Dermatology in Edinburgh.
1968-2000.

by

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Foreword.

'Everyone is a debtor to his profession and ought to make some kind of return'
Lord Birket.

Professor Percival's scholarly '*The History of Dermatology in Edinburgh*' is an unpublished bound manuscript completed by the author when he was eighty years old. The text dealing with events prior to 1884 relates to dermatological matters of historical interest. Here there is an admirable personal touch that does not always sail in the direction of the prevailing wind; for example his analysis of Willan's contribution to the progress of dermatology. Events after 1884 are concerned, to an increasing extent, with domestic affairs in Edinburgh until 1968.
Bound copies of the 350 page text were distributed to the libraries of The Royal Colleges of Physicians of Edinburgh and the British Association of Dermatologists as well as to the library of the Department of Dermatology in Edinburgh and to personal friends who had encouraged him to embark on this remarkable feat so late in his life. Copies have already been accessed, from far and wide, by many dermatologists with an historical bent.

It seems appropriate that an annotated history of the Department in Edinburgh covering the period 1968 to 2000 should be written. I have taken full advantage of the extensive collection of photographs that we have in our department scrapbook. Times have changed dramatically for me since I retired. I am ashamed to admit that the screen that sat on my desk in the nineties was for show and never attached to a computer! After I retired I soon learnt what life was like without a secretary. I taught myself the basics of desktop publishing and have struggled to produce this text in a readable and attractive form. Alas, I have not always succeeded and I am sorry if the end of some pages interrupts a critical theme. I have also had to rely on much information and many dates that are buried in our archives and are not available elsewhere. I must admit defeat on occasions.

This manuscript is a story. It describes the trials and tribulations that faced a teaching hospital department trying to develop local approbation for its clinical services and a national reputation for its academic activities. Inevitably, a number of the leading personalities of this period have died but the author of this manuscript had first hand experience of most of the period described. On reading the final manuscript I especially regret not having included vignettes of our valued senior registrars. But now it is too late and I apologize to them.

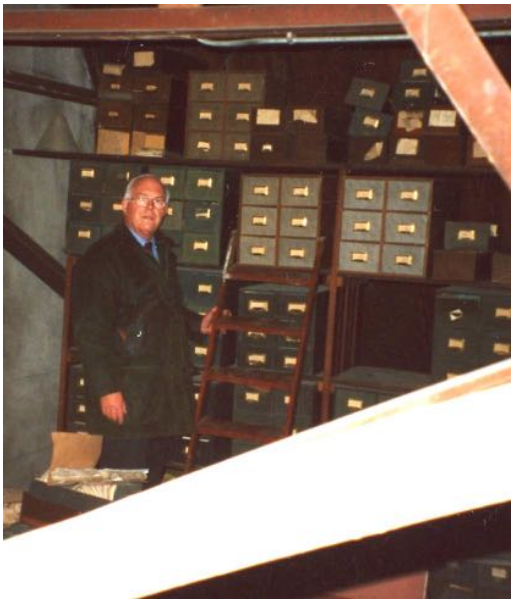
For the sake of clarity, personalities will often be referred to by their surnames or by their titles. 'I' easily becomes egotistical but is preferable to the repeated use of 'the author'. The frequent use of 'I' in the second part of this manuscript at least conveys that the author was intimately involved in the events of that time.

Acknowledgements.

I gratefully acknowledge the help of many when preparing this manuscript. Without the help of Moira Gray, our outstanding department administrator and my personal assistant, I would have been lost. Her enduring filing system helped me retrieve many records and her memory for names put me to shame. Claire Benton and Mike Tidman read the final draft, corrected inaccuracies and redeemed my notoriously poor grammar. The late John Savin, Claire Benton and I spent many hours sorting out archival material. The late Graham Priestley left on file much useful material on publications, research grants and collaborations. Craig Walker and Harry Phillip took most of the photographs that I have included. Many other past members of the Department, too numerous to name, have helped with information and dates; I have pestered them mercilessly. I apologize to those whom I have omitted to mention in the text.

Two others who were close to the main players in this story, must be acknowledged. The late Mary Hare supported Paddy most loyally, both socially and professionally. Ruth Hunter entertained, housed and looked after many members and visitors to the Department, too often with little notice. Her support to the author, in post and when writing this manuscript, was unconditional.

The Edinburgh Dermatological Research Fund kindly helped with the cost of printing and binding copies of this manuscript.



Savin (above) and Hunter (R) rescuing archival material in the attic of the skin pavilion before its demolition (1994).

Contents.

The legacy of Professor Percival and Dr. Peterkin.

Professor G. H. Percival.

Dr. G. A. Grant Peterkin

George Hector Percival, born in 1902, qualified in medicine at Edinburgh in 1923. He joined the Skin Department in 1924. Like Jamieson, Walker and Low before him, he studied in Europe (Paris, Lausanne and Zurich) under several leading dermatologists including Civatte (the elder) Sabouraud and Bloch. He maintained a close connection with many European colleagues for the rest of his life and the European influence on the development of the Department in Edinburgh remained strong. During the late 1920s and early 1930s Percival embarked on pharmacological research with C .P. Stewart and wrote papers on parathyroid hormone, calcium metabolism and the skin. Later he extended his research to include work on melanogenesis and inflammatory mediators in blistering skin diseases.

Percival was appointed Physician to the Skin Department in 1936. He oversaw the building of a purpose-built department with large wards for inpatients and an outpatient suite with numerous consulting rooms and much admired facilities for daily dressings and minor surgery. It was envied throughout the U.K.

Percival said that when he joined the Department of Dermatology there was not a single histological specimen to be found in it and that biopsies were special occasions. Convinced of the diagnostic and educational value of histopathology, he was one of the key figures in Britain to establish the role of diagnostic histopathology of the skin. He established a systematized collection of histopathological material and encouraged trainees to make use of it.

Percival stayed in Edinburgh during the Second World War, in sole charge of the Department. Consultations were numerous, concise and speedy, the latter characteristic remaining for the rest of his career.

In 1945 **Sir Robert Grant**, largely as a result of meeting Percival as a patient (gravitational syndrome), donated £70,000 to The University of Edinburgh and £10,000 to The Royal Infirmary of Edinburgh to enable a Chair of Dermatology to be established. Percival was appointed first professor to this chair that he argued, persuasively, was the first genuine University Chair of Dermatology in Britain.

Under Percival's guidance the main research of the department, apart from clinical trials (including a MRC panel report in 1952 on the treatment of skin disorders with ACTH and cortisone), concerned the histopathogenesis of eczema, bullous eruptions and the reticuloses (later 'lymphomas'). In his final years in the Chair he encouraged the new consultant, **George W. Beveridge** and the new lecturer, **Edgar Powell**, to study the pathogenesis of acne.

Percival was a most effective teacher and always pointed out to undergraduates that in the examination of patients with skin disease they had a unique opportunity to observe pathological processes running their course and to correlate cellular pathology and derangement of function with the clinical findings. He published many books, co-authoring the 10th and 11th editions of *An Introduction to Dermatology* with Norman Walker and becoming sole author of

the 12th (1956) and 13th (1967) editions. With the medical photographer, T.C.Dodds, he co-authored *An Atlas of Regional Dermatology* (1955) and with Sister E.Toddie he wrote *Dermatology for Nurses* (1947). His outstanding contribution was, however, the first coloured *Atlas of Histopathology of the Skin*, co-authored in 1947 with A. Murray Drennan and T.C.Dodds and in 1962 with G.L.Montgomery and T.C.Dodds.

At the end of the Second World War a number of young doctors, demobilized from the Forces, came to Edinburgh to train in dermatology. They included:
Alan Lyell, wounded at the D-Day landing, became a consultant in Glasgow.
Ian McCallum of The 15th Scottish Division had a remarkable escape from capture at St Valery, returning to serve in North Africa, to take part in the D-Day landing and to cross the Rhine, when he won the Military Cross. He became a consultant in Nottingham and, finally, a consultant in Inverness.

Alan Lyell (L) and Ian McCallum, later on in life.

Eric Donaldson, served in the Navy throughout the war, becoming a consultant in Stoke on Trent where he set up an Edinburgh look-alike Department of Dermatology.
Duncan Duthie, a Japanese prisoner of war, moving on to a consultant post in Stoke on Trent, to join Eric Donaldson.
Aitken Ross, severely wounded in Italy, became a consultant at Portsmouth and The Isle of Wight.
George Senter, an R.A.F officer, became a consultant in Birmingham.
Pat Hannay was a house physician in the dermatology ward before serving with the R.A.M.C in India and Burma. Later he joined Percival and Peterkin as the third consultant dermatologist in Edinburgh.
Percival looked after them all and made sure that they went on to good consultant posts throughout Britain. He engendered lifelong loyalty and affection amongst this group. Shortly after the war the demand for post-graduate training was considerable and post-graduates from the UK and from Burma, India,

Australia, Canada, New Zealand South Africa and Iraq spent varying periods in the Department, before returning home, some with higher degrees and some with M.R.C.P.Edin. with Dermatology as the special subject.

Alan Lyell wrote, in his inimitable way, the following paragraphs on Percival;

'PERCIVAL trained in Europe and as a result he tended to look towards Europe, especially France, rather than London. His two chief interests were the topical treatment of skin disease, and the histopathology of the skin: he was fond of saying that they knew nothing about treatment in London, in which there was indeed a grain of truth. PERCIVAL and Miss ELIZABETH TODDIE, the sister in charge of the skin wards, devised a system for applying bandages to any part of the skin, and they wrote a book on the subject, 'Dermatology for Nurses', published by Livingstone in 1947. Topical treatment was an important consideration in pre-corticosteroid days. The treatment facilities were used not only for all in-patients, but for selected out-patients as well, and often it was possible to keep a patient at work who would otherwise have to be admitted. The method was costly in respect of nurse hours, and of patient hours too, but the results were certainly superior to anything I had seen previously. The advantage of having beds in the skin department was tremendous, as it avoided the necessity of a time-wasting trek round the medical wards looking for a patient or two in each, and then having to try and persuade the nursing staff on that ward to do the dressings, a task for which they had not been trained, and towards which they brought little enthusiasm. This had been the state of affairs at Addenbrooke's, and was also to be found in all the United States hospitals I was to visit later. It distresses me that there is now a suggestion that skin departments do not need beds any longer. It is an idea that may appeal to the administrative mind, which wants to save money, and thinks that dermatology is a trivial subject, or, as some physicians say a 'minor specialty'. Dermatologists know differently from practical experience, and so do their patients who have experienced a well-run Skin Department. An epidemic of generalised pustular psoriasis and pemphigus among administrators might work wonders of comprehension.

PERCIVAL'S coolness about London was matched by London's coolness about him; which is a pity because each camp underappreciated the other. London may have been superior in some aspects, but patients received a much higher standard of tender loving care in Edinburgh.

PERCIVAL had considerable charm, but he could be difficult on occasion though a good point about him was that he didn't harbour grudges. He had produced an Atlas of Regional Dermatology in which one of the pictures was said to illustrate a syphilitic chancre of the lip. We told him it was almost certainly a gumma , but he wouldn't hear of that. Some days later he came in in a good mood, and suddenly said: "You know, Alan, I have been thinking about that chancre in the Atlas; I think it might be a gumma." That was quite characteristic of his ability to let an idea ferment in his mind and then, if necessary, and after a due interval, to announce that he had changed his mind; if possible in a way that made it seem as though it was his own idea.

Because Professor PERCIVAL and Dr GRANT PETERKIN held separate charges, it was possible for interesting patients to exist on one side of the house unknown to the other side. I was told that this had actually happened, when PERCIVAL wrote a

paper on major blistering eruptions (this was before we knew of Civatte's description of acantholysis in pemphigus) without knowing that PETERKIN had a patient whose blisters showed acantholysis. But the patients that PERCIVAL described all had sub-epidermal blisters, and the chief conclusion of his paper was that a blister that had started out as sub-epidermal would soon appear to be intra-epidermal due to regrowth of epidermis beneath the blister floor.
Dermatology was no longer his main interest in life as it was with DOWLING; although DOWLING was certainly not devoid of cultural interests. But PERCIVAL had come into dermatology by accident almost, because there happened to be a vacancy in dermatology at a time when he needed a job. Had he been motivated to concentrate single-mindedly on dermatology he would have made a great name for himself; but as it was he never attained that distinction to which his innate ability ought to have entitled him. But his energies were directed now to such activities as the appreciation of Chinese jade, the vagaries of the Stock Exchange, and the microscopic study of salmon scales to determine the life history of the fish. It was said that when he attended a meeting in Cambridge he lectured the staff of the Fitzwilliam Museum on the proper classification of their collection of jade.
Whatever may have been his shortcomings from the dermatological point of view he did inspire loyalty in the junior staff, and supported them in their subsequent careers.
I have written at some length about PERCIVAL because his virtues have never been fully appreciated, even in Scotland, while his defects have been magnified unduly. There would not be a flourishing Chair of Dermatology today at Edinburgh if PERCIVAL had never lived.'

There is not much here with which the writer of this manuscript can disagree. One only has to read Percival's bound manuscript '*The History of Dermatology in Edinburgh*' to appreciate the scholarly worth of its eighty year-old author!

Professor Percival retired in December, 1966.

George Alexander Grant Peterkin, born in 1906, qualified in medicine at Edinburgh in 1929. In 1932 he decided to specialize in dermatology and studied in Copenhagen under Haxthausen and Lomholt. He was appointed Assistant Physician in the Skin Department of The Royal Infirmary in 1933 and later became Consultant Dermatologist to Leith, Deaconess and Bangour hospitals.

Peterkin joined the Royal Army Medical Corps as a dermatological specialist in 1942 and a year later was posted with the 1st Army in Algeria. Subsequently, with the invasion of Italy, he moved on to Naples where he took charge of over 1000 beds for patients (mostly troops) with skin and venereal diseases. For this work he was awarded the M.B.E.

During the war he established close links and friendships with many young American dermatologists and after the war, when they became leaders of American dermatology, he made a number of lecture tours to the United States of America. Many of his pupils (including a young Dr. Hunter) were able to take

advantage of this connection and travelled to many parts of the United States on a passport issued by Peterkin.

On demobilization Peterkin resumed his work in Edinburgh becoming, in 1954 (after the retirement of Aitken), Physician with Joint Administrative Charge (with Percival) of the skin department of The Royal Infirmary. Percival conducted his clinics on Mondays, Wednesdays and Fridays, Peterkin his clinics on Tuesdays, Thursdays and Saturdays. This binary fission was traditional and stemmed from 1912 when Norman Walker and Frederick Gardiner shared charge of the department.

Peterkin did not consider himself a research worker and never pretended to be one. However, in spite of a busy commitment to his patients and a full family life, he found time to write a number of papers describing his clinical observations; these have stood the test of time. In 1937 he was the first dermatologist to describe infection of the skin by the Orf virus, though the appearance and cause were widely known in the farming community. During the Second World War he recorded his experience of many troops with conditions as diverse as impetigo, khaki dermatitis and eruptions due to sulphonamides and mepacrine. In 1949 he co-authored '*Common Diseases of the Skin*' with Cranston Low.

'Pete', as he was called by his contemporaries, but not by junior staff, enjoyed teaching. He made even commonplace conditions seem interesting and his teaching sessions were often memorable and occasionally theatrical. He coped with large clinics and groups of undergraduates and postgraduates with admirable ease. Dermatologists from many parts of the world, particularly India, Pakistan and Australia still remember these teaching sessions vividly, and Pete with great affection. Peterkin's wide experience and genial personality enriched the department.

Percival and Peterkin were at the helm of Edinburgh dermatology for over thirty years. They were intensely loyal to the department and its staff, but their powerful personalities and qualities contrasted in almost every other way. As they were in joint administrative charge of the Health Service side of the department there were difficult periods. For the most of the time they made sure that their paths did not cross but sometimes, when they did, there was an air of uneasy truce when Peterkin suffered, if not in silence, at any rate with dignity. Peterkin disliked the dichotomy that existed within the department to which he was forced by circumstances to contribute, and when Percival retired he took the first steps to remedy it. However, those who have thought about the progress of dermatology in Edinburgh would probably agree that Percival plus Peterkin were good for Edinburgh – better than either would have been by themselves. The two chiefs even admitted this, albeit begrudgingly, in their later years!

