remarkably similar to a barrister's bands.

There were other sides to Francis Bettley, apart from his intellect: he was no mean painter, a skilful sculptor and it was he who unearthed the portrait of Erasmus Wilson bought by the BAD. He also designed the *motif* of Robert Willan for the cover of our Journal, helped the College with the design of the Parkes Weber Medal, and suggested Rodrigo Moynihan as the artist for Sir Archibald Gray's portrait.

In retirement he became an inveterate traveller, skimming around France on his moped with beret atop; he also served as ship's surgeon on several voyages to Australia, and later was Civilian Consultant in Dermatology to the British Army of the Rhine.

Patrick J Hare (1920-1982) divided his professional life between London, at UCH, and Edinburgh, where he followed Percival as Grant Professor of Dermatology. He edited the Journal from 1959 to 1967.

"Paddy" was born in Scotland, the son of one of the last owner-actor-managers of a local theatre; the "Opera House" in Dunfermline was his happy memory. From his father he inherited a wit, a turn of phrase and an actor's timing which made him a fine lecturer and after-dinner speaker. He gained a scholarship to University College before proceeding to the Hospital; then, with a Rockefeller Scholarship had the chance, much coveted, to get to Baltimore graduating MD from Johns Hopkins. On his return to England, he took the London MB before serving for the statutory three years in the RAMC. He had developed a taste for dermatology and, back at UCH became Registrar to W N Goldsmith, a taskmaster noted for detail and precision. After three disciplined years, the Radcliffe Crocker Scholarship, a treasured prize of his medical school, enabled him to travel abroad, first to Revalier in Paris and then to Switzerland to Guido Miescher. In Zürich he studied *necrobiosis lipoidica*, a problem much in the Professor's mind at that time, and this was the basis for his London MD. His fluency in French and German was a useful editorial attribute.

He was appointed to the staff at University College Hospital to join Goldsmith in 1952 and took over in 1958. Running the multifarious activities at hospital single-handed, developing a private practice, and editing the British Journal of Dermatology, must have been a load, which with hindsight, was too burdensome. In 1966 an exchange professorship at McGill University provided a chance to recharge his batteries in Montreal; so the move to Edinburgh, shortly after his return from Canada, was perhaps not surprising.

In Edinburgh he started Saturday Morning Clinical Meetings, at which the chairmanship rotated, and democracy prevailed; he rarely missed these popular educative sessions. The Skin Biology Club, founded with his friend D M Jenkinson, a veterinary research worker, offered a forum for studying comparative histology; these formal affairs he conducted with whimsical wit, in his own quiet way. Latterly he was involved in the University as Convenor of the Committee planning the new Erskine Library. This was opened after he had left Edinburgh, though he was able to return for the opening ceremony.

"Paddy" Hare, only 62 when he died, was a quiet, thoughtful man; he enjoyed teaching and studying at the microscope. A bibliophile blessed with a retentive memory; he was also interested in the history of medicine. The ethos of his illustrious predecessors at University College Hospital, and his spells in our editorial seat and in the Edinburgh Chair, provided an agreeable stimulus to his life.

With the arrival of Arthur Rook as Editor in 1968, things were to change. A man of vision and scholarship, he had considerable editorial experience, literary talent and an obvious streak of business acumen. Rook saw a brighter future if the Journal moved to Oxford where Blackwell Scientific Publications had already published his magisterial textbook. Quarterly and other reviews soon appeared, as well as a number of supplements, sponsored by outside funds.

James Arthur Rook (1918-1991) edited the Journal from 1968 to 1974, was President of the Association in 1975, and for two separate periods was Willan Librarian. He was awarded the Gray Medal for his contributions and became an outstanding ambassador for British medicine.

He was the son of a high-powered industrialist, Sir William Rook, who at Winston Churchill's request had masterminded the nation's sugar supplies throughout the second world war. Arthur, born in Surrey, was educated at Charterhouse and Trinity College, Cambridge. He had intended to read modern languages but, impulsively, decided to switch to medicine. This was permitted but only if he did all the preliminary work in his own time. After qualifying in 1942 he spent three war years in the RAF and on leaving as Squadron Leader returned to St Thomas'.

