

Dermatology in Britain in the late nineteenth century.

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In 1890, the editor of the *Lancet* (1) wrote, 'The narrowness of the mere specialist is to be guarded against in all departments of medicine'. His target on this occasion was the gynaecologist, but all the specialists, medical and surgical, had been equally vigorously attacked over many years, and it was only since about 1880 that the specialists had been gaining recognition and respectability in Britain. Most of the important appointments in dermatology were held by men who were also physicians or surgeons to leading general hospitals and the few men on the staff of a teaching hospital who confined their practice to dermatology had previously had extensive experience in general medicine or surgery. The majority of those who had turned to dermatology soon after graduating were associated strongly and often exclusively with one of the many special hospitals for skin diseases. In 1900 William Osler, then professor of medicine at Baltimore, in an oration (2) at the Medical Graduates' College and Polyclinic in Chancery Street, London, said, 'One of the best features of British medicine has been the practice of specialities by general surgeons and physicians'. Osler may have wished to flatter Jonathan Hutchinson, the founder of the Polyclinic, who was present, but he was expressing an attitude to specialization which is still to some degree maintained in Britain, where a postgraduate higher qualification in internal medicine is still regarded as an essential preliminary to a formal training in dermatology.

This essay will consider the state of dermatology in Britain between 1890 and 1900, the background and training of those men who practised this speciality, and the growth during that decade of the organisations which were to shape its future development.

THE HOSPITALS AND DISPENSARIES

The ancient London hospitals of St Bartholomew and St Thomas were founded before 1300, and were reconstructed after the dissolution of the monasteries, by Henry VIII in 1547 and by Edward VI in 1558 respectively. Many of the other great

'voluntary' hospitals (3) were founded in the eighteenth century; Westminster, Guy's, St George's and The London, between 1719 and 1740. During the remaining years of the century, hospitals run on similar lines were established in the main cities of Britain. In the nineteenth century the Charing Cross (1818), University College (1833), King's College (1839), St Mary's (1851) and the Royal Free (1828) were added to their number. The medical staff of the London voluntary hospitals enjoyed high prestige and standing and both controlled and were controlled by the Royal Colleges. The voluntary hospitals of Scotland and of Dublin enjoyed a similar mutual relationship with their local Colleges. Medical schools developed at, or became associated with, many of these hospitals, further increasing their influence. There were also a number of smaller voluntary general hospitals, of lower standing, appointments to the staff of which sometimes provided stepping-stones on the way to a teaching hospital.

The rapid increase in population which began late in the eighteenth century led to the development of a different type of institution, also supported by voluntary charity. This was the general dispensary which provided an outpatient service, and sometimes also home visiting. By 1830 there were some 35 dispensaries in London (4) and many in other cities. Some of them were staffed by physicians and surgeons who also held appointments on the great hospitals, but many provided openings for Edinburgh graduates and others who would at that time have found it difficult to get established in London.

The 'special' hospitals and dispensaries were established in the late eighteenth and more particularly in the nineteenth century. They catered for certain categories of patient and certain classes of disease which were either excluded by the regulations of the general hospital, or inadequately provided for. The earliest of the special hospitals were maternity and children's hospitals. Later there developed hospitals for diseases of the eye, then for skin diseases and eventually for virtually every special branch of medicine and surgery. Of greatest importance for the progress of dermatology was the London Fever Hospital founded in 1802 and of course the skin hospitals themselves, of which at least 30 were founded in Britain between 1819 and 1899; there were eleven in London.

In a different category entirely were the poor-law infirmaries. Under the Elizabethan Poor Law it was the responsibility of the parish to pay the fees of apothecaries or surgeons for the essential medical care of the sick poor. Poorhouses for the institutional care of paupers were not primarily medical establishments, but many were paupers because they were sick, and in the biggest London parishes large infirmaries were attached to poorhouses or workhouses. After the Poor Law Act of 1834 which accelerated a process already under way, neighbouring parishes were grouped together for the purpose of providing a workhouse, and out of the infirmaries of these workhouses grew the extensive local authority hospital services. The infirmaries of St Pancras, St Marylebone and Paddington all had important links with dermatology.