Percival retired at the end of 1966 and the hunt was on for a suitable successor. The main contenders were **Imrich Sarkany** from The Royal Free hospital in London, **Alan Lyell** from the Glasgow Royal Infirmary, **Patrick (Paddy) Hare** from University College Hospital in London and **Harvey Baker** from the Institute

of Dermatolgy in London. In the event both Sarkany and Lyell pulled out before the interviews and Hare was appointed. He came to a department that had few equals in the provision of a first class clinical service to patients. A key figure was **Sister Helen Bradley** (see p. 20), nurse in charge of the whole department; she was a more than able successor to the famous Sister Toddie. There was a purpose built pavilion for Dermatology and Venereology. There were two floors for fifty-six inpatients, including a four-bedded ward for children and a ground floor for outpatient clinics. This included four consulting rooms and a minor surgical treatment room. Outpatient management of dermatological patients had been a (much envied) feature of the Edinburgh Department for decades and there were two (male and female) rooms for daily dressings, manned by redoubtable ex-R.A.M.C. nurses, **'Pop' Stoddart** and **Ted Richards**. Remarkably the amiable Stoddart managed complicated dressings in spite of his long-standing and significant hemiplegia.

The amount and quality of research being conducted in the department was a different story and far from the envy of other departments in Edinburgh and further afield. **George Beveridge** (see p. 18) **and Edgar Powell** (see p. 28), appointed Lecturer in 1964) ploughed a lonely furrow investigating the cause of acne, but that was about it.
Hare had a big challenge ahead of him and much to do.

More precisely, what did Hare inherit? First a department with a good and well run service record. He joined Peterkin, P. J. Hannay (appointed in 1948) and Beveridge (appointed in 1965) on the consultant staff. Aside from their duties in the Infirmary, Peterkin did a weekly clinic at Leith Hospital and Beveridge looked after an extended service in Fife, with two days in the Kingdom - three sessions at the Victoria Hospital in Kirkcaldy and one at Milesmark Hospital, Dunfermline. Junior staff at The Royal Infirmary comprised a senior registrar, a registrar, a house physician and two experienced clinical assistants, **Mary Bunney** (see p.24) and **David Frew.** Bunney, with the help of the registrar and house physician conducted two afternoon wart clinics; liquid nitrogen for hand warts and podophyllin paste dressings for plantar warts.

The Fife sessions were supported by, or more precisely, dependent on the inimitable **Sister Jean Pollock**. She was a full time appointment in the Skin Department at the Victoria Hospital, Kirkcaldy. She knew her spots well and supervised closely the daily dressings. She was the most benign of dictators and had fine and regular communications with local general practitioners who appreciated her worth. She was firm but had a great empathy with patients. She expected, and got, a high standard of management from Beveridge and his supporting registrar, who also came over from Edinburgh twice a week.

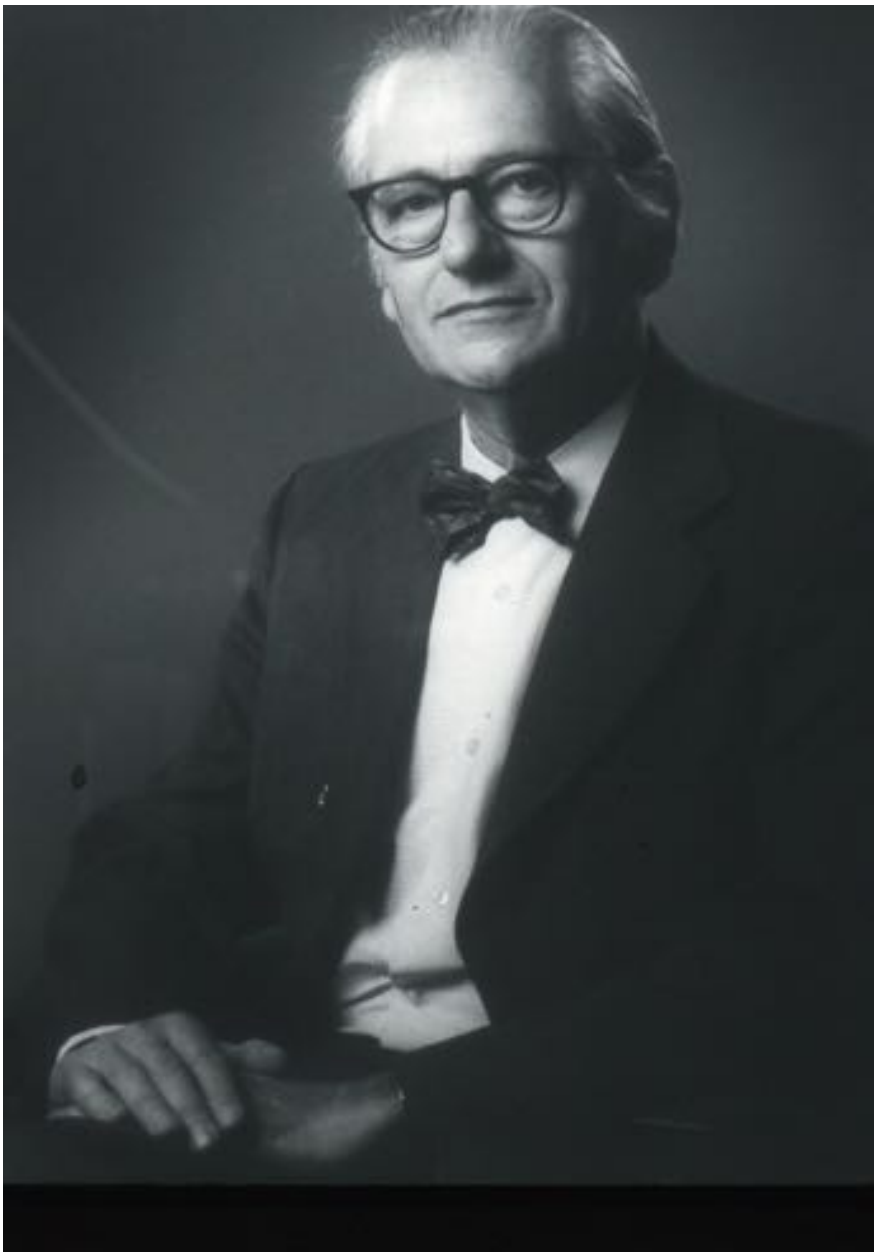
Secondly, there was quick and reliable histopathological backup. Although biopsy material was no longer processed within the Dermatology Department (as was performed in the post-war years), slides were delivered immediately after preparation and staining in the Pathology Department by a designated technician. Beveridge (taught by Percival) or Hannay would issue reports, typed by the professor's secretary, within twenty-four hours. Some difficult sections,

for example borderline melanomas and tricky lymphomas, were discussed further with consultant pathologists, usually **Andy Shivas**, **John MacGregor** and **Angus Stewart**.

Thirdly, as already mentioned, there was a minimal research base. Powell was the solitary clinical lecturer, with no technical backup and a make do 'laboratory' (the old slide library) on the top floor of the skin pavilion, adjacent to Ward 48.

Lastly the Department was not entirely at ease with itself and prone to odd moments of tension when Percival and Peterkin did not see eye to eye.

The P. J. Hare period, 1968-1980.



Patrick James Hare.

Patrick (Paddy) Hare was born in Dunfermline in 1920. His early schooldays were at Malcolm Canmore Primary School, Dunfermline, and later at Westminster City School, London. He graduated in medicine, M.B., B.S. from University College Hospital, London and M.D., Johns Hopkins University, Baltimore where he was a Rockefeller student fellow. He joined the R.A.M.C. from 1945-1948 and served in Burma and Singapore. This gentle person had to certify the deaths of some Japanese war criminals, after hanging.

Hare took up his first dermatological appointment, in 1948, as registrar to W. N. Goldsmith at University College Hospital. In 1951 he was awarded a travelling fellowship by London University and studied in Paris in Rivalier's clinic and in Zurich under Miescher, investigating fluorescent substances produced by microsporum fungi. He became Consultant Dermatologist at University College Hospital in 1952 and took charge of the Department in 1958. In 1954 he graduated M.D. London University, his thesis being on necrobiosis lipoidica diabeticorum. He spent 1966 as an exchange professor in the Department of Medicine at McGill University, Montreal. He was admitted F.R.C.P. in 1964 and F.R.C.P.Edin. in 1971.
Hare was editor of the British Journal of Dermatology from 1958 -1968. These were the days when the editor decided personally what to publish, sought submissions, if there were too few for an issue and, single-handedly, edited each published article! Hare was a good translator, speaking fluent German, good French and some Italian. Before his arrival in Edinburgh he had written two short primers: '*The Skin'* and '*Basic Dermatology'.*

Hare's personal interests were histology, comparative pathology, embryology and the history of medicine. Perhaps, rather surprisingly, he took up the Chair of Dermatology with hopes of developing areas of genetics, immunology and mycology.

The Department.

Peterkin and Hare got on well together. Hare was quite prepared to let Peterkin take an equal role in the running of the service. They both had 'their' days in the clinic but there was effective and regular liaison between them over strategy and change. The junior consultant, G.W.Beveridge, now came to the fore with administrative advice. P.J.Hannay, as previously, stayed in the background but continued to take his full share of clinical work (five clinics a week) as well as helping out Beveridge in the reporting of the routine histology.

Hare was a quiet and thoughtful man who did not waste words. His genuinely friendly nature and innate modesty, healed running sores in the Department. The times of slight tension that previously existed were soon dissipated and the Department became a happier one as well as retaining discipline and order.

Hare initiated Joint Clinical Consultations (later called The Combined Consultation Clinic), introduced in1969, on Saturday mornings. They replaced regular clinics (under Peterkin's supervision) and were attended by the entire staff. Patients with unusual conditions, diagnostic or management problems were booked into the clinic that was chaired by one of the consultants. The referring doctor explained the reason for referral and then time was allowed for those doctors (and visitors) attending the clinic to examine the patients. They were then discussed; the registrars usually quizzed first to present their views. The clinic provided a useful way of sharing experience and maintaining the unity of the Department. It proved very popular and was the first attempt at any formal training for the trainees. Hitherto the training of the junior staff had been entirely along apprenticeship lines within the Department with the odd opportunity to attend regional clinical meetings such as those of the North British (later Scottish) Dermatological Society.

A patch test (later contact dermatitis) clinic replaced (circa 1972) the informal system in which the consulting doctor asked the registrar in the treatment room to apply patches of suspected contact sensitizers; the patches were read two days later by whoever was on duty in the treatment room and the results reported to the referring doctor. The introduction of this patch test clinic, set up and conducted by Hunter, coincided with the general move towards routine testing to a *battery* of common contact sensitizers. Initially the battery was made up and dispensed by the RIE pharmacy, later to be replaced by the commercially available Trolle Larson kits. There was insufficient staff to copy the internationally renowned clinic at St John's Hospital in London, run by Etain Cronin, but the principles underpinning it were established in Edinburgh.

Percival's influence ensured that a sound knowledge of skin histopathology continued to be a prerequisite in the training of dermatologists. Hare strongly supported this view as he had developed considerable expertise in diagnostic skin histology under the tutelage of Walter Freudenthal at University College Hospital, London. Beveridge needed no convincing, as he had been trained by Percival. There were no specialized dermatopathologists in the Department of Pathology and all routine skin histology was reported *intra muros* by Beveridge, Hannay and Hare. Hare was at his best when discussing difficult sections with colleagues in the department and, if necessary, with the few general pathologists with an interest in skin diseases.
All doctors were encouraged to review their patients' biopsies, usually with Beveridge or Hare. Occasionally registrars were asked to draft reports on biopsies that were counter-signed by one of the above consultants.
The above system worked extremely well, but its days were numbered when it was accepted that all pathological reports should be signed by an appropriately trained and qualified doctor. That invariably meant a pathologist as no members of the Skin Department held a Diploma of Dermatopathology. It was eventually agreed with Sir Alastair Currie (Professor of Pathology in Edinburgh 1972-1986) that all skin biopsies should be reported by a pathologist, often the remarkable **Kathryn McLaren** (see p.59). It was also agreed that the Skin Department should receive duplicate slides of all material. In this way clinicians in the

Department could review sections from their patients and, if necessary discuss them with Beveridge or McLaren. Staff and visitors were encouraged to attend a weekly histology session, initiated in 1968 by Beveridge . Sections were selected a week before and staff encouraged to study them. Beveridge asked the trainees to comment on sections and directed the discussion with the help of a projection microscope.

Core members of the staff.

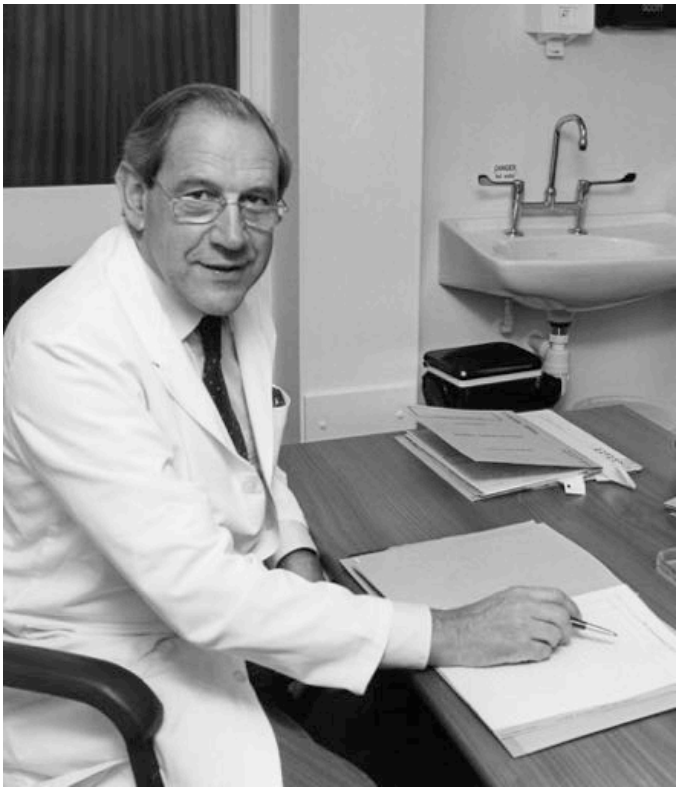
G.A.G.Peterkin (see previously) retired in 1971.

Patrick W. Hannay, recruited by Percival after the war, was a quiet and modest consultant in the Department. He arrived at 8.30 a.m. prompt from Monday to Friday and disappeared to his room in Ward 48. There he reported skin biopsies before conducting his ward round (in the small seven-bedded room of ward 47) thrice weekly. He then went down to the ground floor outpatient department for his daily clinic. He was a popular teacher with the students as his sessions were invariably illustrated with slides from his own extensive photographic collection. After dictating and signing letters he left the department before lunch. He practised each afternoon at his private clinic in Ainslie Place. He was happy to give clinical and histological advice to all colleagues but seldom became involved in general departmental affairs. In 1974 he retired early, to live in Dunkeld.

Pat Hannay.

During the Hare period two consultants had a considerable influence on the progress of the Department. George W. Beveridge had been recruited by Percival in 1963 and John A. Savin by Hare in 1974.

George W. Beveridge, the son of a general practitioner in Fife, qualified in medicine at Edinburgh in 1956. He spent much of his National Service with the army in Germany. During a year spent as a S.H.O. at Ballochmyle Hospital, Ayrshire he met and was impressed by the physician-turned-pathologist, John Milne (later Professor of Dermatology, University of Glasgow). He returned to Edinburgh, gaining M.R.C.P. Edin. when working in general medicine at the Royal Infirmary under J. K. Slater (whose main interest was neurology). Percival, looking for a young man with the Membership and ambition, appointed him (1963) as Lecturer in Dermatology. Not long afterwards he became Senior Registrar and then, in 1965, Consultant with an 'A and B' appointment – eight N.H.S. sessions (five in Fife and three at R.I.E.) and three university sessions. For the next 30 years Beveridge provided wise counsel to Hare and then Hunter. He had a steadying influence on poorly considered ephemeral ideas and provided a sound cornerstone to the clinical service. He provided an excellent histological service for the Department, helped initially by Hannay and Hare. When change was forced on the Department he was the regular go-between Pathology and Dermatology. He eschewed private practice and became the much-respected dermatologist of many medical colleagues and their families. His opinion was frequently requested in the wards of the Royal Infirmary and patients appreciated his conservative, measured and avuncular style. Beveridge was President of the Scottish Dermatological Society from 1982 to 1985 and retired in September 1996.



George Beveridge.

John A. Savin, the son of a London ophthalmologist, gained a first class honours B.A. in Natural Sciences at Cambridge before moving to St Thomas's Hospital, London, for clinical training. He qualified in 1960 and then spent his National Service in the Navy, much of it in Singapore. His registrar appointments were in London at St George's Hospital, St Thomas' Hospital and The Institute of Dermatology. He was appointed consultant in Edinburgh in 1971. Hare should take credit for introducing much-needed new blood into a department that, since its establishment in 1884, had been led by a succession of nine Edinburgh graduates.