A contemporary of Wells, Wilkinson, Sweet, Lyell, and others whose names have become well known, he joined Dowling's team of registrars, then being moulded by Hugh Wallace into an unusually talented group of post-war dermatologists - all founder members of the "George", later the Dowling Club. Ian Whimster, in the pathology department, was developing a keen interest in the skin prompted by Dowling; he cooperated in two of Rook's projects. First came the defining of *kerato-acanthoma*, (*adenoma sebaceum* of MacCormac and Scarff) which, though seemingly malignant, usually follows a benign course. Next, they drew a distinction between pemphigoid and pemphigus prompted by the observations of Civatte and Tzanck in Paris where Rook had spent three months at the *St Louis Hopital*, staying on after the visit of the Dowling travelling club. He became an ardent Francophile, admiring their morphological precision.

His appointment to Addenbrooke's Hospital in Cambridge meant that he was to spend the rest of his professional life there. His East Anglian parish extended widely and, like Whittle before him, he had to travel many miles to outlying hospitals. At base he assembled a first-class team, furthermore he gained a spacious and purpose built department when Addenbrooke's left its original site in Trumpington Street for new accommodation.

Rook was devoted to his chosen speciality. His extensive knowledge of the world literature was combined with a formidable memory; he spoke several languages and could understand the written words of a few more. He was happiest teaching in his clinics and postgraduates came from far and wide, so great was his reputation. He was admired by his colleagues, by family doctors, and particularly by his patients. He was also an enthusiastic medical historian and, in a totally different sphere, was so intrigued by biological sciences that he started courses for dermatologists, young and old, to acquaint them with progress in the fields of applied science. The first was in 1958. They became so successful they were regularly repeated, with varying formats. Now there is a yearly introductory course for initiates.

With D S Wilkinson, a colleague from his St Thomas' days, and the late F J Ebling, Professor of Zoology at Sheffield as co-editors, he conceived the idea of producing a comprehensive textbook. This meant assembling a team, allocating subjects, and ensuring a uniform and succinct style, a task demanding the skills of a circus ring-master. The first edition saw the light of day in 1968. The *Textbook of Dermatology*, known affectionately the world over as the **Rook Book**, has now reached its fifth edition. Its four large volumes are the bible of dermatology, no self-respecting dermatologist is without his set. In addition, he edited other texts and was co-author of two books - *Botanical Dermatology and Diseases of the Hair*; his writings were faultlessly polished, and his erudition remarkable.

The Willan Library came under his care from 1974 to 1991, and as a bibliophil and medical historian he was ideal. He produced outstanding reports concerning recent acquisitions. Those numbered V of 1980 and VI of 1981 were printed in full in the Journal. They include interesting historical vignettes of Alexander Balmano Squire and of Prosper Baumes.

Other events involved him, notably the Parkes-Weber lecture at the Royal College of Physicians, and later the Dowling Oration. As well as the Archibald Gray Medal, he was awarded the Mendes de Costa Medal of the Netherlands, and the Ferdinand von Hebra Medal from Austria.

This scholarly and distinguished man became well known through his writings, and also in person, for he travelled extensively, to many congresses where his distinctive appearance and friendly manner ensured ready recognition. His friendly manner always ensured a warm welcome. Arthur Rook has recently been honoured by the Association which has instituted an eponymous lecture. His work for British dermatology was comparable to his father's achievements with the Nation's war-time sugar supplies.

The Centenary of the Journal, in 1988, was marked by a special number; Rona MacKie⁶⁸, then Editor, published some elegant papers preceded by her own engaging prologue. The present Journal is, much improved, and in 1993 moved to full colour publication (at no extra cost to the authors). Now our Editor receives hundreds of submissions from around the world.

In 1992 some 3,500 copies were printed each month along with two supplements, enabling, after all expenses had been met, £179,000 to be paid into the Association's funds. Thus the Journal, with Blackwell's expertise, has indeed flourished and has become a money spinner. We should be grateful to the foresight that prompted this change in direction. The illustrations in the first numbers, all readily found in the Library at the Royal Society of Medicine, give a measure of the distance we have travelled.