In these days of universal national health insurance in Britain it is important to recall that in the nineteenth century all the staff of voluntary hospitals and dispensaries were unpaid or received a nominal honorarium. Fees were paid by the parish infirmaries, but they were small. All doctors therefore depended on private practice for their livelihood. Hospital and dispensary appointments provided experience and reputation, but it was not unusual for a man to resign some or all of his appointments when his practice was large enough, indeed the ability to do so was often regarded as a measure of professional success.

DERMATOLOGY BEFORE 1880

Against this background it is possible to trace in broad outline the development of dermatology in Britain during the 60 years following the death of Bateman in 1820. Although the surgical teachers included diseases of the skin in their lectures, these were only a minor traditional interest. The physicians who first studied diseases of the skin with any thoroughness or enthusiasm were on the staff of one or more of the dispensaries. They remained general physicians and were at first concerned particularly with the diagnosis of the exanthematic fevers, so very frequent in the overcrowded cities

Robert Willan (1757-1812) was physician to the Public Dispensary, Carey Street, from its foundation in 1782, and from 1802 was physician to the London Fever Hospital. In both appointments he was succeeded by his pupil Thomas Bateman (1778-1820). The Dispensary soon acquired a reputation for skin diseases and

attracted postgraduates in search of teaching in dermatology. These included Anthony Todd Thomson (1778-1849) who was partly responsible for the foundation in 1812 of the Chelsea, Brompton and Belgravia Dispensary, which in its turn acquired a reputation for dermatology (4). The first skin hospital in Britain was 'The London and Westminster Infirmary for the Treatment of Diseases of the Skin', which was founded in 1819, with Bateman as a consultant and Thomson as one of the physicians.

The teaching hospitals. From these beginnings pupils of Willan and Bateman introduced dermatology, as a special interest for general physicians, to some of the teaching hospitals. Thomas Addison (1793-1860), a pupil of Bateman, became in turn physician to the Carey Street Dispensary and to Guy's Hospital, where he maintained his interest in dermatology, and his successors gradually developed dermatological teaching in that hospital (5). Anthony Todd Thomson, another of Bateman's pupils, was responsible for the last edition of Bateman's textbook. He introduced dermatology to the dispensary and hospital which became University College Hospital, and established the first notable teaching hospital school of dermatologists. He was followed by Edmund Parkes (1819 -1876), Sir William Jenner (1815-1898), Thomas Hillier (1831-1868) and Tilbury Fox (1836-1879). In the other teaching hospitals in London and throughout Britain, at widely differing dates between 1850 and 1900, clinics for skin diseases were established, under the supervision of a general physician or a general surgeon, and even where no such clinic formally existed, contributions to the journals or to the proceedings of learned societies give evidence of a growing interest in the skin, an interest stimulated by the fundamental changes in concepts of disease, relevant for medicine as a whole, which followed the mycological discoveries of the dermatologists.

The skin hospitals. Of the skin hospitals of London the most influential, before the reform of St John's Hospital in 1923, was the Blackfriars Hospital, founded in 1841 at London Wall, but soon moved to Blackfriars. The founder, James Startin (1806-1872), had learned his dermatology at the Hôpital St Louis, Paris, under Bielt who had worked with Willan. Startin, whose name has almost been forgotten, for he published little, was an outstanding clinician (6). By 1859 over 10,000 new clients a year were attending the hospital. It was there, during the 1850s and early 60s, that Jonathan Hutchinson gained his vast experience of dermatology; he was elected to the

staff in 1867. Blackfriars continued for the next few decades to be associated with the teaching hospitals and was the leading teaching centre in dermatology in Britain.

The other London Skin Hospitals should not be ignored, for between them they provided a valuable service for many thousands of patients, and some well known dermatologists were associated with them, but they never achieved the status which at that time only a link with a teaching hospital could confer.