Savin was an acute observer and had an enviable ability to recollect clinical signs that he had noted years previously and to relate them to the patient of the moment whose diagnosis was puzzling him or his colleagues. His great intellect and scholarship were a formidable combination. He was able to communicate his vast knowledge in simple plain English. He was a master of prose and grammar and had no rivals in editing texts of colleagues and trainees that were incoherent and illogical into language that all could understand. He co-authored several books, many with Hunter.

Savin did his best to avoid administrative work within the Department but pursued many and varied research projects that reflected his broad interests. By the time he retired (1999) Savin had been President of The Dowling Club (1992/93), President of the Dermatological Section of The Royal Society of Medicine (1988/89) and President of The British Association of Dermatologists (1993/94). He became an Honorary member of the B.A.D. and the Canadian Dermatology Society and a Corresponding Member of La Société Française de Dermatologie. He was awarded the coveted Sir Archibald Gray medal of the British Association of Dermatologists, posthumously in 2007.

John Savin

The contrasting qualities of Beveridge and Savin underpinned a remarkably well-balanced department for three decades. Neither seemed ever to be sick and they rarely missed a clinic. Both were punctual and, in their different ways, efficient. Both became familiar faces in the Edinburgh medical establishment. Beveridge was the insider who seldom left the Department, Savin more outgoig. Both were mutually competitive but remained firm friends. Both were very aware of preserving and improving the reputation of the Department, and were proud to be part of it.

John A. A. Hunter succeeded Hannay and was appointed consultant in 1974 with duties in Dunfermline and the Borders. He followed Hare in the Chair of Dermatology (1980) and his background is detailed later (see p.44).

Sister Helen Bradley arrived in the Department in 1959. She was the sister in charge of all the nurses in the Department and also exercised a much wider remit of looking after the day-to-day running of the wards and outpatient departments, with the exception of matters involving the secretaries and clerks. Her role was therefore immensely influential; she was a worthy successor to her illustrious predecessor, Sister Toddie. Helen Bradley came from Northern Ireland. She attended early morning Mass every day, at The Sacred Heart of Jesus, Lauriston Street, before arriving in Ward 47. She engendered great respect from patients, nurses and doctors alike. She was not only a fine nurse but also the person to whom the doctors turned for help when struggling over social and spiritual affairs involving patients and their families. Dermatology was not only her vocation but also her life. She retired in 1989, after 30 years in the department, admired by all those who were lucky enough to work alongside her.

Helen Bradley.

Professor Hare's Legacy.

Whatever Hare's personal shortcomings were in research he left the Department in considerably better shape than when he arrived, despite the physical and financial constraints of the time. He left a friendly and happy department, one much more comfortable in its own skin, than the one that he inherited. He encouraged his staff to pursue their own interests rather than to persuade them to work in areas that he wished to develop. In the event he oversaw a broad but disparate range of endeavours, in none of which he was intimately involved but of all of which he passively approved.

Beyond his department Hare served as Convener of the Central Medical Library Committee from 1972-1980. He was to the fore in the planning of the Erskine Medical Library in George Square that was opened shortly after his retirement. He spent many hours perusing the plans of the future Department of Dermatology in Phase I of the new Royal Infirmary. This was occupied, with relief and high hopes, two years after he retired.

He was Chairman of the Specialist Advisory Committee of the Joint Committee for Higher Medical Training from 1974-1978.

Perhaps his greatest contribution to Scottish Dermatology was the founding, with David McEwan Jenkinson, of the Skin Biology Club. It more than achieved its aims of bringing together dermatologists, vets and biological scientists; he was President from 1969-1979.

Hare suffered from angina and his last few years in the Chair were something of a struggle. He retired in 1980 to live in Bristol with his loyal and devoted wife, Mary. Sadly, his retirement was short-lived and he died in 1982.

Health Service.

Inpatients.

The children's room in ward 47, with its four cots, was closed in the early seventies. The windows were deemed unsafe and although the nurses and fellow female patients in the other rooms on Ward 47 pampered the toddlers, usually admitted for treatment of atopic eczema, there were no facilities for a parent to sleep in the ward. Times had moved on and it was generally agreed that these patients would be better looked after at the Sick Children's Hospital in Sciennes Road by paediatricians, often with advice from a dermatologist, usually Beveridge.

There were fifteen beds for women in the main room of Ward 47 and eighteen beds for men in the large room of Ward 48. Each patient was under the nominal care of Hare, Peterkin, Beveridge or Savin. There were two single bedded side rooms for patients of either sex in Ward 47. These were reserved for very ill patients, those thought to be an infection risk and 'special' patients, including doctors and medical students. A further eight beds for females in a room in Ward 47 were under the nominal care of Hannay. The total complement of beds in the two wards was therefore forty three. The consultants conducted ward rounds, usually three times weekly, before going to the ground floor of the Skin Pavilion to attend the outpatient clinic, starting at 9.30a.m. One of the registrars conducted ward rounds on days when patients were not seen by a consultant.

Geriatric 'Boarders' from medical wards became a real problem in the winter and the spring too often brought little relief. After many meetings with the medical administrators it was finally agreed (1969) that the eight-bedded room in Ward 47 would be surrendered to the geriatricians for the winter. It was also accepted that the Department of Dermatology had regional responsibilities for in patients, there being no designated beds for patients with skin diseases in Fife and the Borders.

Outpatients

The Royal Infirmary.

There were relatively few changes in the outpatient clinic during the Hare period. Sister Bradley remained in overall charge of the nursing but spent most of her time in the wards. Nurse (later sister) Kate Grigor was to the fore in the day-to-day running of the outpatient clinic. The daily dressing clinics continued to provide an essential and much appreciated service for ambulant patients and those brought to the clinic by ambulance. Many ward admissions were avoided.

By the late seventies plans for relocating the Outpatient Department to the Phase 1 building of a new R.I.E. on the Lauriston site were well developed. Hare, supported by Beveridge, were primarily responsible for the clinical input. On closure of the Skin Pavilion it was envisaged that inpatients would be cared for in the City Hospital.

Peripheral Clinics

Percival was adamant that members of the Department should not conduct numerous satellite outpatient clinics in Edinburgh since an excellent and comprehensive service was provided at The Royal Infirmary that was readily accessible to most of the citizens of Edinburgh. He felt that clinics outside the Royal Infirmary were wasteful of staff time and that adequate supportive staff and treatment facilities for them were beyond the financial resources of the Lothian Health Board. There were three historical exceptions. Peterkin had conducted a weekly clinic at Leith Hospital since returning from the war and also a weekly clinic at Bangour General Hospital. Mary Bunney (see p.24), under Peterkin's administrative charge, carried out a clinic at the Bruntsfield Hospital for women and children. After considerable negotiations Hare fended off the request to set up a regular dermatological service at the Western General Hospital but agreed to attend the hospital for pre-booked ward consultations every Wednesday afternoon.

Dermatological services in neighbouring health boards were a different matter. Fife (including St. Andrews and Cupar), with its large population, desperately required more dermatological input than hitherto. Beveridge, on his appointment in 1965, provided the relief. He headed a purpose built department in the Victoria Hospital, Kirkcaldy with a full time nursing staff (led by the remarkable Sister Pollock). He had four sessions every week in Fife, conducting a clinic at Milesmark Hospital, Dunfermline every Monday morning. Within two years he was supported by a registrar. Included in this commitment was a bi-monthly visit to the Memorial Hospital in St. Andrews and to the Adamson Hospital in Cupar.
The Borders, with its relatively small population (less than 100,000) also required more dermatological help. On appointment Hare was contracted to spend a morning each week at Peel Hospital and to conduct monthly clinics at the Cottage Hospital in Hawick and at the Edenside sugery in Kelso.

In this way (what is now known as) a 'Hub and Spoke' system evolved in Edinburgh with the Department in the Royal Infirmary at the hub and peripheral clinics the spokes.

Peterkin retired in 1971 and was succeeded by Savin. A shuffle of consultant commitments ensued. Savin took over Beveridge's clinics in Fife and Beveridge those of Peterkin at Leith Hospital and Bangour Hospital, the latter translocating in 1989 to St John's Hospital, Livingstone.

Hannay retired in 1974, aged 60, and was succeeded by the lecturer J. A.A. Hunter. Hunter took over the Monday morning session at Milesmark Hospital, Dunfermline, and relieved Hare from duties in the Borders. He visited Peel Hospital, Galashiels, every week and conducted clinics at Hawick and Kelso, each once monthly.

Dr. Mary H Bunney graduated from University College and West London Hospital in 1942. She was an officer in the later stages of the war and on demobilization set up an all female practice in the West End of Edinburgh. In the mid fifties she was recruited by Peterkin to conduct two clinics each week for the management of the growing number of outpatients at RIE with warts and to conduct a weekly clinic at the Bruntsfield Hospital for women and children. She was a wonderful lady, most popular with patients and staff. She went on to have a fulfilling career in dermatology, becoming an Associate Specialist in the late seventies. She encouraged much research on viral warts and published a book and many articles on the subject. She was Dermatologist HQ Scotland (Army) and elected F.R.C.P. Edin. in 1987. She was married to the renowned organist Herrick Bunney.

Mary Bunney.

Hunter referred to Mary, on her retirement in 1985, as '*Impeccable' :* **I**mperial…**M**odest…**P**atient…**E**nergetic…**C**harming…**C**ounsellor…**A**cademic… **B**eloved…**L**oyal and **E**nthusiastic/**E**xemplary/**E**nviable. One and all agreed! Mary continued to look after the dermatological needs of patients attending the transplant clinic until 1988 when, finally, she called it a day.

Statistics.

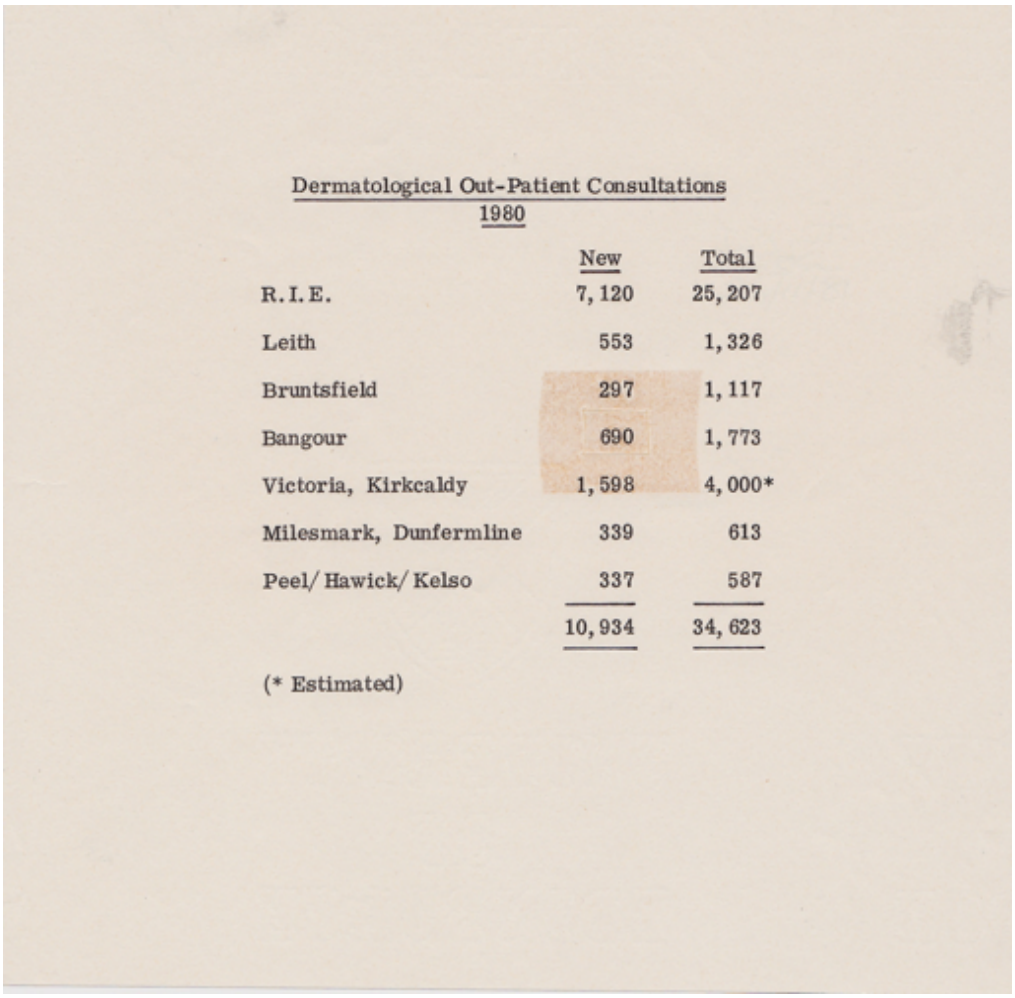
Some of the statistics will shock dermatologists practising in the 21st century. It should be remembered that the total number of medical staff in the Department of Dermatology was comparatively small during the period described (1968-2000) in this history. Furthermore social changes and therapeutic advances have since had a profound effect on the care of inpatients. For example patients with leg ulcers occupied hospital beds for months on end until their ulcers were healed. Today (2018) such patients are seldom admitted to hospital and their management has been taken over by general practitioners and local nurses. Some patients with psoriasis spent months in the ward. Today the therapeutic options for them are considerable. Phototherapy, retinoids, and the new biologics have made admission for patients with inflammatory dermatoses a much rarer event than previously

	1967/68	1968/69*	1969/70	1970/71	1971/72
Out Patients					
New	6,595	6,271	6,492**	6,413	6,614
Total	29,124	28,855	27,390	28,211	26,382
In-Patients					
Admissions	288	326	311	390	415

* In 1968/69 there were 30 dermatology consultant posts in Scotland, representing 2% of all consultant posts in Scotland.
There were about 60 consultant posts in Dermatology advertised each year in the U.K.

* * Of these 1,591 were patients with warts. About this number would be seen in the other years.

The table below, found in a department file, details out patient figures for 1980 - at the end of the Hare period :



Dermatological Out-Patient Consultations
1980

	New	Total
R.I.E.	7,120	25,207
Leith	553	1,326
Bruntsfield	297	1,117
Bangour	690	1,773
Victoria, Kirkcaldy	1,598	4,000*
Milesmark, Dunfermline	339	613
Peel/ Hawick/ Kelso	337	587
	10,934	34,623

(* Estimated)

The Lothian Health Board Statistical Report for 1980 indicates:

New Outpatients – 8,660. Total Outpatients – 29,423.
(the figures tally if those in the above table relating to Fife and The Borders are not considered.)
Dermatology bed complement (Wards 47/48 R.I.E.) – 45.
Discharges – 395.
Average stay in Wards 47/48 – 30.5 days (c.f. 17.6 in Scotland).
Occupancy in Wards 47/48 – 75% (c.f. 71% in Scotland)

University Department.

As already mentioned Paddy Hare was scholarly and widely read. His period as editor of the British Journal of Dermatology made him very aware of what research was going on in Britain. Sadly, as it turned out, he came to Edinburgh without a personal reputation in any field of research and had no experience of running a research group or applying for a significant grant, facts that undoubtedly impeded his numerous requests for support. Perhaps the title of his erudite inaugural lecture, '*Our Credulous Countryman'* (a biography of Daniel Turner), hinted that his first love was the history of medicine rather than laboratory or clinical research. Nevertheless the annual report for the Department of Dermatology for 1967/68, written by Hare, indicated that he hoped to '*attract research workers in a number of fields; plans are being made for work in genetics, immunology and mycology*'.

Having been appointed to the Chair in Edinburgh Hare could not be blamed for thinking that some bona fide funds would come not only from the Faculty but also from other local funding bodies. Initially he was more often than not disappointed and sometimes could not hide his irritation ("*It is difficult to interest funding bodies in a department that lacks an established reputation for productive research*"- Department Report to the Faculty of Medicine, 1971). In spite of this he slowly but surely acquired modern equipment for a few laboratories, mostly by regular requests to the Faculty of Medicine Equipment Committee. Hare was not a laboratory man and indeed had sometimes to be coaxed into a laboratory to see the merits of the latest acquisition. Nevertheless, realizing the importance of basic dermatological research, he encouraged others to develop tissue culture, electron microscopy and immunological methods in his department. By 1973 four small laboratories had been set up on the top floor of the skin pavilion. These comprised a tissue culture room, a general laboratory, an electron microscopy preparation room and a dark room for processing electron micrographs.

For all this the department was run on a shoestring.
The financial situation in 1978/79 reads:
'*Department Grant (from Faculty of Medicine) - £970.*
Equipment Grant (dependent on inventory of equipment) - £3000.
Subscription to five journals (paid from the McVittie fund) - £160.
Petty cash - £80 spent.'

University Staff.

Lecturers.