Consolidation

During the years of expansion after 1960, interest in dermatology increased throughout Britain and this was accompanied by an improvement in working conditions. Following the example of Edinburgh, London and Newcastle, other centres have hoped to develop academic units with professional chairs; but decisions on this have often been influenced by the views of the local Professor of Medicine, and by finance. There were many uphill struggles. Nevertheless, there are now a number of Professors of Dermatology in the UK, though several only have personal Chairs.

Another straw in the wind was the development of the various regional dermatological associations, all of which hold regular clinical meetings, fulfilling useful educational and social purposes. Londoners still enjoy the privilege of the monthly meetings of the Dermatology Section at the Royal Society of Medicine, and the St John's Dermatological Society, in less spacious surroundings, fills another niche.

In the 75 years since its foundation, the BAD's membership has increased inexorably. From the élitist clique of 30 or so specialists, who were both professionally and socially acceptable to one another, the Association has changed to the present thriving concern with more than 900 members.

In 1939 there had been only 84 members, increasing to 120 by 1949; with the introduction of the National Health Service, new posts were created, and enthusiastic trainees abounded. Those anxious to join could not apply themselves; they had, supposedly in ignorance, to be proposed and seconded. Involvement in general practice, or indeed any practice other than that of dermatology, precluded consideration; admission to the BAD for a while was not easy. Among the voices favouring expansion, and against exclusivity, were those of John Ingram and Geoffrey Dowling. Eventually common sense prevailed, and our doors opened.

Funds now became more accessible - a soothing balm for the war-weary. Furthermore our eyes were opened by American contacts, as it was now possible to visit centres abroad, to attend international meetings, and to witness how dermatology was thriving elsewhere. In 1971 there were 225 and by 1974, 267 members.

Special Membership categories have changed over the years. For the Australians, there were branches in New South Wales, Victoria, South Australia and Western Australia, but, as with the Canadian and South African groups, they have gradually tended to dissociate themselves. Currently we list New Zealand and Australian members but only on an individual basis.

Overseas Membership is over a hundred strong, and includes many from the old colonial territories, friends who studied here in the past and others who enjoy our meetings.

Honorary Members (at one time designated "Emeritus") are a group of senior and respected persons, the original 20 being expanded to 40 in 1984. **Honorary Foreign Membership** is for distinguished dermatologists who have been invited to join; they may attend our meetings without invitation and enjoy full privileges. The great bulk of the Association is made up of **Ordinary Members**, while **Retired Members** enjoy the Association's facilities but without further subscriptions.

Senior Registrars were introduced in 1980; and this was a break with tradition. No longer was the Association restricted to established consultants, but welcomed those with feet on the ladder and fire in their bellies. **Trainee Membership** allows for automatic transfer to ordinary status once a consultant post has been obtained.

Annual Meetings

The Annual Meeting is the main event of our year. The regular pattern that emerged, with two meetings in provincial centres followed by a third in London, provided a rhythm that was maintained until war-time travel was so disrupted that London became the only practical option. In 1947 the original pattern was re-established, though in 1952, the year of the International Congress, and 1953, the meetings were both in London.

In the leisurely days before, and for a while after the second world war, these occasions were regarded as the President's personal preserve. He was chosen as much by seniority and personality as by the hospital and university centre in which he worked. The ladies would be entertained in his own home and the formal dinner, though generally in a restaurant or hotel, might occasionally be held there as well. The addition of a President's Reception, a conventional cocktail party with the President footing most of the bill, was held the evening before the formal dinner.

An elaborate social programme evolved - visits to stately homes, beauty spots, galleries and local places of interest; all helped to fill the day for spouses and families. An afternoon, usually on the Friday, has been kept free of medical activity, offering the chance for some to play golf or to opt for a watery grave, by competing at a local sailing club. The less active can accompany their spouses on the sight-seeing trail. Attempts to use Friday afternoons for serious work have not been popular.

As numbers have grown, meetings now have to be restricted to purpose-built conference centres so that we can combine, "under one roof", business, academic, and commercial activities. Registration and documentation, run in the early days by the Secretary, his family and friends, have become sophisticated affairs, and has been taken over by professionals.