The skin hospitals in other cities also provided a service to patients and a training ground for future dermatologists during the years before the teaching hospitals had established departments. The history of each of these institutions deserves to be told in detail; in general they merged with a local teaching hospital, as in Edinburgh and Glasgow, where some outstanding personality encouraged this union, or closed when the local general hospital's dermatological facilities improved, as in Newcastle, Sheffield, Leicester and Bristol, or survived to provide an alternative service as in Manchester and Birmingham.

The Infirmaries. Erasmus Wilson (1809-1894) is the best known of the dermatologists whose hospital work was based on an appointment to a poor-law infirmary (7). His only hospital appointment was as surgeon to the St Marylebone Infirmary, which in 1854 had 330 beds and received over 200 out-patients daily. Wilson was also lecturer in Anatomy at the nearby Middlesex Hospital Medical School. That Wilson achieved great fame in his lifetime is unquestionable, as is the influence of his writings and his flair for publicity. The student of nineteenth-century dermatology is now more impressed by his pedantry, by his obstinacy and by his abounding self-confidence. He refused, for example, to concede the pathogenic role of dermatophytes even when this had been established beyond any reasonable doubt. Sir Malcolm Morris (1847-1924), who knew him, and was himself a leader in the next generation, wrote of him: 'He had an eye for form and colour and often found the right words to express them. His descriptions of diseased conditions are thus almost unrivalled in their picturesque and faithful rendering of appearances. He added little however to our knowledge of the pathology and therapeutics of skin diseases, and added not a little to the confusion which existed on the subject by his artificial classification and everchanging nomenclature'. (8).

Other dermatologists too gained great experience in workhouse infirmaries, e.g. T.D.Savill (1857 - 910) at Paddington. Sir John Erichsen (1818-1896), later an outstanding professor of surgery, based his useful 'Practical Treatise on the Diseases of the Scalp' (1842) on experience at St Pancras Infirmary.

Private practice. There remains a large and not unimportant group of dermatologists who worked exclusively in private practice, as physicians, as surgeons or as general practitioners, but whose contributions to the literature and standing amongst their more highly specialized colleagues makes it impossible to ignore them. The most notable was perhaps George Thin (1838-1903) some of whose numerous and impressive researches in microbiology and histopathology were presented to the Royal Society by Thomas Huxley.

THE EIGHTEEN-EIGHTIES

Britain entered the eighties with a small group of individuals of very varied training and experience more or less committed to the study and practice of dermatology. They lacked a journal and they lacked a dermatological society. Contributions on dermatological topics were not uncommon in the general medical societies and the general journals, but the need for a specialized journal was becoming increasingly urgent as the speciality expanded. A quarterly 'Journal of Cutaneous Medicine and Diseases of the Skin' had been founded by Wilson in 1867. It was at first reasonably well supported, although its pages bear the marks of Wilson's heavy-handed editing, which sought to impose his idiosyncratic opinions and spelling (e.g. Alopekia, Ekzema). H.S.Purdon (1843-1906) of Belfast took over the editorship, but the journal survived only until 1871.

The first British dermatological society, the Dermatological Society of London, was founded on 14 June, 1882 through the efforts of J.H.Stowers and Alfred Sangster, who served as the first secretaries, and held its first meeting on 12 July of the same year (9). The objects of the Society were 'the exhibition and demonstration of patients, drawings, models and specimens (microscopical and otherwise) illustrating diseases of the skin, and the discussion of questions in Dermatology, to be previously selected by the Society.' The number of members never exceeded 30 until 1894, and never at

any time exceeded 60. The meetings were informal with the host acting as chairman, for there was no president. Membership was by invitation only. The importance of the society in the development of dermatology in Britain cannot be exaggerated nor can the value of the proceedings for the historian. The Society, according to the *Lancet* (10), 'brought order out of chaos'. It established for posterity which of the heterogeneous assembly already mentioned were regarded by their colleagues as dermatologists of standing, no matter what appointments they held, and it set a high standard for the future.