Dr. Edgar Powell was appointed Lecturer by Professor Percival in 1964. He was a mature St George's Hospital, London, graduate with a biochemical background. He had trained in dermatology for a short spell at University College Hospital, London, but had no higher medical qualifications. He attended just three clinics a week and had no regular commitment in the treatment room or on call. He was a rather lonely bachelor and somewhat distant from most members of the Department. He and Beveridge carried out the only significant research in the Department at that time studying testosterone levels in acne vulgaris and changes in skin surface lipids under the influence of tetracycline.
Powell, granted honorary senior registrar status in the NHS in 1968, did not see eye to eye with Hare and resigned his lectureship in 1969, to work in Public Health in Wales.
Hare hoped to recruit a lecturer in genetics to replace Powell but no suitable candidate could be found for the immediate future. **Mrs Eva McVittie** (née Bottoms, see next page), previously working with Professor Shuster in Newcastle, was appointed non-clinical Lecturer in 1971, on a temporary basis.

Dr. Graham Priestley, a PhD graduate of Leeds University with a background in wool research, was appointed non-clinical Lecturer in 1973. He had spent three years as a research fellow in surgery at Harvard Medical School (1966-68). He was a project manager (Dermatology) at Beecham's Research Laboratories from 1968-70. He came to Dermatology from The Institute of Animal Genetics at Edinburgh University where he was a research fellow. He was soon to develop a prime interest in skin fibroblasts in health and disease. He was promoted to Senior Lecturer in 1984.

Graham Priestley.

Dr. John Hunter relinquished his registrar post in 1970 to take up a clinical lectureship in the Department. Soon afterwards he was appointed Honorary Senior Registrar. His main research interests involved electron microscopy of the skin, particularly the epidermal dendritic cells, and clinical/epidemiological aspects of malignant melanoma.
Hunter had trained with Professor Ian Magnus, the photobiologist, at The Institute of Dermatology in London and with Dr. Alvin Zelickson, the electron microscopist, at the University of Minnesota.
He was appointed Consultant in the Department in 1974.

Dr. Ross StC. Barnetson qualified in Edinburgh in 1964. He was commissioned in the R.A.M.C. Leaving the army in1970, he took up dermatology, training as a registrar in the department from 1970-1973. He was then awarded an M.R.C. travelling fellowship to study immunological aspects of leprosy at The Armauer Hansen Institute in Addis Ababa, Ethiopia (1973-1976), before returning to Edinburgh as the Clinical Lecturer.
His main research interest became the immunology of atopic dermatitis.
He was appointed Consultant in 1981 (see p.53).

Technical Staff.

Mrs Eva McVittie was appointed temporary lecturer in 1971 and when Priestley arrived in 1973 she became the departmental technician. In reality her duties did not change during the 25 years she worked in the Department. She was superb technically and had great patience. She could put her hand to anything and became an invaluable factotum in the laboratories. She was a much-loved member of the team and was to the fore in many of our social events

Eva McVittie.

David J. Fairley joined Hunter to establish the E.M. unit in 1970 and, initially, attended (one day each week) the Pathology Department for technical training relating to the Higher National Diploma. He was at the helm in developing the electron microscopy facilities within the department during the formative years. He showed great initiative and was always keen to take aboard and develop new techniques.
He moved on to a laboratory at Strathclyde University and then to Derbyshire. His subsequent career was remarkable (see Epilogue).

David Fairley.

Jim A. Ross (appointed by the Lothian Health Board as Technician for Electron Microscopic Services) succeeded Fairley in 1979 (see p.101)

J. C. Brown, supported by an M.R.C.grant, joined Priestley in 1975 for three years

Teaching

Undergraduate.
The Hare period coincided with much change and more than a little turmoil in the medical curriculum of Edinburgh University students. These changes reflected a diminished influence of subjects such as Anatomy, that inculcated facts that were soon to be forgotten and were of little use to most doctors. There was less emphasis on formal lectures and more on problem-based learning. There were three phases in the undergraduate course. Phase 1 included pre-clinical studies such as Anatomy, Physiology and Biochemistry. Phase II included Pathology, Pharmacology and Therapeutics. Phase III comprised Clinical Medicine (including Dermatology), Surgery and Obstetrics with Gynaecology.

The teaching of Dermatology in Phase III was part of the General Medicine rotation. In 1968/69 this entailed a series of 10 systematic lectures to the whole medical class (a third of the students in that year). Each student spent one hour a day (11a.m.-12midday) in the outpatient clinic where groups of 8-9 were taught, in three different rooms, on preselected cases. There was an informal class exam. The students appreciated their attachment to Dermatology but the system was time-consuming and repetitive for our small staff.

1976 saw another significant change. Each Phase III student spent three weeks in the department, full time. One week was spent in the outpatient department, one with inpatients and one writing an essay, to be discussed with a supervisor. The class exam was abandoned. The course was popular, perhaps because the students saw it as something of a holiday.

There were four dermatology lectures given by Hare. In his own words "*they were badly received and criticism was severe. U.M.E.C. (University Medical Education Committee) places some teachers in a difficult position if they are to attempt more than mental titillation*".
He enjoyed and was much more effective when teaching small numbers of students in the clinic.

During the seventies the number of foreign elective undergraduates steadily increased. They came mostly from Germany but there was a sprinkling of students from the U.S.A. and Canada. Most came for a term; Hare thought that the situation was unsatisfactory. They occupied a disproportionate amount of staff time at the expense of our own students.

Postgraduates, Staff and General Practitioners.

Hare oversaw improvement in the in-house training of the junior medical staff. Although the Joint Consultation sessions on Saturday mornings were cut back to alternate weeks, a regular late Thursday afternoon programme was instituted. At 4p.m. Beveridge organized and chaired a Histopathology session, with the help of the newly acquired (1969) projection microscope.
At 5p.m. there was either a Journal Club or a talk from a visiting speaker, both organized by Hunter.
Dematology lectures were given by staff, both senior and junior, to departments and societies throughout Edinburgh and further afield. These were greatly enhanced by a large undertaking, by Hare himself, to convert the extensive collection of 3¼ in. lantern slides in the department collection to 35m.m. colour slides required by the new projectors.
A number of postgraduates from overseas visited the Department for varying lengths of time. Some, supported by the British Council, stayed for a year; others were self-supporting and stayed for a week or a month. The British Council fellows were usually awarded honorary registrar status so that they could perform clinical duties under supervision. Members of staff continued to contribute to the popular Internal Medicine and Therapeutics course run annually by the Postgraduate Board of Medicine.
The number of general practitioners requesting to sit in on dermatology clinics became overwhelming and alternative arrangements had to be made for them. Beveridge was the front man in assigning staff to lecture at the one-day dermatology course organized by the Postgraduate Board of Medicine, but the demand for places was too great.

Research

The main areas of research.
These are summarized below:

Pathogenesis of Acne Vulgaris (1964-1969).
In their paper 'Sebum excretion and sebum composition in adolescent men with and without acne' (see later under publications) **Powell and Beveridge** concluded '*No significant relation between the sebum excretion rate and the presence of acne was found*'. Their results, relating to the composition of surface lipids were received with interest, only to be forgotten as the seminal finding (1964) by Pochi and Strauss of an increased sebum excretion rate in acne sufferers was confirmed by other workers.

Human Papilloma Virus Infections (1968-1980)
Marie Ogilvie, from the Department of Virology, collaborating with Bunney, published the earliest paper on the systemic antibody response to viral wart infection (1970). In the same year she was awarded M.D. University of Edinburgh, for her thesis on the Immunological Responses to Human Papilloma Virus Infection.
Hunter, fed up with applying podophyllin paste to plantar warts in the wart clinic, persuaded Mary Bunney to run a prospective, double-blind controlled trial of a new wart paint (1971).
Heather Cubie, working part-time in the department, experimented on HPV. in tissue culture and the transmission of wart virus to nude mice (1975). Coincidentally Langerhans cells were noted in the epidermis of nude mice (1976).

Studies on Human Skin Fibroblasts.
Graham Priestley preferred to do much of his bench work himself. He was an assiduous and honest research worker who seldom failed to publish the results of his endeavours. He kept a close eye on any collaborator, whether technician or postdoctoral student. His publications included the effect of some drugs on fibroblasts and skin fibroblast activity in various skin diseases; their conclusions have stood the test of time. Reprints of these are filed in the Archives room.

Electron Microscopy of the Skin
Hunter and Fairley set up an effective electron microscopy unit, with all the facilities, except an electron microscope using the microscope in the Anatomy Department. With **McVittie** they published ultrastructural studies of human epidermal dendritic cells under physical stress and after malignant change (the subject of Hunter's M.D. thesis for which he was awarded a gold medal). Ultrastructural studies of various pigmentary disorders were also carried out.

Cutaneous Malignant Melanoma.
Ultrastructural Studies: **Hunter, Bill Paterson and Fairley.**
Epidemiology and clinical features in South East Scotland: **Sandra Pondes, Hunter, Hugh White, Margaret McIntyre and Robin Prescott.**
Epidemiology in Scotland and founding of The Scottish Melanoma Group: **Rona MacKie, Hunter, Alastair Cochran** and collaborators in dermatology, pathology and public health departments in Glasgow, Edinburgh, Dundee, Aberdeen and Inverness.

Leprosy and Atopic Dermatitis.
Barnetson completed a M.D. thesis on his immunological studies of leprosy, carried out in Ethiopia. Using similar techniques he studied immunological responses in atopic eczema in Edinburgh.

Sleep and Scratching.
Savin, helped by **Paterson**, forged close links with Dr. (later Professor) **Ian Oswald** and spent many nights in his sleep laboratory. Studying patients with atopic dermatitis they scrutinized miles of E.E.G. tracings and correlated these with bouts of scratching. The effect of various drugs was also studied.

Miscellaneous.
Topics included:
Robert Willan and Edinburgh: **Hare**
Ampicillin rashes: **Beveridge** and **Alasdair Geddes** (Infectious Diseases Unit, City Hospital).
Fibrinolytic treatment of leg ulcers: **Saeed Khan** and **John. Cash**.
Exfoliative dermatitis and malabsorption; **Hunter, Niall Finlayson** and **David Shearman** (Gastroenterology, R.I.E.).
Porphyria Cutanea Tarda: **Roger Allen, Hunter** and collaborators in **Prof. A. Goldberg's** Department in Glasgow.
Dermatitis Herpetiformis and Coeliac Disease: **Barnetson and Bob Heading (**Gastroenterology, R.I.E.).
Mortality in Pemphigus and Pemphigoid: **Savin** (the subject of his Cambridge M.D.thesis)

Research Funding.
In spite of Hare's reservations over financial support, funding came from the Faculty of Medicine and a number of national bodies, summarized below. Nowadays the amount of funding would be considered very modest and there is little point in recording precise details. But at the time it provided a lifeline for the research workers.
Support included grants from The Medical Research Council, The Welcome Trust, The Scottish Home and Health Department, The Scottish Hospitals Endowment Research Trust, The South-Eastern Regional Hospital Board (later the Lothian Health Board), The Ernest and Minnie Dawson Cancer Trust, The Lawson Tait Medical and Scientific Research Trust. Dystrophic Epidermolysis Bullosa Research Association and from various research funds managed by the Faculty of Medicine.

Publications

These are too numerous to list here individually but a selection of a 'top twenty' is included, primarily to illustrate the breadth of topics studied in the Department during this period. Reprints of nearly all can be found in the archives rooms of the Department filed under 'Department Publications', 'Annual Department Reports to the Faculty of Medicine' or the personal files of the member of staff involved

The crude numbers below, determined by sifting through the publication files in the archives, are as near accurate as possible. They reflect research activity in the department, if little more. They cover academic years (September to August).

1969-72 32
1973-74 39
1975/76 16
1976/77 40
1977/78 18
1978/79 24
1979/80 16

Of these 185 papers 35% appeared in the British Journal of Dermatology, 13% in the British Medical Journal and no more than 2% in any other single journal. Perhaps, a better idea of quality may be gleaned from a small selected list of publications that I have distilled from the above. Inevitably the choice is a personal one, though I have tried to avoid bias. I have focused on papers published in major journals and work describing planned studies. Case reports are not included, however unusual.

Powell, E.W. and Beveridge, G.W. (1970): Sebum Excretion and Sebum Composition in Adolescent men with and without acne. British Journal of Dermatology, 82:243-249.
An important paper that might have put Edinburgh in the news if it had confirmed Pochi and Strauss' (1964) finding of a higher sebum excretion rate in men with acne compared with those with no acne. But it did not!

Hunter J.A.A., Mottaz J.H., Zelickson A.S (1970): Melanogenesis: ultrastructural histochemical observations on ultraviolet irradiated human melanocytes. Journal of Investigative Dermatology 54, 213-221.
Work carried out in Minneapolis. Electron microscopic histochemistry was in its infancy at this time and this must have been amongst the first studies on human material. The results became a permanent feature in the many editions of Lever's *'Histopathology of the Skin'*. The paper showed that the first author knew enough about electron microscopy that he could be funded to set up such facilities in Edinburgh!

Beveridge, G.W. and others. (1973). Prospective Study of Ampicillin Rash; Report of a Collaborative Study Group. British Medical Journal, 1, 7-9.
Alasdair Geddes (working then in the Infectious Disease Unit at

the City Hospital and later Professor at the University of Birmingham) was to the fore in the early publications relating ampicillin rashes with co-existent viral infections, especially infectious mononucleosis. Beveridge was the dermatologist co-opted to join this study group.

Hare, P.J. (1973). A Note on Robert Willan's Edinburgh Days. British Journal of Dermatology, 88, 615-617.
This reflected Hare's abiding interest in history.
The accompanying references in this list also indicate that he was not a Head of Department to insist on his name at the end of publications by his team. If his name appeared as an author of a paper, he was intimately involved in the work.

Savin, J.A., Paterson, W.D. and Oswald. (1973). Scratching During Sleep. Lancet, 2, 296-297.
A seminal paper, the forerunner of many more relating to the collaborative work with Ian (later Professor) Oswald, in his sleep laboratory.

Allen B.R., Parker S., Thompson G.G., Moore M.R., Darby F.J., Hunter J.A.A. (1975). The effect of treatment on plasma porphyrin levels in cutaneous hepatic porphyria. British Journal of Dermatology 93, 37-42.
This was one of a number of papers reflecting our interest in the many patients with porphyria cutanea tarda that we treated and investigated in collaboration with Prof.Abe Golberg's department in Glasgow.

Hunter J.A.A., Fairley D.J., Priestley G.C., Cubie H. (1976): Langerhans cells in the epidermis of athymic mice. British Journal of Dermatology 94, 119-122.
In 1975 the origin of the Langerhans cell was far from clear. The findings in this paper neatly excluded the thymus. It was not until 1979 that Katz and his colleagues showed convincingly that the Langerhans cell came from the bone marrow.

Barnetson, R.St.C., Bjune, G. and Duncan, M. E. (1976). Evidence for a soluble lymphocyte factor in the transplacental transmission of T-lymphocyte responses to Mycobacterium leprae. Nature, 260, 150-151.
On Barnetson's return from Ethiopia, where he was a Medical Research Council Research Physician at the Armauer Hansen Institute in Addis Ababa, he wrote a number of papers on leprosy and lectured on the subject in many countries.

R.C. Heading, Paterson, W.D., McClelland, D.B.L., Barnetson, R. St.C. and Murray, M.S.M. (1976). Clinical response of dermatitis herpetiformis skin lesions to a gluten-free diet. British Journal of Dermatology, 94, 509.
Soon after the relationship between dermatitis herpetiformis and coeliac disease was established elsewhere, Barnetson formed a collaborative and productive group to study D.H. and the gut with our gastroenterologists, led by Bob Heading.

Bunney, M.H., Nolan, M.W. and Williams, D.A. (1976). An assessment of methods of treating viral warts by comparative treatment trials based on a standard design.
British Journal of Dermatology, 94, 667-679.
A reminder that Bunney and her team were amongst the first in the world to assess the mundane but common treatments of warts in a scientific manner; comparative trials controlled and analysed statistically!

Cubie, H. (1974). Experiments with human papilloma virus in cell culture.
British Journal of Dermatology, 91, 569-571.
Heather Cubie, neglected by the Professor of Bacteriology, found refuge in our department. She carried out elegant and admirable studies, to persuade H.P.V. to grow in culture and on human skin grafted on to nude mice (British Journal of Dermatology, 1976, 94, 659-665). Alas they were not successful.

Hunter, J.A.A., Zaynoun, S.R., Paterson, W.D., Bleehen, S.S., MacKie, Rona, Cochran, A.J. (1978) Cellular fine structure in the invasive nodules of different histogenetic types of malignant melanoma.
British Journal of Dermatology 98: 255-272.
The electron microscopy unit was now producing nationally acceptable material.