Increasing complexity in our affairs has led to a whole session being given over to this at the Annual General Meeting. Some associated groups, such as photobiology or dermatological surgery, hold meetings which fit in with the main programme, and the pharmaceutical trade show is a popular feature. There is still scope for social or even athletic adventures which can be arranged elsewhere.

One major loss has been the popular clinical demonstrations of live patients. These were the highlight of early meetings, as bizarre and rare conditions, hand-picked and elaborately worked up, provided a unique clinical experience. However, alternative demonstrations, with modern projection and colour photography, are so good that they offer a comfortable, even soporific way of meandering through collections of *exotica*.

Once the older member knew most of those present at these meetings, and wives and families became good friends, but now the occasion is more like the larger, less personal, American assemblies. However, on the professional side, the presentation of papers, lacking verbosity and using clear diagrams, shows careful preparation and rehearsal - the British hallmark.

Occasionally a meeting is specially tailored. The Association's 50th Anniversary in 1970, with Ian Sneddon presiding in Sheffield, was celebrated by a reception in Cutlers' Hall and a stylish ball. Several entertaining Anglo-French Reunions have occurred, such as those in Oxford in 1980 and Cambridge in 1989. Geoffrey Dowling and Hugh Wallace, ardent supporters of such affairs, used their own brand of Franglais, causing much merriment. Presidents may invite a delegation from a particular country; in 1993 Terence Ryan hosted a meeting in Oxford combined with the Canadian Association and culminating in the "Celebration of Dermatology".

Philanthropy and Awards

In 1964, John Ingram as Treasurer felt that the funds were robust enough to support the Association's first philanthropic venture, a triennial prize known as the Dowling Fellowship. It broke new ground, and the first award was made to Edward Wilson-Jones.

Previously it had seemed an irrelevance which the Association was reluctant to accept, but a registration fee was introduced at the end of Ingram's capable stewardship. Since then, with increasing membership and mounting costs, it has proved a useful source of funds and a check on unlawful intruders.

The Archibald Gray Medal and Prize was first awarded in 1965 for "Outstanding Services to Dermatology in Britain": it is our most prestigious prize. The interval between awards was reduced in 1992, from five years to three. The medallist has been David Williams, Arthur Rook, Charles Calnan, Ian Sneddon, Renwick Vickers, Neville Rowell, F J G Ebling and Sam Shuster.

David Iorwerth Williams (1913-1994) was the first recipient. He had been Secretary of the Association at a time of vigorous expansion, and he was President in 1976. "D I", a proud Welshman though brought up in Kent, reached King's College Hospital via Dulwich and King's Colleges, picking up prizes on the way. Qualifying in 1937 he completed his House appointments before enrolling as a Clinical Assistant in the Skin and VD Clinics at King's, both in the charge of Sydney Thomson. By 1940 he was in the RAMC and his previous experience in venereology led him naturally in that direction; he reached the rank of Lieutenant Colonel, as an Adviser in Venereology by the age of 32.

He was lucky to be involved with R A Peters and the MRC group in assessing BAL (dimercaprol), a compound developed by the Ministry of Supply as an antidote to the toxic effects of "Lewisite", colloquially the "Dew of Death". This was a dreadful arsenical poison gas, thankfully never to be released, so BAL was not needed for that purpose; however it did help patients suffering from the medicinal use of heavy metals, for toxic reactions could occur not only from the rheumatologist's gold but from arsenic and mercury which many dermatologists had been prescribing.

In 1946, he was back at King's, a Registrar working for the MRCP, by 1947 he was on the Consultant staff, a meteoric ascent of the professional ladder. Life was busy, he started a practice and acquired other Hospital appointments, he also became involved with Glaxo and remained as one of their advisers for many years. Thus it was that the 1958/9 papers concerning griseofulvin's therapeutic advantages in the treatment of dermatophyte infections, emanated both from his clinic at King's and from the mycology laboratory run by J C Gentles in Glasgow.