Both of the original secretaries practised exclusively as dermatologists. J.H.Stowers (1851-1930) was at that time Assistant to Marrant Baker at St Bartholomew's Hospital. He was later on the staff of Hampstead General Hospital and of St John's Hospital. He was greatly respected and his personal charm played a part in achieving the radical reorganization of St John's Hospital in 1923. Alfred Sangster (1845-1903) trained at Blackfriars under Jonathan Hutchinson, and from 1876 to 1894 was in charge of the Department for Diseases of the Skin, Charing Cross Hospital.

There were twenty-one other Original Members. These included Erasmus Wilson, but he is not recorded (11) as showing cases or as taking part in the discussions and it is not certain that he ever attended a meeting. Hutchinson was of course a member and a very active one. Radcliffe Crocker (1845-1909) of University College Hospital, Colcott Fox (1848-1916) of the Westminster Hospital and Malcolm Morris of St Mary's Hospital were the only members apart from Wilson and the Secretaries who confined their practices to dermatology. Evan Buchanan Baxter (1844-1885) was Physician to King's College Hospital and to Blackfriars. John Cavafy (1838-1901) had just been elected Physician to St George's Hospital, where he was also in charge of the Skin Department, Stephen Mackenzie (1844-1909) was Assistant Physician to the London Hospital, and in charge of the Skin Department. George Thin was in practice as dermatologist and specialist in tropical diseases, William Marrant Baker (1839-1896) was Surgeon to St Bartholomew's Hospital and from 1875 to 1881 had been in charge of the Skin Department there. W.H.Allchin (1846-1912) was Physician to the Westminster Hospital; he appears not to have held any dermatological appointment. John Syer Bristowe (1827-1895) was Physician to St Thomas' Hospital; he published a number of important papers on skin diseases. W.B.Cheadle (1835-

1910) was Physician to St Mary's Hospital. Sir Dyce Duckworth (1840-1928) was Physician to St Bartholomew's Hospital and had been in charge of the Skin Department from 1870 to 1875. A.B.Duffin (1834-1913) was Physician to King's College Hospital; as Assistant Physician in 1867 he had been in charge of the department of dermatology. C.Hilton Fagge (1838-1883), Physician to Guy's Hospital, had been 'demonstrator of cutaneous diseases', 1867-1873. Robert Liveing (1834-1919) was Physician to the Middlesex Hospital and from 1879 to 1888 also in charge of the Skin Department. J.F.Payne (1840-1910) was Physician to St Thomas' Hospital and also to Blackfriars. P.H.Pye-Smith (1840-1914) had been demonstrator of skin diseases at Guy's Hospital 1867 to 1873; since 1871 he had been Assistant Physician, and since 1877 in charge of skin diseases. Waren Tay (1843-1927) was surgeon to the London Hospital and to Blackfriars. Frederick Taylor (1847-1920) was Assistant Physician, and subsequently Physician to Guy's Hospital; he had been Demonstrator of Skin Diseases there from 1873 to 1877.

This group of influential and well-qualified men at their regular monthly meetings first gave dermatologists in Britain a sense of unity, and determined the direction in which the speciality should develop. Their links with the great London teaching hospitals were numerous and close. Four were also on the senior staff of Blackfriars and several others had worked there as clinical assistants. During the next 12 years five of the original members retired and one died, and over this same period twenty new resident members were elected, all with teaching hospital connections except H.Aldersmith, who was medical officer to Christ's Hospital School and author of a book on scalp ringworm.

In 1883 the Society began to elect 'non-resident' members. They chose Walter Smith (1844-1932) of Dublin, and, in 1884, McCall Anderson (1836-1908) of Glasgow, both of whom were professors of medicine with extensive experience of dermatology. In 1889 they elected H.G.Brooke (1854-1919). He was physician to the Manchester and Salford Hospital for Skin Diseases and had already acquired a considerable reputation as clinician and histopathologist.

The *British Journal of Dermatology* was the child of members of the London Society, and Malcolm Morris and Brooke were its first editors, but it was never the

organ of the Society, which remained informal. The proceedings of the earlier meetings of the Society were in fact not published until 1907, when Colcott Fox (n) published the notes he had written twenty-five years earlier.