Priestley, G. C. (1978). Effects of corticosteroids on the growth and metabolism of fibroblasts cultured from human skin.
British Journal of Dermatology, 99, 253-261.
Priestley's laboratory was now functioning well and, with J.C.Brown (research fellow), he was investigating the effects of various drugs on cultured human skin fibroblasts.

Savin, J.A. et al. (1979). Effects of trimeprazine and trimipramine on nocturnal scratching in patients with atopic eczema.
Archives of Dermatology, 115, 313-315.
Savin and Oswald now proceeded to investigate the efficacy of drugs thought to lessen itch in patients with atopic eczema.

Barnetson, R. StC. and Merrett, T. G. (1980), Food allergy and atopic eczema in Proceedings of the First Food Allergy Workshop, Ed. W. Jackson, Medicine, Oxford, 69-75.
Barnetson was now concentrating on the immunology of atopic eczema, rather than leprosy.

Sadly, **Hunter, Hare and Bunney** missed a golden opportunity to contribute something witty to a Christmas copy of the British Medical Journal!

Postgraduate Degrees.

M.Ogilvie, M.D. Edinburgh, 1970**.** 'Immunological Responses in Human Papilloma Virus infections.

H. Cubie, M.Sc. Edinburgh, 1972. **'**Laboratory Investigations in the study of human papilloma virus'.

J.A.A.Hunter, M.D. Edinburgh (Gold Medal), 1977. 'Human Epidermal Dendritic Cells'.

R.St.C.Barnetson, M.D. Edinburgh, 1977. 'A prospective study of Borderline Leprosy Reactions'.

J.A.Savin, M.D. University of Cambridge, 1978. 'Death in Pemphigus and Pemphigoid'.

Influence *Extra Muros.*

External Appointments.

P.J. Hare.
1969-1980. President of The Skin Biology Club (of which founding member).
1973-1978. Chairman of the Specialty Advisory Committee (Dermatology) of the Joint Committee for Higher Medical Training.
1976-1980. Deputy and then Convener of the Medical Library Committee.
1977/78. President Section of Dermatology, Royal Society of Medicine. London.
1980. Declined invitation to become President of The British Association of Dermatologists in 1981/82 on grounds that he would have retired by then.

G.A.G. Peterkin.
1970/71. President of The British Association of Dermatologists.

J.A. Savin.
1974-1976. Secretary of the Scottish Dermatological Society.

J.A.A.Hunter.
1974-1976. Executive Committee of the British Society of Investigative Dermatology.

Visitors (usually lecturers) to Department.

The names from 1975 onwards are taken from the Annual Department Report to the University; they are relatively complete. Those before are culled from a visitor's book that is undoubtedly sketchy. From Edinburgh, unless indicated otherwise.

1968-1971
No records found.

1972/73.
J.N.Burry (Australia), H.Stringer (New Zealand), B. Gasgoine (U.S.A), Pin Seah (London).

1973/74.
B. Ahuja, L.Bhutani and R. Panja (all from India), O.Hovik (Norway), S.Black (U.S.A), E.Massey (Canada).

1974/75.
S. Zaynoun (Dundee/Lebanon), H. Pinkus (U.S.A), B. Turnbull (Australia), W.Morison (London), R.Stern (U.S.A.), J.Adams (New Zealand.), I. Johnston (Ireland).

1975/76.
D. Burrows (Belfast), J. Milne (Glasgow), C.M. Steele, I. Gigli (U.S.A.)
S.Comaish (Newcastle), W. Cunliffe (Leeds), A.K.Sayed (Egypt).

1976/77.
D. Cripps (U.S.A), C. Vickers (Sheffield), I. Tait (Glasgow), R.S.Bartholomew;
P. Friedmann (Newcastle), A.B. Kay, H.S. Girgla (India), W. Frain-Bell (Dundee),
R. Kennedy, P. Ayres, K. Sanderson (London), J. Berry (U.S.A),
A. Mahmoud (Egypt.), V. Lappi (Canada) N. Ernst (U.S.A).

1977/78.
J.Gray, P. Hall-Smith (Brighton), G. McVie, R. MacKie (Glasgow), A. Emery,
A. Ive (Durham), B. Johnson, (Dundee), M. Pope (London), G.Rook (London),
E. Cronin (London), S. Bleehen (Sheffield), M. Hodgins (Glasgow),
L. Dupertret (France), L.Montes; U.S.A.

1978/79.
J. Peutherer, J.A. Campbell, C. Skerrow (Glasgow), R. Oliver (Dundee),
T. Ryan (Oxford), P. Friedmann (Newcastle), I. Gigli (U.S.A), K. Thoday,
G.Cannata and V.Moreno (Italy).

1979/80.
P. Bowser, V. Ruckley, I. Campbell (Kirkcaldy), G. Nuki, A. Marsden (London),
V. Cruccioli, E. Housely, M. Oliver.

National Meetings held in the Department.

1969. North British Dermatological Society

1969. Dowling Club.

1971. Annual meeting of The British Association of Dermatologists was held with Peterkin presiding and Beveridge as the local secretary. 211 delegates attended. The lectures were delivered in the large theatre, David Hume Tower, George Square and the clinical cases were seen in the outpatient department of the Skin Pavilion. The Association dinner, attended by members (all consultants), was held in the George Hotel.

1973. Scottish Dermatological Society.

1975. Scottish Dermatological Society.

1977. Scottish Dermatological Society / Dowling Club combined meeting.

1979. Scottish Dermatological Society.

Personnel.

Health Service.

Consultants.
George A. G. Peterkin, 1933-1971.
Patrick W. Hannay, 1948-1974.
George W. Beveridge, 1965-1996.
John A. Savin , 1971-1999.
John A. A. Hunter, 1974-1980 (then appointed professor in Department).

Clinical Assistants.
Mary.H.Bunney, 1955-1985.
David Frew, 1964-1978.
Peggy Nolan, circa 1973-1990.
Helen Cooper, 1972-circa 1975.

Senior Registrars.
Saeed A. Khan, 1967-1971. (Left for consultant appointment in Wakefield).
B. Roger Allen, 1971-1974. (Left for consultant appointment in Nottingham).
William D. Paterson, 1974-1976. (Left for consultant post in Carlisle).
Robin Hardie, 1976-1981. (Left for consultant post in Northampton).

Registrars.
John A. A. Hunter, 1967-1970.
William Anderson (Exchange Registrar, USA), 1968-69.
Ross StC. Barnetson, 1970-1973.
John Macaulay, 1970-1971.
Rowan Adams, 1971-1972
William D. Paterson, 1972-1974.
Michael J. Cheesbrough, 1974-1976.
Brian R. Reid, 1974-1976.
Obasi E. Obasi, 1976-1977.
William A. Branford, 1977-1979.
E. Claire Benton (part time) 1978-1980
Gordon Ford, 1979-1980.
Lesley Wills, 1979-1980.

Overseas Honorary Registrars/Clinical Fellows/Clinical Assistants.
P.S.Nathan (Malaysia), 1971.
Nancy Meyer (Canada), 1974.
X. Monda (Kenya), 1975.
M. Sesay (Sierra Leone), 1977.
John Berry (U.S.A,), 1977.
Sandra Pondes (Australia), 1977-1979.
Giam Yoke Ching (Singapore). 1979-80.
Mesfin Demise (Ethiopia), 1979-80.

University.

Professor.
Patrick J. Hare, Grant Chair of Dermatology, 1968-1980.

Clinical Lecturers.
Edgar W. Powell, Clinical Lecturer, 1964-1969
John A. A. Hunter, Clinical Lecturer, 1970-1974.
Ross StC. Barnetson, Clinical Lecturer, 1976-1981.

Non-Clinical Lecturers.
Graham C. Priestley, 1973-1981.
Eva McVittie, Assistant Lecturer 1971-1973.

Other Research Staff.
David Fairley, Technician, 1970-1973 (S.H.E.R.T. grant) and Technician, 1973-1979.
Eva McVittie, Department Technician, 1973-1996.
Jean Maingay, Temporary Technician, 1985.
James A. Ross, Clinical Scientist, Electron microscopy (Lothian Health Board), 1979-1985.

Department Secretaries.
Miss Norah Hay, circa 1955-1972.
Mrs Eileen Greenan, 1972-1981.

Research Attachments from Overseas.
L. Bhutani (New Delhi), 1974.
S. Zaynoun (Beirut), 1974.
H. Girgla (New Delhi), 1976.

The J. A. A. Hunter period, 1980-2000

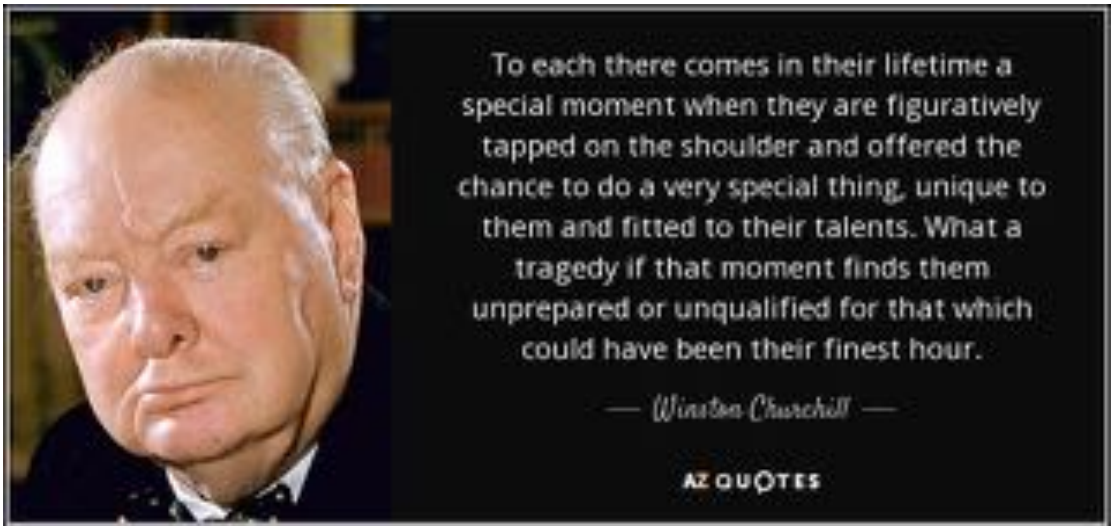
John Angus Alexander Hunter.

John Hunter was born in Edinburgh in 1939. He was brought up in the fens of Lincolnshire where his father was a general practitioner. He was educated at The Knoll preparatory school in Buckinghamshire, Loretto School, Musselburgh, Pembroke College, Cambridge and the University of Edinburgh. During his undergraduate career, which was not distinguished academically, he played hockey and tennis for Edinburgh University, gaining three hockey blues and representing Scotland in 1962. He graduated B.A. in 1960 and M.B.Ch.B. in 1963. After admission to the Royal College of Physicians of Edinburgh in1967 he graduated M.D. University of Edinburgh in 1977 and was awarded a gold medal for his thesis entitled '*An ultrastuctural study of human epidermal dendritic cells under physical stress and after malignant change*'. He was admitted to the Fellowship of the Royal College of Physicians of Edinburgh in 1978.
Dr. Hunter spent periods as research fellow at The Institute of Dermatology, London and the Department of Dermatology, University of Minnesota. He was appointed Lecturer, Department of Dermatology, University of Edinburgh in 1970 and Consultant Dermatologist, Lothian Health Board in 1974. Dr.Hunter had short spells as visiting Professor at McGill University, Montreal in 1975 and the All India Institute of Medical Sciences, New Delhi, in 1980.
Dr. Hunter's main research interest concerned the dendritic cells of the skin and the electron microscopy of skin disorders.
Dr. Hunter married Ruth Mary Farrow in Spalding, Lincolnshire, in 1968. They have three children, Rebecca, Abigail and Hamish.

Appointment to the Chair of Dermatology and plans for the future.

This manuscript inevitably becomes more personal now and, at times, autobiographical! When appointed a N.H.S. consultant in 1974 I had spent a significant time in research (see above) but this was no different from most of my peers looking for a good consultant post in a teaching hospital. A period of research, often abroad, was not quite a *sine qua non* in applying for a competitive post but was a path followed by many young physicians of that time. I was no exception. With my consultant post came an honorary senior lectureship at the university, together with two protected sessions to pursue my research, involving electron microscopy of normal and diseased skin. These were a valued and much enjoyed break from the hurly burly of busy clinical dermatology.
During this period I thought a lot about the day-to-day management and running of the Department. I was a keen young blade who wanted to change too much and remember getting an avuncular 'ticking-off' and some good advice from Hare for my over-enthusiasm!
Although I had, at that time, no long-term academic pretensions, it became increasingly obvious to me that competition for Hare's post would be limited. The more I thought about it the more I felt that I could lead the Department to a better future than other potential applicants. This view became more widely

known within the Department and I was greatly encouraged by the steadfast support of both Beveridge and Savin, my fellow senior consultants.
In the event the Chair of Dermatology in Edinburgh attracted sparse external interest and just Barnetson (lecturer in the Department) and Hunter were interviewed on 21/7/1980. The panel comprised the Principal, Sir John Burnet, Prof. G. Romanes (Dean of Faculty of Medicine), Prof. Sam Shuster (Newcastle, Dermatological Assessor), Prof. R. Girdwood (Therapeutics) Prof. J. Robson (Medicine), Prof. (later Sir) Alastair Currie (Pathology), Dr. Mike Matthews (Edinburgh Cardiologist) and Dr. A. Kuensberg (Edinburgh G.P.)
Looking back I was little better than a nervous schoolboy at the start of the interview but settled down to rehearse a carefully prepared set of standard reasons, if not interview platitudes, as to why I would make a good chairman of the Department. I felt that I acquitted myself reasonably, if not brilliantly! Barnetson appeared confident. Neither of us was appointed (!) and it became widely known in dermatological circles that Dr. Bill Cunliffe from Leeds would be invited to look at the post, with the strong possibility that he would be appointed if he applied for the position. He duly visited Edinburgh but felt that there were insufficient facilities/promises to prise him away from his Yorkshire roots.
I received a letter from the University Secretary, Alex Currie, on October 29th 1980, indicating that the University Court had appointed me to the Grant Chair of Dermatology with a salary of £19,870 per annum! I resigned my consultant appointment and became Professor of Dermatology on January 1st, 1981.



Churchill was thinking of much bigger things but, in my own little world, my appointment was 'a tap on the shoulder'.
I felt (and still do) that both the University and N.H.S. undervalue the importance of **leadership**. I felt reasonably confident on this score. I had been educated at a school where thought for others was continually stressed. In my sporting activities I had captained many teams and have even written that '*many academics have a lot to learn about that old fashioned, and often derided virtue of team spirit*' (Hunter JAA, 1997: *I Believe*. Proceedings, Royal College of Physicians of Edinburgh, 27: 216-220). The genes were also good; my father, mother and sister all had significant leadership roles in their sporting,

medical and political lives!
My main worry was that I was a clinician and could not pretend to be much of a scientist. My short training in laboratories had lacked rigour and I would have to look to others to advise and help me in this respect.

'Knowledge is not Wisdom'. Unknown. To me, very reassuring!

No bland platitudes, offered at the interview for the Chair of Dermatology, were going to help me after January 1st, 1981. It was a time for serious reflection and planning over the future of the Department. I wanted to work for something bigger than myself. My competitive nature and ambition made me determined that Edinburgh Dermatology would come to the fore nationally and, hopefully internationally. I had a number of new ideas; change was inevitable.

'The most powerful antigen known to man is a new idea.' Wilfred Trotter.

I had met Tom Fitzpatrick (the renowned Chairman of Dermatology at Harvard) at a meeting. He told me that my most important appointment would be the Department secretary/my personal assistant. I was extraordinarily lucky in filling the place of the retiring Mrs Eileen Greenan. A young **Mrs Moira Gray** became my N.H.S. secretary in 1977 and we both worked well together. I persuaded her to change to a university appointment and, within weeks of taking up the Chair, I had found the best department secretary/personal assistant in the world. Moira stuck with me through thick and thin and eventually (1988) became our department administrator. She organized my diary and the logistics of my hectic life, was very efficient, empathetic and discrete. She had infinite energy and enthusiasm, helped everybody in the department and was admired and loved by all. She was at the very heart of the Department and fundamental to its progress. We were both delighted when, just before I retired in 1999, she was appointed to a good post at the Intercollegiate Specialty Boards, Royal College of Surgeons of Edinburgh where later, as Head of Operations, she progressed to run an office of 16 people!

Mrs Moira Gray

There is nothing like an Inaugural Lecture, the longstanding tradition and requirement in Edinburgh for recently appointed professors, to focus the mind. This is a declaration to colleagues and the public about what you have done, what you want to do and how you will go about it. I faced the Faculty, colleagues, members of the public and my family in October 1981.