Now with two prestigious contributions under his belt, "D I" exuded confidence and with his incisive mind was truly a "man of affairs". However, the life of a hospital dermatologist was not enough to stretch his talents and he took on the role of Secretary of our Association, and then became Dean of King's, his own Medical School, which delighted him as it had Arthur Whitfield, his illustrious predecessor. Finally, he became Medical Adviser to the Kuwaiti Embassy at a time when the influx from the Middle East of patients seeking "magic" in London, was at its height.

"D I" enjoyed travel and frequently visited the USA as he had formed friendships with a number of dermatologists there; at his own London meeting he arranged for a posse of Americans to take part in the jamboree. Like all good Welshman, rugby football and music were important, as were lawn tennis and fives; an expert clarinettist he taught his nieces who played at his memorial service. A stroke, while at a meeting in the United States, prompted a medical team from King's to fly over and transport him speedily home. Recovery was slow, and though mobility was impaired, his brain regained its razor sharpness, the Times crossword being completed by midday. After 13 more years the final catastrophe occurred.

Francis John Govier Ebling (1918-1992) was still active in the field of cutaneous biology when he died at 73. As Professor of Zoology in Sheffield his early interests were in marine/invertebrate zoology, turning to mammalian endocrinology and the response of sebaceous glands to hormonal stimuli. After retirement he carried on independent research in the Sheffield Skin Department. A vast contributor to our knowledge, and an original co-editor with Rook and Wilkinson of the "Rook Book", he wrote his own chapters on "Comparative Dermatology" and "Functions of the Skin".

In 1968 Oliver Scott, as Treasurer, took over financial control and the Association's finances were to thrive. The Journal made a modest profit, and our reserves were invested prudently but it was the pharmaceutical trade exhibition that was to boost our funds. This proved something of a "culture shock" to a generation only

just been able to accept that Players had, at last, become Gentlemen. A small exhibition was first seen at the Oxford meeting in 1966 and since then the enterprise has thrived and enlarged.

In 1977 the Association employed a part-time secretary and in 1979, moved into its own first office, in John Street, Blackwell's London base; thereafter running expenses had to be taken into consideration. Nevertheless, the Executive Committee, with Harvey Baker then Treasurer, ever alert to the complexities of the current financial climate, had to consider how best to use our funds.

It was decided to foster the education of the young by awarding scholarships for travel abroad, and these have been added to by generous grants from pharmaceutical houses. The BAD prize of £500, for an essay on a dermatological theme by an undergraduate student, had already begun in 1973.

Two prizes had been provided for sporting endeavour - the Dowling-MacCaw cup for Golf and the Bowers-Sneddon cup for dinghy sailing; both promote vigorous and enthusiastic competition. At a less frivolous level the Association awards a number of Travelling Fellowships of up to £1,000 as well as Fellowships of up to £3,750 to permit a three-month period of study in this country; one of these is the Neutrogena Study Fellowship. Further Travelling Fellowships are also awarded in collusion with the Dowling Club. The Bristol cup is given for the best academic poster at the Annual meeting, and the Wycombe Prize and Chair for the most outstanding contribution to dermatology from a non-teaching hospital. At the instigation of Philadelphia's unique investigator-cum-showman, the generous Professor Albert Kligman, there is now a prize to honour Ian Whimster, experimental dermato-pathologist, for work published in his field. Most recently, since the death of Louis Forman, the Association has received his magnificent bequest of £100,000 which will enable a young dermatologist to work in a developing country.

Our financial strength was to allow contributions to the Skin Disease Research Fund (£10,000), the Royal Society of Medicine (£30,000 over three years) for the engraved portrait of Robert Willan which graces the centre of the glass dividing screen separating the two sections of the library. £3,000 went to the International Foundation of Dermatology and £1,000 to the Royal Medical Benevolent Fund. In 1988, £9,000 was given to the Ghana project at the request of Roger Harman. Our Charitable status is fully honoured.

In 1986/7 we moved our base to St Andrew's Place in the precinct of the Royal College of Physicians. Number Six was awkward and cramped, but the basement of Number Three was more spacious and could house our staff in subterranean comfort. By the late 1980s, the time had clearly come to consider buying our own home. In 1994, London property values had fallen and an attractive corner house at 19 Fitzroy Square presented itself⁶⁹. It is now ours, and we will be able to rub shoulders with ghosts of Robert Adam who built the South side of the square, while Bernard Shaw, Virginia Woolf and the Marquess of Salisbury were, for a time, much closer on the West side. We are in good company.