THE EIGHTEEN-NINETIES

The structure and personnel of Dermatology in Britain

By 1890 all the London teaching hospitals and many of those elsewhere in Britain had at the very least designated a physician or surgeon to take charge of skin diseases, though not all had a department of dermatology as such, and only Colcott Fox at the Westminster Hospital, Radcliffe Crocker at University College, and Morris of St Mary's devoted themselves exclusively to dermatology as did H.G. Brooke of Manchester and H.Leslie-Roberts (1860-1949) of Liverpool. Pringle (1855-1923) at the Middlesex Hospital, previously a general physician, confined himself after 1895 to dermatology only.

Some authorities have laid great emphasis on the years in which each hospital formally appointed a member of staff to take charge of skin cases, or formally established a department of dermatology. Such dates have little real significance unless the actual state of dermatology in each hospital is studied. For example Stephen Mackenzie was appointed Assistant Physician with charge of the Skin Department of the London Hospital in 1874 but J.H.Sequeira (1865-1948) recalled that even twenty years later the skin clinic was held only once a week, and in a basement room (12). The development of dermatology in Britain until the 1890s depended on the enthusiasm of individuals and on economic factors. A relatively small population such as that of Oxford or Cambridge could not support a man who confined his practice to dermatology. A further problem was the difficulty in obtaining extensive experience and teaching in Britain; this was available only at Blackfriars as Hutchinson reminiscently reminded his fellow guests at the dinner held in 1907 to mark the end of the London Dermatological Society (13). Many intending dermatologists sought teaching and experience in Paris, Vienna, Berlin, or Hamburg, and did so, necessarily, at their own expense. Yet another problem was the relatively low status of dermatologists. Hutchinson had already done much to raise this but it was the Dermatological Society of London, with its exclusive membership policy,

that effectively established the speciality in Britain and led to its rapid expansion in the nineties.

By the middle of the decade the need for a further dermatological society in Britain was evident. The members of the London Society felt that to increase its membership would risk reducing the value of the informal discussions for which it was noted. It was therefore decided to found a new and independent society to be known as the Dermatological Society of Great Britain and Ireland. Once again Herbert Stowers took the initiative with A.N. Sheild as his co-secretary. Sheild (1858-1922) was surgeon to St George's Hospital and had been elected to the Dermatological Society of London in 1887. Membership of the new society was to be open to all legally qualified medical men. The officers in addition to the two honorary secretaries were to include a President, elected annually, four vice presidents and a chairman and a further twelve members of council. Pye-Smith of Guy's was the first president, McCall Anderson, Hughlings Jackson (1835-1911), Liveing and Sir Samuel Wilks (1824-1911) were vice presidents, and the council included Radcliffe Crocker and Hutchinson from London, A.J. Harrison (1856-1922) from Bristol, W.A. Jamieson (1839-1916) from Edinburgh and W.G. Smith from Dublin. Ordinary meetings were to be held from 5 to 6.30 p.m. on the second Thursday in October, November, January, March, April and June. An annual two-day congress was to be held in May. The Society was immediately successful and the list of original members contains 123 names. Amongst them were most of the members of the Dermatological Society of London and 'all, or almost all the dermatologists of this country', so the first president claimed (14).

Analysis of the original list of members throws much light on the status of dermatologists in Britain in the nineties, for membership was open to any registered practitioner who was duly proposed and seconded. The qualifications and experience of all but five have been traced. The remaining 118 may be classified in one of ten categories although they may have been placed in more than one category.

(i) Dermatologists to London or provincial teaching hospitals, confining their hospital practice to dermatology - 17. The best known were Radcliffe Crocker, Colcott Fox, Morris and Pringle in London, and Jamieson and Norman Walker (1862-1943) in Edinburgh.

(ii) General Physicians to teaching hospitals, also in charge of Departments of Dermatology - 11. Galloway (1862-1922), Payne, Mackenzie, Cooper Perry (1856-1938), Pye-Smith in London, W.G.Smith and Wallace Beatty (1853-1923) in Dublin and McCall Anderson in Glasgow, were in this category.