When I was appointed to the Chair I had magnanimous support from Beveridge and Savin that I should head both the University Department of Dermatology and the N.H.S Clinical Department. I must have been amongst the last of professors to inherit this privilege; nowadays the leaders of such geographically adjacent departments are often kept separate. Anyway this made my first wish of an all-embracing University/N.H.S department much easier. Quoting from my Inaugural:
'*Let me now introduce you to the present full-time members of my department (Slide). Straightaway you can see that, that we may be accused of many shortcomings; empire building cannot be amongst them. Our present number of staff is just five, Professor, Lecturer One (non clinical), Lecturer Two (clinical, at present a temporary post), a Technician and a Secretary. The cost to the University is about 1% of the cost of the Medical School. The size of the Department doubles (slide) when we include staff financed for short periods by grant-giving bodies. It trebles (slide) when we take into account N.H.S. staff with honorary university appointments. The next slide shows that, when we also consider the full-time N.H.S. staff, including nurses, secretaries and clerks, we become a more formidable group. Now I have no doubt that this last group, if it works as a team, rather than the first small group, has the best chance of exerting a beneficial impact on the progress of dermatology within and without this city. In a department of our size I see no virtue in distinguishing between so-called academics and other staff.*
In my view all these silhouettes that you see on the screen in front of you are part of an academic department and each member has an important role to play if that department is to function successfully.'

(Slide) "Unity is the decent instinct of those who want to achieve something"
- *Aneurin Bevan."*

I tried hard, until the day I retired, to ensure that there was never a 'we and they' feeling between university and N.H.S. staff. I wanted the whole and the individual coming together for the greater good.

I ended my Inaugural with a plea:
'It is up to academic departments such as our one to redress the balance, to make sure that our specialty is staffed in such a way that it can see beyond the immediate service commitment, to point out that priorities should dictate growing points in medicine, rather than growing points dictate priorities and to plead that consideration of morbidity is as important as dictation by mortality.'

I was and remain a pragmatic optimist but it was no surprise that this plea fell on deaf ears. I knew that that we could look neither to the University nor to the N.H.S. for immediate financial help. The ball was firmly in our own court.

The finances of the Department were in a parlous state in 1980. There was no significant petty cash to put towards sudden and unanticipated laboratory needs. Expenses given to the few visiting speakers were too often insufficient and mean, to say the least, and we had no reserves to support our own staff, both medical and nursing, to attend meetings and courses. We had no money to employ staff that could not be financed externally. Establishing a sound financial base was an absolute priority.

Last, but far from least, was the *raison d'être*, of the Department. Our clinical commitment was considerable. When compared with other units in Scotland our consultant and staff complement was well below average for the population (800,000) we served. Nevertheless clinical care, generally regarded as good, would be improved by moving from our crowded out patient department to the purpose designed and spacious facility in the 'Phase 1' building of the new Royal Infirmary. Undergraduate education was in a state of flux. There had been many changes in the Hare era but both external and faculty influences were unsettling and changes in the timetable for medical students temporary.
General practitioners, both local and national, pressed for more teaching of Dermatology; the little we provided impinged too much on clinical consultations. More formal courses were needed. Finally our research was too diverse and depended too much on individual interests. It lacked collective themes, focus and overall leadership.

These then were the challenges facing the new chairman. My ambition was to encourage a good working environment for all: from doctors to auxiliary nurses and from the head of research groups to technicians. I would try to foster gentle inclusiveness alongside competitiveness, two unusual bedfellows. More than anything else I wanted to lead a team proud of its achievements.

Departmental tie. The blue representing our innate conservatism, the pink, 2% aqueous eosin and the pale grey, 1% ichthammol paste. It caused great amusement and, surprisingly, was worn with occasional pride! The tie went down much better than the ladies' tacky cravats!

'When all is said and done, there is more said than done. Making things happen requires leadership' - Dr. Gordon Coutts.
I was under no illusion about the task in hand.

The Department of Dermatology.

Translocation of the Department to The Lauriston Building (1982).

The translocation of the Department of Dermatology was perhaps the most important event of the Hunter period. When the foundations for the 'Phase I' building were laid it was envisaged that the entire new Royal Infirmary would be built on the existing site of the old hospital. This would be carried out in a phased manner over many years. However, as time passed, it became increasingly clear that the size of a modern teaching hospital, together with appropriate facilities for car parking, could not be squeezed into the existing plot of 12 acres.
Three possible solutions were mooted. First, planning permission should be sought to build high-rise blocks on the Lauriston site. Secondly the new hospital could encroach on The Meadows. Lastly a green field site should be found and developed. Furthermore it had not yet been decided if Edinburgh needed/could afford two major hospitals, the Royal Infirmary and the Western General.
In the event the planning authorities were adamant that the new R.I.E. should not break the 'high-rise' building ban in central Edinburgh. The city council and citizens of Edinburgh were agreed that The Meadows were sacrosanct and should not, even in part, make way for any building, let alone the much wanted new R.I.E.
The only solution was to build on a green field site. This became more attractive when a large acreage in Little France was purchased for the new hospital, together with adjacent land for a potential science park. I well remember Prof. Chris Edwards, then Dean of the Faculty of Medicine and I (then Vice Dean) standing below Craigmillar Castle in 1993 and looking at the huge swathe of land on which the new R.I.E. would appear; hard to imagine now (2018)!
Financing the new hospital presented further difficulties. In the event it was Hobson's choice. The Government could not, or would not, afford to pay for it and if the building were to go ahead then it would have to be paid on the 'never-never'. The approved term for this type of purchase was Private Finance Initiative (PFI) a way of creating public–private partnerships by funding public infrastructure projects with private capital. Since completion of the buildings there have been endless debates about the final cost to the Health Board and the value for money. It is regrettable, but a fact, that there would have been no new Royal Infirmary without PFI.
During this period, the debate, not just in the press, continued as to whether Edinburgh could afford two major hospitals. The decision to support both the new R.I.E. and the old W.G.H. was made more on financial grounds than by advice from the profession.

When the numerous and advanced plans relating to further phases of the old R.I.E. were abandoned, the 'Phase I building', on the south side of Lauriston Place and west of the old R.I.E., was rechristened 'The Lauriston Building'.

The Lauriston Building.

New sites for the old specialties of medicine, dermatology, sexually transmitted diseases and E.N.T. were housed next to each other. The new Eye Pavilion, already functioning at the top of Chalmers Street, was a stone's throw from the Lauriston Building.
Dermatology was the first to move to the Lauriston Building in November 1982, though we were allowed to host the 4th European Workshop on Melanin Pigmentation in the new lecture theatre and adjacent facilities in September. For the time being the inpatients remained in Wards 47 and 48 of the Skin Pavilion of The Royal Infirmary.

Moving to a brand new outpatient department was not without its problems. Inevitably, there were snags that had to be corrected. Sometimes these seemed to take an interminable time with repeated phone calls or letters to the administration. There were some apparently simple problems involving maintenance that could not be solved by the powers that be. For example, the windows could not be cleaned because of health and safety issues.
After months I became too embarrassed to welcome visitors to my office where you could barely see through the filthy windows. I literally took the matter into my own hands!

The Prof. caught cleaning his office window on a Saturday morning. Photo taken by Moira Gray (yes, some P.A.s also came to work on Saturdays!).

At considerable expense safety rings were inserted into the walls beside all windows of the Lauriston Building so that the cleaners could attach a harness to them. The administration was then able to engage, too infrequently, window cleaners. They now oblige but I have never seen any of them wearing a safety harness!

The staff appreciated the free coffee and tea provided by the Department but those wanting a snack or lunch had to go to the main dining room of the R.I.E. I wrote to the administration about the necessity of a cafeteria on the outpatient floor. There was concern about the cost and profitability of such a venture, but my request, supported by Mr. Innes, the helpful catering manager of R.I.E., was eventually granted. A small cafeteria was duly provided on Level 1 and, from humble beginnings, became popular with staff and patients. Today it remains busy and profitable.

On a similar vein it soon became obvious that an increasing number of patients were being referred for photography of their condition. This necessitated a walk to the main hospital and a hunt to find the photographic studio. It was not long before the Department of Medical Illustration accepted the need for a full- time photographer to be based on site in a small studio on our outpatient floor. Patients are photographed immediately after consultation. Nowadays many case notes are not complete without digital images of the condition.

How times have changed. We had a wonderful service from the Department of Medical Illustration. Jim Paul (photo-microscopy) and Ian Lennox (medical illustrator) worked in Teviot Place and Harry Phillip (medical photographer) had a studio in The Royal Infirmary. All our 35mm slides were made in Teviot Place until the mid-nineties when Graham Priestley produced slides for us, in house, using a new Mac computer! Nowadays members of the department can compose their digital lecture aids on their own computer using PowerPoint. Furthermore they do not have to shoulder a heavy bag of slides when lecturing *extra muros* and need only to slip a tiny memory stick in their pocket! However posters are still produced in the shrinking Unit of Medical Illustration.

The translocation of the Department to the Lauriston Building was an important fillip to morale in the eighties. We settled in to our new surroundings with unanticipated ease and both the NHS and University sides to the Department flourished. Our improved national reputation allowed us to attract more clinical and research staff, paid for by external grants or by our own funds. Our efforts resulted in a larger throughput of patients and significantly greater research activity and output (see later).

The Faculty of Medicine and the Deanery.

The nineties saw a wave of enthusiasm in the Faculty of Medicine to snuff out small departments by merging them with larger ones. I did not like the sound of

this at all. I could envisage that we would lose our independence and identity, should we be absorbed as a unit into the Department of Medicine. This in turn would mean that faculty funding would become indirect and at the behest of a new head of department. Furthermore I felt that the research profile of the Department of Medicine was unimpressive and that Dermatology was giving the university much better value for its money. In my view we had much to lose by acquiescing to some neat but ignorant administrative shuffle.

Dermatology was far from the only target on the drive to amalgamate small departments with big brothers. I gave a number of impassioned speeches at Faculty meetings in defence of small departments like our own and there was undoubtedly support for my view from the floor. In the event the push for amalgamations was seen off, at least for a while.

My forays on the above gave me something of a reputation for speaking up for the underdogs. I was genuinely surprised at the sympathetic hearings that I had from colleagues at these well-attended monthly meetings of Faculty.

Perhaps most of my support stemmed from the fact that I had looked after the dermatological needs of many of the members of Faculty and their families rather than from my powers of persuasion! Paddy Hare had long ago given me good advice on this score. Anyway, after ten years attending Faculty meetings I believed that colleagues at least listened to and sometimes even admired my not necessarily establishment point of view!

During my first decade on Faculty one other major issue, unrelated to my department, attracted my attention. This concerned members' lack of appreciation over the huge load of undergraduate clinical teaching taken aboard by N.H.S. colleagues. This seemed to be taken almost for granted by university employees. Furthermore, it was obvious to me that too many professors and lecturers saw teaching as an unpleasant commitment and one that they would do their best to avoid. The *quid pro quo* did not work and it was equally clear to me that too many university clinical staff shirked their fair share of clinical duties. With four clinics a week I did not feel guilty on this score. There was no doubt that many clinical undergraduates thought that the standard of much of the teaching was poor. It was directly as a result of these concerns that I was persuaded to join the Deanery as Vice-Dean of the Faculty of Medicine for two spells, 1992-1994 (under Chris Edwards) and 1996-1998 (under Colin Bird). I took the lead during these two periods to unravel the tangle of A.C.T. (Additional Cost of Teaching) and to initiate the first formal student assessment of the clinical teaching that they received. All this took much time and inevitably took me away from my department, but we soldiered on.

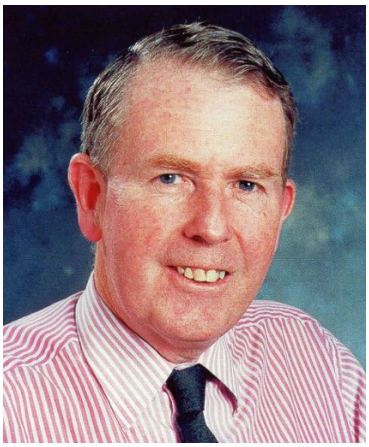
There were two significant bonuses that ensued from spells in the Deanery. They all but made up for the administrative periods that I did not relish. The first was that it allowed me to chair the Admissions Committee (for potential medical undergraduates) and to assess and attempt to influence our admissions policy. Secondly, there was no doubt that when I asked for something for our Department we more often than not met with a favourable response (the only exception being when I repeatedly requested promotion for Moira Gray and we ran up against an antiquated university system of administrative promotions and a rigid personnel department; We never won the day in spite of considerable support from a sympathetic dean). Unusually, however, my successor Professor Jonathan Rees, took up his post in Edinburgh the day after I retired!

Core Staff of the Department of Dermatology.

The stalwart consultants **George Beveridge** and **John Savin** (see previously) remained at the centre of departmental affairs; major developments (from 1980-1996) were often debated by the trio below:

L. to R. Hunter, Beveridge (in retirement) and Savin at Savin's retirement party (1999).

Dr. Ross StC. Barnetson, an Edinburgh graduate, relinquished his lectureship in the Department and was appointed consultant in 1981. His commission in the R.A.M.C. and service in the Far East, together with a subsequent M.R.C. training fellowship in Ethiopia, enabled him to gain much experience and expertise in tropical medicine, especially in all aspects of leprosy. On assuming his consultant post he had to cut down his tours abroad lecturing on the above subjects. He then put his considerable research energies into investigating immunological aspects of atopic dermatitis and initiated a Dermatology/ Gastroenterology collaborative clinic for patients with dermatitis herpetiformis. His efforts were productive (see publications) and it came as little surprise when, in 1987, he was appointed by the University of Sydney to the first Chair of Dermatology in Australia.



Ross Barnetson.

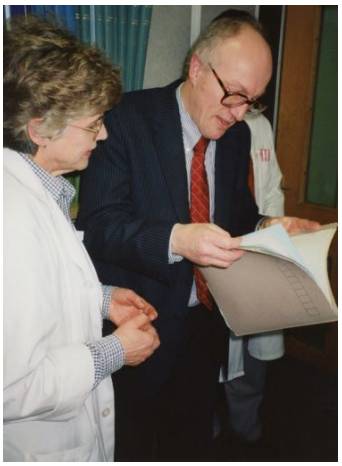
Dr. Paul Buxton left his office practice in Vancouver, Canada to be appointed (1981) the first consultant with foremost responsibilities in Fife where he had seven sessions each week. He took over his duties there from Savin whom he knew well as they had both trained at St Thomas' Hospital, London. Buxton oversaw the expansion of the services in Fife and eventually his department became independent of that in Edinburgh.

Paul Buxton.

Dr. Claire Benton, an Edinburgh graduate, was promoted from part-time senior registrar to a five-session/week consultant post in 1986. She was one of the first women to be employed (1978), as a part-time registrar, by the Lothian Health Board under a retainer scheme, introduced by Dr. Helen Zealley (C.M.O. Lothian Health Board). She was the first woman consultant in our department. By this time, following in the footsteps of Mary Bunney, she had developed a major interest in the human papilloma virus. She collaborated with Dr. Mary Norval, in the Department of Medical Microbiology and developed close links with Dr. George Smart, the gynaecological oncologist, with whom she established a clinic for patients with vulval disease.

Claire Benton (R) perusing a bulletin with Mary Norval.

Dr. Michael Tidman, appointed consultant in 1988, was a graduate of Guy's Hospital, London. He had trained at The Institute of Dermatology and Guy's and had spent time with Dr. (later Professor) Robin Eady researching the fine structure of the dermo-epidermal junction in epidermolysis bullosa. He had won many undergraduate and postgraduate prizes. I was especially impressed by his published work and by his M.D. thesis for which I was an examiner. He, like Savin almost two decades earlier, seemed an ideal candidate for the consultant post, bringing fresh ideas from London on all aspects of dermatology.



Mike Tidman looking at a patient's file with Jean Cooper.

Dr. Roger Aldridge, a St. Mary's Hospital medical graduate who had qualifications in both law and accountancy, was a senior registrar in Aberdeen when his wife was appointed to a consultant anaesthetist post at the Royal Hospital for Sick Children in Edinburgh. He was awarded a PhD. in Aberdeen in 1987 for his thesis on the modulation of the delayed type hypersensitivity reaction by cyclosporin A.
Although we had no vacant consultant post at that time, the chance to employ such a sharp-minded dermatologist in the Department was an opportunity too good to miss! Our hard-earned research fund came to the rescue and after periods as part-time lecturer and senior lecturer he was appointed consultant in 1993.

Roger Aldridge.

Sister Helen Bradley (see p. 20) remained in charge of the nursing staff. As ever her advice was sought frequently.