Envoi

A review of current activities is of interest now that our Association is celebrating its 75th anniversary. Administration remains in the hands of the Executive Committee which, with its regional representation, is more than 20 strong; there are also co-opted and ex-officio members and some ten sub-committees and working parties. Officers are now elected by a postal ballot conducted in a way which satisfies cravings for electoral reform.

The dermatology "Manpower" situation has been kept under the wary eye of a succession of Advisers to the Chief Medical Officer at the Department of Health (H R Vickers, N R Rowell, J J Burton and B R Allen), and the training of the next generation of dermatologists has stimulated much anxious discussion. Current educational schedules are ever under scrutiny and occupy the Royal College of Physicians as much as us. Our nominees to supervise and counsel the young have been first, H R Vickers then J S Pegum, I Sarkany, Janet Marks and John Savin.

The MRCP, no shibboleth but the benchmark for anyone about to study a medical speciality, has even come under criticism. Individual "log books", checked by teachers and maintained throughout a trainee's years of study, have now been introduced. Examinations at "the point of exit", (cf American Boards), are not yet favoured and we prefer to cling to our modified apprenticeship system. The inter-weaving with our

counterparts from Continental Europe poses further difficulties, our pattern of training is longer and until recently excluded venereology.

Our Association's membership is healthy and growing. The academic content of our meetings is high-class and the reputation of our scientific and medical presentations, many think, remains unchallenged. The Special Interest and Affiliated Groups - the University Teachers (BAUTOD), Contact Dermatitis (BCDG), Nursing (BDNG), Photodermatology (BPG), Dermatopathology (BSD), Dermatological Surgery (BSDS), Investigative Dermatology (BSID), and Society for Paediatric Dermatology (BSPD) - all starting in a modest way, are now independent and flourishing bodies. Our Journal (the BJD) is an example of the very best type of medical publication and our handsome new home in Fitzroy Square⁶⁹ is something which would surely have amazed our founder³⁶. It will become the hub of scientific and academic endeavour for years to come.

As we approach the second millennium, we have witnessed the creation of new academic departments and Professorial Chairs. Dermatology has made tremendous progress as the patterns of disease have changed. Chronic infections like tuberculosis and syphilis have largely been conquered, while acute and subacute pyococcal infections have submitted to modern antibiotics. The infectious fevers, meat and drink to Willan's generation, have been spirited away. Our most common problems now - the eczemas, psoriasis and acne, are easier to manage thanks to modern techniques. Admission to a precious hospital bed has become both difficult and rare.

Malignant changes in the skin can now be identified more precisely; esoteric markers and superb modern microscopes have enhanced the pathologist's scope. The increased frequency of UV-induced changes can readily be explained by changes in society's habits and fashions. More effective and prompt treatments are expected, indeed demanded.

The problems which puzzle the present generation of dermatologists are complex - the result of interactions between the environment, nutrition, genes and the inevitable ageing process. Disturbance of immune mechanisms, the upsurge of HIV infections, and the chemical insults from modern medication, all combine to create an array of disease patterns to intrigue and challenge today's specialists. The ability of the skin and its diseases to fascinate seems limitless.

The current problems within the National Health Service also impinge on dermatology but not necessarily to our advantage. We will need understanding, tolerance, and co-operation to weather the changes being suggested, but weather them we will. Self-satisfaction is not an attractive trait but the "Celebration of Dermatology" mounted by Terence Ryan at the 1994 Oxford meeting struck the right note for us. The next 75 years will surely witness more exciting challenges for dermatology and for our Association, but we've made a good start.

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BAD Trophies

The creation of the Bristol Cup and Wycombe Prize by Dr Kenneth Sanderson

I regard it as an honour and the highlight of my career as an amateur silversmith to have been commissioned to create the two academic trophies of the British Association of Dermatologists. The skills of the silversmith are not generally understood and in this account of the genesis of these trophies I am also giving an outline of the techniques I used in their making. The prizes were the brainchildren of the late Bob Warin and of Darrell Wilkinson; my involvement was almost accidental, as I shall explain.