(iii) General Physicians to teaching hospitals, holding no hospital appointments as dermatologists but recognized as possessing special knowledge of dermatology - 10. This interesting group includes five men who were members also of the exclusive Dermatological Society of London. Several had held dermatological appointments at an earlier stage in their careers and two of them, Thomas Barlow (1845-1945) and D.B.Lees (1846-1915), were authorities on infectious diseases.

(iv) General Physicians not remembered for their work in dermatology - 15. The most famous name in this group is that of Hughlings Jackson, the neurologist, a close friend of Jonathan Hutchinson. Some, such as Cagney, were interested in the rapidly developing field of electrotherapy, which had many applications in dermatology.

(v) General Surgeons to teaching hospitals, also in charge of a department of dermatology or recognized as possessing special knowledge of dermatology - 9. Jonathan Hutchinson and Walsham were members of the Dermatological Society of London. A.M.Sheild, Clinton Dent and Lionel Bidwell (1865-1912) were well known in their day, as was Dale James (1850-1902) of Sheffield, and E.D.Mapother (1835-1908) of Dublin.

(vi) Dermatologists on the Staff of Skin Hospitals - 18. Jonathan Hutchinson, Waren Tay and Payne also belong in this category but have been classified in categories ii or v. Of the remaining 18, P.S.Abrahams (1847-1921), George Pernet (d. 1940), Stowers, Walsh, and Savill were well known in London, as was Brooke in Manchester and Stopford Taylor in Liverpool.

(vii) Venereologists - 4. Four surgeons were closely associated with Lock Hospitals and were known principally as syphilologists. Langston Parker and J.R.Lane (1825-1891) made the most important contributions to the literature.

(viii) Surgeons in hospital practice, not known to have had special experience of dermatology - 11.

(ix) General practitioners - 32. Three of these men held part-time assistantships in dermatology and one of them, Campbell Williams (1859-1921), probably confined his practice to dermatology.

(x) Leprologists - I G.A.Buckmaster.

Pye Smith's presidential claim that the society included almost all the dermatologists of the country was probably near the truth, but a few men who were engaged exclusively in the practice of dermatology and were physicians to one or more of the less important skin hospitals were never members of the Society. In particular the members of the staff of the London Skin Hospital, Fitzroy Square, were not members, nor were W.K.Sibley (1862-1944) or Morgan Dockrell (1860-1920), dermatologists of some repute and both later on the staff of St John's Hospital. The number of dermatologists in category vi was certainly larger than the membership of the Society suggested, but the membership was probably otherwise representative of the state of the speciality in Britain. Dermatology was practised by a heterogeneous group of individuals, and necessarily so since there was no accepted training programme. Most of the leading hospitals had departments of dermatology, even if they had no dermatologist and many of the physicians or surgeons in charge of such departments were men of high professional standing who also enjoyed national or even international reputations in dermatology. The frontiers of the speciality remained healthily fluid and a higher postgraduate qualification in medicine or surgery continued to be essential for the more important posts, even when these were held, as was increasingly the case throughout the 1890s, by men engaged exclusively in the practice of dermatology. It was during that decade that the pattern of British dermatological practice began to assume the shape it has retained and the forces shaping it were the flowering of the already existing Dermatological Society of London and the enthusiastic new development of the Dermatological Society of G.B.I.

Scientific preoccupations. To the dermatologist of the 1970 the most striking feature of clinical meetings in the 1870s is the very large number of case reports of all forms of tuberculosis and syphilis. The diagnosis of both diseases had to be made on clinical grounds, as the Wassermann reaction had yet to be discovered.

Resort to biopsy was less frequent than today, but histological discussion was well informed. Many British dermatologists (J.M.H.Macleod (1870-1954), Walker, Brooke, Eddowes (d. 1946)) had worked with Unna in Hamburg, and one of them, Norman Walker, translated Unna's classic textbook on histopathology into English.