Sister Kate Grigor came to the Department as a staff nurse in 1967. She took over as second sister to Helen Bradley, when sister Flo Allen left in 1970. Grigor assumed sole responsibility for outpatients when Helen Bradley retired in 1989. She was empathetic, efficient, fair and much liked by the nursing and medical staff. She was modest, unruffled and her humorous asides more than once settled charged situations. She retired in 1991 having spent 23 years in the department.

Kate Grigor

Janice Lowe.

Sisters Bradley and Grigor were able successors to the formidable Sister Toddie of the Percival period, remembered in the plaque on the large wooden seat outside the Phototherapy Unit in the Lauriston Building.
Grigor was followed by **Sisters Janet Spiers** (1991-1996) and **Jo' Scott** (1996-1999) in the outpatient department. Both also helped out in Ward 55 (the Lauriston Building).

Sister Janice Lowe, now (2018) senior charge nurse and sister in the outpatient department**,** arrived in Edinburgh as long ago as 1989, when she succeeded Bradley as sister in charge of Ward 47. In 1994, on the closure of the dermatology wards in the main hospital, she moved to the Lauriston Building where she was sister in Ward 55. In 1996 she became a liaison nurse between the community and hospital, only to return to our outpatient department in 2005. Sister Lowe intends to retire in September 2018 having given her all for dermatology and its patients for thirty years!
Sister Serena Liddle (1995-2000). took charge of Ward 55 in 1996.

Moira Gray (see p. 46), Department Administrator and Secretary, Prof. Hunter's P.A., was in the midst of all happenings, appointments and events!

The core medical staff of the Department in 1994 is conveniently pictured in the group below:

L. to R. Hunter, Grigor (retired), Beveridge, Barrie, Spiers, Buxton, Benton, Scott, Tidman, Lowe, Savin, Bradley (retired), Aldridge.

Dr. Gina Kavanagh, a University College Dublin graduate, was appointed (1996) to a shared consultant post with Olivia Schofield. Her training in dermatology was in Bristol, South Australia and at Guy's Hospital. She was appointed Lecturer/Senior Registrar at Edinburgh in 1994. She joined Mary Norval's laboratory for a year and spent a few months with Bernie Ackerman learning his methods in dermatopathology. During her stay in the USA she met her future husband and, fortunately for Dermatology in Edinburgh, they decided to live in the city.

Gina Kavanagh with Jane Liston (Research Secretary).

Dr. Olivia Schofield, a London graduate (Middlesex Hospital Medical School), was appointed with Kavanagh (1996) to a shared consultant post. Her arrival in Edinburgh was fortuitous. Her husband had been appointed to a consultant post in Diabetic Medicine at the Royal Infirmary. It was our luck as this talented dermatologist had trained at The Institute of Dermatology and King's College Hospital and had joined Robin Eady's Epidermolysis Bullosa research group. She had worked in Minneapolis, with Peter Lynch, Mark Dahl and Chris Zachary, all well known to me. Again the opportunity was too good to miss and she was appointed part-time senior registrar on arrival in Edinburgh.

Olivia Schofield.

Kavanagh and Schofield worked well as a pair and became great friends. Between them they conducted more clinics than a single consultant could manage. They combined their professional commitment with full and busy family lives. If ever the Health Board and Dermatology got their money's worth!

Dr. Danny Kemmett and **Dr. Val Doherty** were both appointed consultants and took up their full-time posts, based at the RIE, in August 1999.

The consultant staff (R. Aldridge absent) of the Department in 1999, just before John Savin's retirement lunch, is seen with Moira Gray in this photograph:

L. to R. Hunter, Tidman, Doherty (Fife), Kavanagh, Gray, Savin, Benton, Beveridge (in retirement), Schofield and Buxton.

Hare and Savin were the first consultant dermatologists to be appointed to our department who had not trained in Edinburgh. By 2000 it can be seen that our consultants came from all parts of the UK and beyond. This, together with the appointment of four female consultants, was not coincidental.

Description of the core clinical staff of the Hunter period would not be complete without including the pathologist **Dr. Kathryn McLaren**. Towards the end of the Hare period (see above), it was agreed that all histological reports should be signed off by a qualified pathologist. McLaren took the lead amongst the pathologists and liaised with Beveridge (continuing to review all sections), or the relevant consultant, if there were diagnostic problems. The system worked well, not the least because McLaren was highly reliable and seemed freely available for helpful consultation at any time of the day, including Saturday mornings!

A young Kathryn McLaren

A Departmental Turnout in 1996.

1 Dr Bernie De Silva 2. Dr Leith Banney 3. Ms Teresa Rafferty 4. Craig Walker 5. Dr Richard Weller 6. Dr Rod McKenzie 7 Dr Graham Priestley
8. Mrs. Eva McVittie 9. Ms. Sue Ramage 10. Dr Mike Tidman 11 Dr George Beveridge 12. Dr Paul Buxton 13. Dr Roger Aldridge 14. Dr Gina Kavanagh
15. Dr Kathryn McLaren 16. Professor John Hunter 17 Mrs. Kate Shirkie 18. Ms. Mary Johnstone 19. Ms. Angela Riddell 20. Dr Margaret Rudd 21 Dr Helen
22. Nurse Anne Smith 23. Dr Olivia Schofield 24. Ms. Karen McCormack 25. Ms. Anne McBride 26. Nurse Maggie McGinnie 27 Nurse Joan Wilson
28. Aux Nurse Margaret Davidson 29. Ms. Tracy McBurnie 30. Dr Ruth Ray 31 Aux Nurse Elizabeth Duncan 32. Mrs. Morag Ross 33. Nurse Catherine Maclec
34. Mrs. Anne Notman 35. Nursing Sister Jo Scott 36. Aux Nurse Margaret White 37 Dr Sheena Allan 38. Nursing Sister Janet Speirs 39. Volunteer Mrs. Betty F
40. Mrs. Lorraine Bushnell 41 Mrs. Lydia Peacock 42. Nursing Sister Janice Lowe 43. Dr Pat Drewitt 44. Ms. Ruth Alexander 45. Nurse Evelyn Clark
46. Retired Nursing Sister Kate Grigor 47 Mrs. Moira Gray 48. Dr Jean Cooper 49. Mrs. Issi Stenhouse

Fundraising.

One kopeck of ammunition for every rouble of ambition.
A Russian proverb.

It was not long after taking up the Chair of Dermatology that I realized that we would not get significant long-term funding from either the Medical Research Council or The Wellcome Trust. There was a modest and regular helping hand from the Faculty of Medicine Equipment Committee and useful grants from 'local' Scottish bodies, such as the Scottish Home and Health Department (S.H.H.D.), the Scottish Hospitals Endowment Research Trust (S.H.E.R.T.) and the Lothian Health Board (L.H.B.). Small charities were happy to fund our research into diseases of mutual interest (for example the Dystrophic Epidermolysis Bullosa Research Association, D.E.B.R.A.). However it soon became obvious that, to nurture any significant research activity, we would have to raise funds on our own behalf. We had little more than a few kopecks in the kitty (see previously) but our ambition, in roubles, was undeterred!

It became increasingly difficult to place hard-earned funds, raised by our staff, in our departmental petty cash kitty. Separate university accounts could be opened but their administration was bureaucratic and not without cost (for example, the university would levy what seemed an absurd percentage [e.g. 20%] of funds obtained by contractual research for administering such accounts). I therefore had no difficulty in persuading my consultant colleagues that we should set up a charity that, independent of the university, would help to support our academic endeavours.

The Edinburgh Dermatological Research Fund.

The Edinburgh Dermatological Research Fund was launched and registered as a charity in 1984. All our consultants and the lawyer, Robin Fulton (Shepherd and Wedderburn), were trustees.
The objective was stated as:
'The furtherance, in any part of the world, of the investigation, study, observation and research into the functions of the skin for the purpose of improving the diagnosis, treatment and care of dermatological disorders of the human body.'

The idea was that this charity would attract funds from grateful patients and from bodies (for example pharmaceutical companies) for whom our staff conducted contractual research. The latter included tedious but worthwhile studies such as volunteers views on skin preparations about to be launched onto the market, for example medications for acne and the efficacy of appliances, such as disposable nappies. More interesting were pharmaceutical company sponsored trials of new drugs for psoriasis and atopic eczema. Strict protocols had to be followed and the results closely monitored by the drug company involved. This kind of relatively time-consuming work, had to be well organized; but remuneration was good. As a result the E.D.R.F. accumulated funds sufficient to pay the salaries of some staff and the living expenses of a number of young

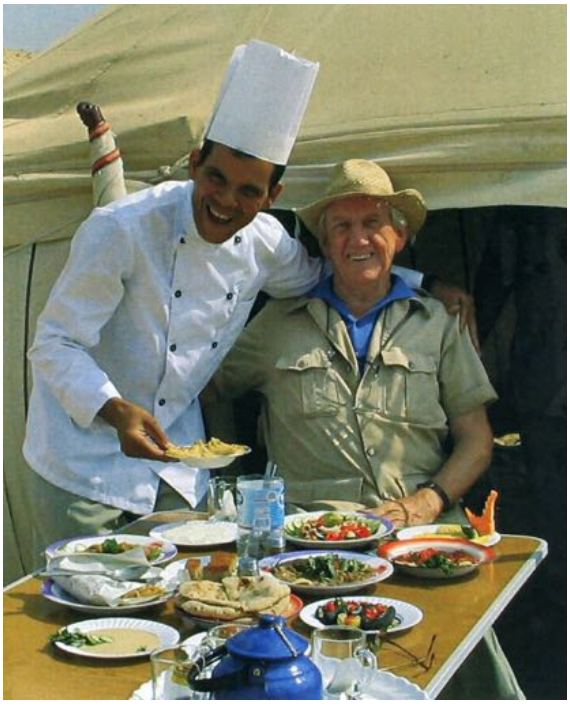
dermatologists from Australia, each of whom would spend a year with us as an honorary registrar before returning home to a substantive training post.

In 1985 we broke new ground when The Edinburgh Dermatological Research Fund sponsored a Charity Race Day at the Musselburgh racecourse! Hard work, particularly by Conor O'Doherty and Moira Gray, was rewarded by a sunny and indeed idyllic evening. The large crowd was entertained by the band of The Royal Scots; the staff of the Department of Dermatology left with full stomachs and pockets bulging, thanks to excellent tips from Conor! The E.D.R.F. benefited by £1,883.

There was tacit disapproval by the university finance department of 'outside' funds such as the E.D.R.F., but there was little that they could do about them. There was no doubt that we were able to look after our own money, held in accounts with respected Edinburgh legal firms, both prudently and economically.

The success of the E.D.R.F. encouraged me to look for funds to support our burgeoning research into all aspects of dermatitis (eczema). The establishment of a Dermatitis Research Unit was my ultimate aim. In turn this meant that we would have to find a fundraiser. I had heard about the Scottish Corp of Retired Executives (S.C.O.R.E.). This body found voluntary work for retired executives who had time on their hands to help worthwhile projects. S.C.O.R.E. introduced me to Ian Mathieson, a retired surveyor, in 1988. By the time he stepped down from helping us (2007) he had, almost single-handedly, raised £500,000 for the Department of Dermatology.

Ian Mathieson.
Ian had a successful career as a surveyor. He was involved in the sighting of the Tay and Severn bridges. Later on he worked in the Middle East on projects including the port of Jubail, Saudi Arabia and the Dez dam in Iran.
He developed a major interest in archaeology. He pioneered methods of surveying sites without the expense or intrusion of excavation, through the use of sound waves and radar to reveal structures below the surface.
From 1990 Mathieson led the Saqqara Geophysical Survey Project, in Egypt and his team was responsible for a number of important discoveries.
Ian was 61 yrs. old when he joined us as a fundraiser. He was a wizard with his P.C. Spreadsheets, mail-merging and desktop publishing were all taken in his stride, leaving me in envy, admiration and in his wake. He had immense patience and never gave up in spite of receiving yet another negative response!
All requests and responses were managed by Ian in an efficient, unruffled and forthright manner, accompanied by his fine sense of humour and not so quiet chortles!
Ian was a man of great talent, enormous energy and unending goodwill. What help he gave us and what fun we had with him!



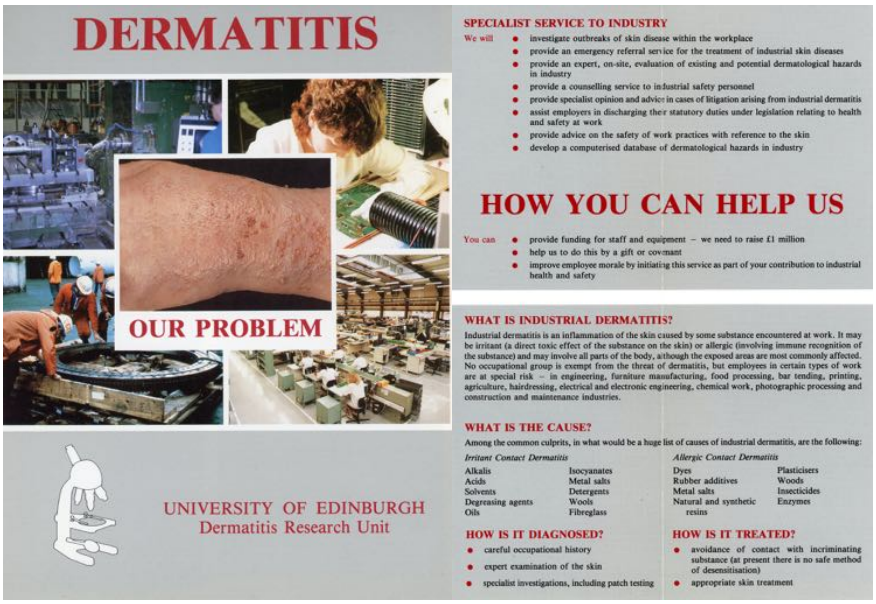
Ian Mathieson at the Saqqara site, ‘Suffering for the cause’.

Dermatitis Research Unit (D.R.U.)

The appeal for the D.R.U. was launched in 1989. Begging letters, approaches to lawyers and other trusts, coffee mornings, lectures and other money-attracting endeavours were all part of the scene. Patrons of the appeal, well known figures in all walks of Scottish life, were invariably helpful.

Funding was acquired to support a part-time senior lecturer, Dr. Roger Aldridge, to buy a state of the art image analysis system (courtesy of The Hayward Foundation) and to cover the cost of laboratory materials. It was not long before publications from the unit began to flow.

By 1995 it was felt that the D.R.U. had achieved its aim and the appeal was concluded with a letter of thanks to all who had helped in its accomplishment of raising £360,000.



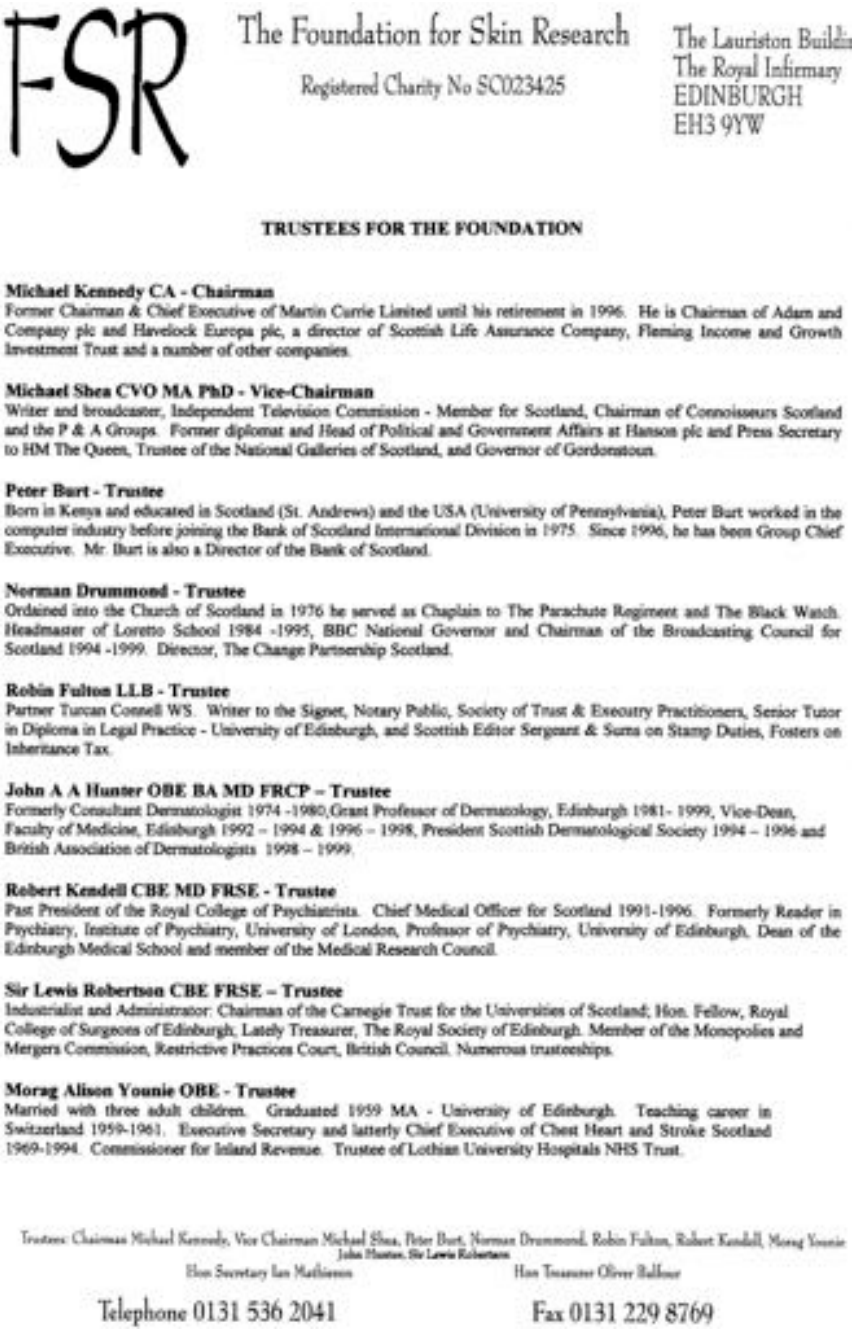
A Dermatitis Research Unit brochure

The Foundation for Skin Research.