When I was Honorary Secretary from 1975 to 1980 the BAD was just emerging from its cottage industry phase. Before I took office it had been run from the Harley Street rooms of the Honorary Secretary with the help of both his private secretary and wife. My predecessor, Joe Pegum, arranged with the RSM that I have a small office and part time secretary in the premises then used by the RSM Photographic Department off Bond Street. The day-to-day business was run from there until we moved to the basement of Blackwell's London offices; the Annual Meeting however was organized by the President and Local Secretary in their home city. If this were outside London I would be invited to visit the President and Local Secretary to discuss the plans several times before the meeting.

Thus it was that in the autumn of 1976 I went with my partner Jane, later to become my wife, and her two young daughters to spend the weekend with Bob and Anne Warin at their lovely house in Clifton. Jane was wearing a silver bracelet and an ankh pendant that I had made for her. As we sat having coffee Bob and Anne admired Jane's jewellery and Bob asked in some detail about how I had learnt the craft and how one obtained a maker's mark. At that time I had been attending evening classes for about seven years and I explained that getting a maker's mark was nothing like the MRCP, that one merely applied to the Assay Office and paid for punches of the maker's mark to be made. Thereafter any article one made would be hallmarked, providing scrapings from it contained the correct proportion of fine silver and one paid the assay fee.

The reason for Bob's interest then became apparent. He thought there should be a trophy for the academic side of the Annual Meeting to match the sporting trophies. In particular he felt that those who presented a poster received inadequate recognition for the work involved in its preparation. He wondered if I could make a silver cup to be presented for the best poster. The Warin Cup, I suggested, but he was adamant that it should be the Bristol Cup to commemorate the city of the meeting over which he was to preside. We agreed the size and shape and I undertook to have it finished for the meeting, which was a rather rash promise, as until then I had made mainly jewellery and spoons.

One traditional way of making a vessel like a cup is by 'raising' a flat disc of thin silver or other metal. The central point is marked with a punch and concentric circles are scribed in pencil. Starting from within, the metal is compressed by hammer blows following each circle, the disc being held at an angle against an iron stake. The edge of the disc is forced towards the axis of the cup and a skilled craftsman can vary the shape at will. Silver is made malleable by annealing – heating to a dull red with a blowtorch and then pickling in dilute sulphuric acid to remove the residue of flux and the oxidized copper that stains the surface. Hammering hardens the metal and annealing has to be repeated after each course of raising.

I knew all this as I had made a copper fruit bowl some years before, my only exercise in raising to that time. In the event I achieved the shape I had planned for the bowl of the cup and worked the surfaces smooth with file and abrasives of increasing fineness, a very time-consuming process. The stem was made from a piece of tubing, expanded at each end by hammering it on to a tapered brass rod and finished on my small lathe. The base was shaped by 'dishing' a disc of silver sheet between a domed wooden mallet and a hollow gouged in the end-grain of a block of hardwood. I made a ring of Victorian ornamental moulding to stiffen and decorate the base. I had planned to have a ring of the same moulding at the top of the stem but it looked fussy and I removed it. Before assembling the cup the pieces were all smoothed free of hammer marks and scratches, ready to be polished after the assay.

Uniting parts with silver solder requires skill and planning. The melting point of the solders varies a little to enable serial multiple joints to be made without the earlier ones falling apart. However all solders that will pass assay melt not far below the melting point of sterling silver and to get a good joint the whole piece must be raised to the melting point of the solder. The surfaces to be joined must be free of grease and coated with a flux, fit perfectly and be held tightly together while the piece is heated. I was greatly relieved when this stage was finished, the cup was upright and symmetrical, and I could send it for assay to the London office in the Goldsmiths Company.

An article that passes assay is returned marked to show the sponsor (maker); the year of marking; the Assay Office; and the metal and grade of fineness. One that fails is returned cut into pieces. The Bristol cup was returned with my mark, my initials in a clipped rectangle and the three other marks at the rim. I had only to remove the scratches where the Assay Office had removed the silver for assay from several places and to polish it.