A principal scientific preoccupation of the decade was the role of bacteria in a number of diseases including eczema. The *Lancet* (15) in an editorial discussed a recent address on the subject by Dale James of Sheffield. There was no doubt, the *Lancet* wrote, that microorganisms occurred on normal skin and Unna's views on their primary role in eczema seemed unacceptable. On the other hand it was difficult to ignore the 'psorosperms' which were such a conspicuous histological feature of Darier's disease and Paget's disease. Hutchinson (16) too, found the psorosperms puzzling and discussed the possibility that they were protozoa as suggested by Malassez in 1876, but came to no firm conclusion.

Good work in mycology was being carried out by Malcolm Morris, by Leslie-Roberts, whose monograph 'Introduction to the Study of the Mould Fungi Parasitic on Man' was published in 1893, and by Colcott Fox and F.R.Blaxall (1866-1930), who like young Dr Sabouraud (17), Besnier's former house physician in Paris, were interested in the plurality of dermatophyte species (18).

Other investigative work of interest included A.P.Luff's experimental studies of the absorption of drugs from ointment bases (19). Very detailed histological investigations of great interest were reported by George Thin (20) on Paget's disease of the nipple (1891), as one of many contributions of importance. A.W.Williams (1863-1938) in 1891 (21) showed that pompholyx vesicles are not related to sweat ducts; this controversy was still actively debated 60 years later.

Many new clinical entities were characterized by British dermatologists during this decade - Pringle's adenoma sebaceum in 1890 (22); Brooke's epithelioma adenoides cysticum in 1892 (23); Crocker's erythema elevatum diutinum in 1894 (24); William Anderson's (1843-1900) angiokeratoma (25) (Anderson-Fabry disease) in 1898.

From the therapeutic point of view it was a disappointing decade. The treatment of lupus vulgaris was frustrating and a wide variety of mechanical measures found favour (26). Robert Koch's claim that treatment with tuberculin could be effective led to an international pilgrimage to his clinic in Berlin. Radcliffe Crocker was one of the visitors. He saw cases in von Bergmann's clinic there (27) and wrote optimistically but guardedly of his impressions. A little later he described some favourable responses in his own practice (28). Unna (29) was not impressed. Conflicting reports continued to appear, but Wickham's fatal case (30) of gummatous tuberculous lymphangitis after this treatment was one of many which brought it into discredit.

Another apparently major therapeutic advance which critical assessment proved to have been overrated was 'thyroid feeding'. Byrom Bramwell (1847-1931) of Edinburgh (31) was one of many who found thyroid extract valuable in many skin disorders from psoriasis and eczema to lupus vulgaris.

The German preference for topical applications, strongly endorsed by Malcolm Morris, was gaining ground over the French preference for internal medication. Chrysarobin appeared in the British Pharmacopoeia for the first time in 1885 and was advocated and subjected to numerous trials by that enigmatic personality Balmanno Squire (1837-1908) - enigmatic because his contributions to the literature are of considerable interest, he was a pioneer in the application of photography to dermatology to which he confined his practice, he was a member of the leading general medical societies, yet he was never a member of either of the dermatological societies although his practice was limited to dermatology. Arsenic, usually in the form of Fowler's solution, was still the standard treatment for psoriasis and although Jonathan Hutchinson had believed it to be carcinogenic as early as 1887 (32) and was repeatedly urging that it should not be prescribed, it continued in favour for many more years.

The treatment of the common non-inflammatory tinea capitis was infinitely tedious, and the literature of the nineties included many papers recommending a variety of counter-irritants, in particular croton oil. However more effective measures were becoming available. In 1899 Schiff of Vienna visited London and advocated X-ray epilation. In his excellent six-monthly review of dermatology in the *Practitioner*,

James Galloway (33) commented on 'the possibility of producing severe injuries and ulceration, which seems to be of a particularly chronic character'. Much harm was done to dermatologists as well as to their patients before the rational and safe use of radiotherapy became established.

Conclusions. The 1890s saw the acceptance in Britain of dermatology as a recognized and necessary speciality. This recognition was largely the result of the activities of the two dermatological societies and of the *British Journal of Dermatology*. Men of outstanding calibre were attracted to the speciality and set the high standards in clinical practice which brought many American postgraduate students to their clinics. Although there were no formal facilities for research, much valuable work was carried out, particularly in histopathology and mycology.

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