Polishing is done with a buffing wheel made of many circular discs of cloth rotating at high speed and dressed with an abrasive powder embedded in tallow. Silver is polished with very finely powdered iron oxide (rouge) that is applied to the rotating surface of the wheel. As with the other processes of the silversmith it is simple in concept but not in practice. I had learnt to avoid the beginner's error of not gripping the object firmly and having the wheel wrench it from you and hurl it across the room. Awkward areas like the beaded moulding were finished with a rotating brush dressed in rouge. When I was satisfied with the polishing I sent the cup to an electroplater for the inner surface to be gold plated and all was done.

I think Bob Warin was pleased with the result. Compared with the sporting trophies it is small but a handcrafted cup, even when made by an amateur, has a feel that is absent from those that are made commercially. I remain happy with it, the more so as my old friend Bob Bowers who was a skilled cabinet maker in his spare time, created the case that has held it almost ever since Bob Warin presented it to the first winner. The Bristol Cup is a memorial to two fine dermatologists who represented our specialty so well in the West Country. The meeting in Bristol stays in my memory as one of the happiest I attended.

Darrell Wilkinson is one of the towering figures of twentieth century British dermatology and is proud that his achievements have been based on working in a District General Hospital. His presidency was three years after Bob Warin's and came at the end of my term as Honorary Secretary. He decided to institute an award, the Wycombe Prize, for the best contribution to dermatology from a dermatologist who worked, as he did, in a non-teaching hospital. High Wycombe, where he worked, was renowned for its furniture makers. He asked me if I could reproduce in silver an apprentice piece characteristic of the area, a miniature Windsor chair, as the prize. I accepted the challenge.

I foresaw no difficulty in making the legs and spindles as, like the chair makers, I had a lathe, although a very small one. My lathe converted to a pedestal drill that could accurately drill the angled holes in the seat, on the upper side for the spindles and bow, and on the other for the legs. I knew the soldering might be difficult, certainly much more so than gluing was for the chair makers. Without much further thought I marked out and made the pierced back panel in sterling silver. It was then that I realized there might be a problem with firestain.

Pure or fine silver is too soft for most purposes and is therefore alloyed with copper, sterling silver having 7.5% copper. When sterling silver is heated to anneal or solder it the copper near the surface forms a dark oxide. The surface layer of copper oxide is dissolved by the sulphuric acid pickle but that below is revealed by the finishing process. The more often the silver is heated the deeper this 'firestain' becomes. It can be removed by filing, but that would not be practicable with spindles and legs. The commercial answer is to anneal in an oxygen-free atmosphere and to reduce the proportion of oxygen to gas in the blowtorch when soldering. The cheat's answer is to silver plate the article.

In the case of the chair, I had another option: I could use a finer grade of silver. I therefore made the seat of Britannia silver (4.1% copper) and used fine silver for the legs, spindles and bow. The softness of the metal

was not likely to compromise the function of the chair, as it would have done with the cup. By this means I avoided firestain, which would have been appreciable because of the number of joints that had to be soldered.

The legs and stretchers were soldered in place without difficulty, as were the bow and back panel. The spindles were the problem; they were insubstantial compared to the seat and before the seat could be heated to melting point of the solder the spindles tended to melt. I had a lot of advice but no real help from the other members of the evening class, who regarded my project with amusement and mild contempt, they are being mostly women devoted to jewellery. After a number of attempts I thought I had succeeded with all the joints, but some years later one became loose while John Cotterill was the holder of the Wycombe Prize. He rang and asked me if I wished to do the repair. I gladly accepted his alternative suggestion that he get a professional to do it. Soldering silver is rather like playing a musical instrument; one needs to keep in practice to do it well and I was out of practice by then.

The chair is housed in a splendid cabinet made by Brian Styles one of the few furniture makers in Wycombe. On it are silver plates, one recording the winners of the prize, the other the donor and the maker. I am proud that my name is in this small way linked with that of Darrell Wilkinson who has done so much to encourage dermatologists and to advance dermatology.

Dr Kenneth Sanderson