The Foundation for Skin Research (F.S.R.) was set up in 1995 after the appeal for funding of the D.R.U. had been concluded. Established by Declaration of Trust as a charity recognized by the Inland Revenue, the F.S.R. was created to generate a fund that could be applied by the trustees to support research into skin diseases. The Declaration of Trust indicated that the fund should '*normally support research in the Department of Dermatology, University of Edinburgh*'. Exceptionally, should this not be possible, the trustees could fund research to be carried out elsewhere.

All requests for funding were sent to independent experts for peer review. Latterly it was the policy of the trustees to fund projects by young clinicians or scientists and to provide pump-priming funds for projects that might later be funded by an organization larger than the F.S.R.

Administration costs were minimal and the trustees, honorary secretary (Ian Mathieson) and honorary treasurer (Oliver Balfour) received no remuneration. Over 95% 0f the funds generated by the F.S.R. went to the research worker.



FSR

The Foundation for Skin Research

Registered Charity No SC023425

The Lauriston Buildin
The Royal Infirmary
EDINBURGH
EH3 9YW

TRUSTEES FOR THE FOUNDATION

Michael Kennedy CA - Chairman
Former Chairman & Chief Executive of Martin Currie Limited until his retirement in 1996. He is Chairman of Adam and Company plc and Havelock Europa plc, a director of Scottish Life Assurance Company, Fleming Income and Growth Investment Trust and a number of other companies.

Michael Shea CVO MA PhD - Vice-Chairman
Writer and broadcaster, Independent Television Commission - Member for Scotland, Chairman of Connoisseurs Scotland and the P & A Groups. Former diplomat and Head of Political and Government Affairs at Hanson plc and Press Secretary to HM The Queen, Trustee of the National Galleries of Scotland, and Governor of Gordonstoun.

Peter Burt - Trustee
Born in Kenya and educated in Scotland (St. Andrews) and the USA (University of Pennsylvania), Peter Burt worked in the computer industry before joining the Bank of Scotland International Division in 1975. Since 1996, he has been Group Chief Executive. Mr. Burt is also a Director of the Bank of Scotland.

Norman Drummond - Trustee
Ordained into the Church of Scotland in 1976 he served as Chaplain to The Parachute Regiment and The Black Watch. Headmaster of Loretto School 1984 -1995, BBC National Governor and Chairman of the Broadcasting Council for Scotland 1994 -1999. Director, The Change Partnership Scotland.

Robin Fulton LLB - Trustee
Partner Turcan Connell WS. Writer to the Signet, Notary Public, Society of Trust & Executry Practitioners, Senior Tutor in Diploma in Legal Practice - University of Edinburgh, and Scottish Editor Sergeant & Sums on Stamp Duties, Fosters on Inheritance Tax.

John A A Hunter OBE BA MD FRCP – Trustee
Formerly Consultant Dermatologist 1974 -1980,Grant Professor of Dermatology, Edinburgh 1981- 1999, Vice-Dean, Faculty of Medicine, Edinburgh 1992 – 1994 & 1996 – 1998, President Scottish Dermatological Society 1994 – 1996 and British Association of Dermatologists 1998 – 1999.

Robert Kendell CBE MD FRSE - Trustee
Past President of the Royal College of Psychiatrists. Chief Medical Officer for Scotland 1991-1996. Formerly Reader in Psychiatry, Institute of Psychiatry, University of London, Professor of Psychiatry, University of Edinburgh, Dean of the Edinburgh Medical School and member of the Medical Research Council.

Sir Lewis Robertson CBE FRSE – Trustee
Industrialist and Administrator: Chairman of the Carnegie Trust for the Universities of Scotland; Hon. Fellow, Royal College of Surgeons of Edinburgh; Lately Treasurer, The Royal Society of Edinburgh. Member of the Monopolies and Mergers Commission, Restrictive Practices Court, British Council. Numerous trusteeships.

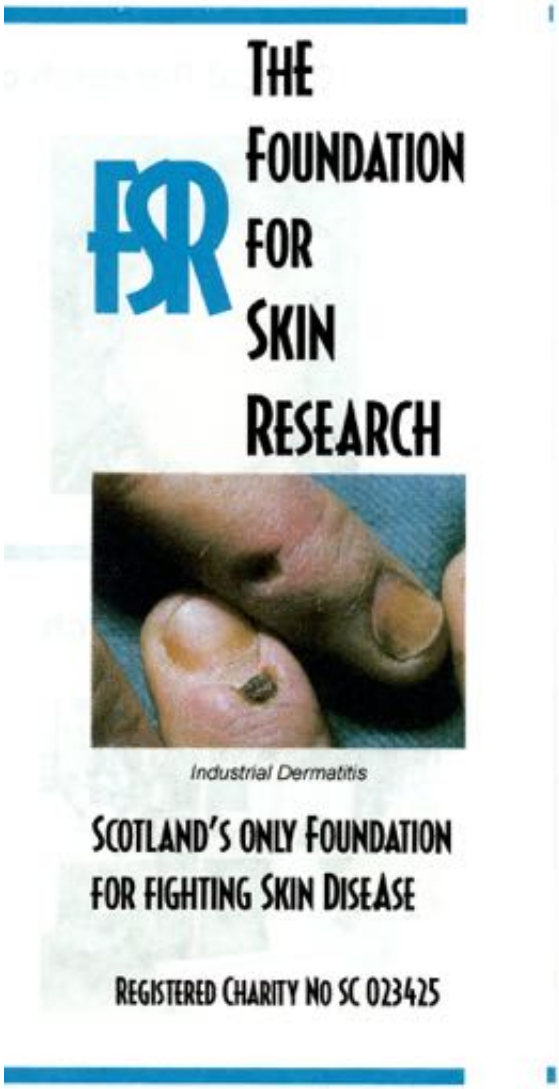
Morag Alison Younie OBE - Trustee
Married with three adult children. Graduated 1959 MA - University of Edinburgh. Teaching career in Switzerland 1959-1961. Executive Secretary and latterly Chief Executive of Chest Heart and Stroke Scotland 1969-1994. Commissioner for Inland Revenue. Trustee of Lothian University Hospitals NHS Trust.

Trustees: Chairman Michael Kennedy, Vice Chairman Michael Shea, Peter Burt, Norman Drummond, Robin Fulton, Robert Kendell, Morag Younie
John Hunter, Sir Lewis Robertson

Hon Secretary Ian Mathieson — Hon Treasurer Oliver Balfour

Telephone 0131 536 2041 — Fax 0131 229 8769

Professor Kendell died in 2002. After serving ten years as trustees, Kennedy, Shea, Burt, Drummond, Robertson and Younie stepped down and were succeeded in 2004 by Colonel Francis Gibb, C.B.E. (Chairman), Professor C.C. Bird, C.B.E., and Fiona Jones (Advocate). Hunter became Vice Chairman. Shaun Middleton (CA) took over as Honorary Treasurer in 2004. Dr. Claire Walker (GP) joined the trustees in 2005 and Alastair Wilson (Banker) in 2006. Ian Mathieson resigned in 2007 when Shelagh Gibb became Honorary Secretary.



Foundation for Skin Research brochures.

JAN 2009

Letter To Those Who Have NOT Given Before

Foundation For Skin Research (FSR)

I am writing on behalf of the Trustees of the Foundation for Skin Research, a Registered Charity whose purpose is to fund early stage research in the area of skin diseases.

This is an important field as such disorders are on the rise. Studies show that 25% of the population will experience a significant skin problem during their lifetime, whether as youngsters or, often more seriously, in later life with skin cancers becoming ever more prevalent.

The FSR is a small Charity which will never compete with the larger more well known Charitable Trusts, nor is it our intention so to do. Our horizons are more limited but nonetheless of equal importance. The enclosed Annual Newsletter for 2008 highlights this point. The two projects described demonstrate the value of embryonic research leading to further more extensive examination.

Most of the research is conducted within the Department of Dermatology at the Royal Infirmary of Edinburgh where we are fortunate that the leading research workers have earned an enviable reputation throughout the medical fraternity worldwide.

In order to maintain this level of research the Trustees are constantly seeking grants from a wide range of Charitable Foundations. We are well aware of the current financial difficulties facing the country so would be doubly grateful for any contribution you feel able give in these uncertain times.

The Foundation has been in existence for over 15 years during which time it has supported numerous successful research projects. Throughout we have operated on a shoestring with limited resources. All the work of our charity iscarried out on a voluntary basis and our overheads are minimal.

If you wish any further information regarding the Foundation, including a copy of our financial report for 2007/08, please do not hesitate to get in touch.

Thank you for taking time to consider this request.

Yours Sincerely,

Francis Gibb CBE
Chairman, FSR.

F.S.R. Typical begging letter; January 2009. We sent many of these out to potential donors!

FSR

The Foundation for Skin Research

Registered Charity No SC023425

P.O. Box 13746
North Berwick
EH39 2WW

RESULTS OF CIRCULATION OF NEWSLETTER - as at 26th April 2009

1. The Barclay Foundation – unable to offer support, as fully committed.
2. Cruden Foundation Limited - regular donor; will submit appeal in June
3. Simon Gibson Charitable Trust – while falling within remit, will not forward request to Trustees.
4. Havelock Europa plc – no funding; good wishes
5. Simon Heller Charitable Settlement – unable to assist.
6. M. V. Hillhouse Trust - £600 donation December 2008
7. Miss Agnes H. Hunter's Trust – only considers medical research from members of Association of Medical Research Charities or National Cancer Research Institute. Application form enclosed.
8. The R S Macdonald Charitable Trust – not within their remit
9. F H Muirhead Charitable Trust – application form enclosed for completion by 20th March 2009.
10. Sir Samuel Scott of Yews Trust – requested copy of annual report and accounts (sent 26 Jan) No funds available (April 3 2009)
11. The Jean Shanks Foundation – does not fund work with other charities.
12. John Swire 1989 Charitable Trust – appeal to be put before next meeting If no news by early March, unsuccessful.
13. Tenovus Scotland – unable to assist another charity, but would accept direct application from researcher by 15th Sept. 09
14. R.H. Suthern Trust – no funding.
15. The Colt Foundation – might consider specific project in future

Telephone: 01620 844 737 email: gibbseaforth@yahoo.co.uk

F.S.R. Typical Responses!

The Foundation for Skin Research.

Research Grants; 1995 to present.

1996 - £7,170 to Dr. R McKenzie for laboratory equipment.

1997 - £10,000 towards salary of Dr. M Jackson.

1998 - £14,800 to Dr. R McKenzie for project 'The assessment of intracellular signalling pathways in psoriatic keratinocytes'.

1999 - £9,982 towards salary of Dr. G Priestley.

£20,000 to Dr. R Weller for project 'Nitric Oxide: roles in cutaneous carcinogenesis and differentiation'.

£6,000 to Prof. M Norval and Dr. R McKenzie towards Herpes Simplex Virus research.

2000 - £20,000 (over 2 years) to Prof. J Rees for project 'Genetic approaches to cutaneous inflammation'.

2002 - £3575 to Dr. R McKenzie towards project 'Prevention of ultraviolet radiation-induced skin cancers by dietary selenium treatment; a study to define the optimum form and dose of selenium for protection'.

£1,500 to Dr. R McKenzie for laboratory equipment.

2003 - £10,080 to Dr. R Weller for 'Investigations in the apoptosis blocking effects of endogenous nitric oxide in human skin following ultraviolet radiation'.

2005 - £6000 to the British Skin Foundation towards research on Acne Vulgaris.

£18,906 to Prof. J Rees for project 'What is the physiological basis for sensitivity to ultraviolet irradiation and melanoma risk?'.

2006 - £19,544 to Prof. J Rees for project '3D representation of skin lesions'.

£20,000 (over 2 years) to Prof. J Rees towards project 'DERMOFIT: a computer assisted software for the diagnosis of lesional diseases of the skin'.

£30,000 (over 3 years) to Dr. R Weller towards 'Studies on nitric oxide in the skin'.

2008 - £36,000 (over 3 years) to Prof. J Rees and Prof. R Fisher to support a PhD studentship on 'The development of 3D computer vision approaches to dermatological diagnosis'.

F.S.R. Grants awarded 1996-2008.

Initiatives introduced by the F.S.R. in the new century included an annual Newsletter to all donors, the building of the Foundation's Website and, in 2007, a successful charity day at Muirfield that made over £30,000. But, by 2014 the trustees had become concerned about the increasing age of their board as well as the paucity and quality of new applications for funding.
With much reluctance and more than a little sadness the Trust was closed in 2014, with a final grant of £20,000 being awarded to Dr. Alex Holme for his comparative clinical trial of treatments for Myxoid Cysts. The residual funds of £16,000 were donated to the British Skin Foundation. Altogether the F.S.R. had attracted some £240,000 and awarded 20 grants.

Undoubtedly the establishment of 'our own' charities eased much of the acute pressure felt when trying to find immediate funds to support preliminary investigations and to deal with laboratory emergencies. However we depended on local and national funding for formal projects. Various funds within the Faculty of Medicine regularly supported our requests for short-term fellowships, enabling N.H.S. staff to take a year out to conduct research for a higher degree.

The Charities Hypermarket.

The above trusts and appeal were formal, had legal underpinning and, if not approval, tolerance by the Finance Department of the University. Our participation in the Charities Hypermarket, held annually in early December in The Assembly Rooms, George Street, was informal, fun and profitable. One and all in the department, their families, friendly volunteers and patients manned ' The Skin Spot' over a hectic Saturday! We ran a tombola, with prizes given to us by our pharmaceutical company representatives and local businesses, and a bargain table with numerous knick-knacks and some jumble! It was a great team effort that required much last minute planning. It brought many diverse members of the department together in a frenetic but happy atmosphere and made those involved feel that they had helped personally in fundraising, so vital for the wellbeing of the department. We participated in the hypermarket for ten years, making on average £1500 each year for the Department's day-to-day account and E.D.R.F.

'The Skin Spot' at the Charities Hypermarket. All hands on deck with Moira Gray, Graham Priestley and Hugh McFarlane.

Tombola stand at the Charities Hypermarket (1985). Hamish, Abigail and Rebecca Hunter also co-opted.

Contractual Work.

Contractual studies (see above) were not common during the period. In general one senior member of the Department liaised with a company and agreed the protocol for the study. A requisite number of staff helped out and the studies were carried out either during evenings or Saturday mornings. Dr. Ian Smith had a remarkable list of volunteers on his books and was a great help in managing studies that ranged from the assessment of nappy liners to the efficacy and subject satisfaction of an over-the-counter acne preparation and a new skin moisturizer.
Three or four more formal studies on new drugs were carried out for pharmaceutical companies according to their strict protocols; we were responsible for finding volunteers amongst appropriate patients.

Much space has been devoted to our fundraising because these efforts, supported enthusiastically by a substantial number of members of the department, underpinned many of our activities. For example sufficient funds were accumulated to cover salaries of research staff, honoraria for dermatologists from overseas working in the Department, expenses and hospitality for visiting lecturers, travelling expenses of our own staff, incidental costs of social functions involving staff, for example retirement/leaving functions and incidental laboratory equipment and supplies. Of prime importance the funds supported the salaries of Roger Aldridge, for a number of years before he became a consultant, and Jane Liston, research secretary. They also allowed Graham Priestley to take early retirement on attractive terms as well as providing financial support for him when he returned as a University Fellow.
Inevitably, not all our fundraising endeavours were successful including my application to run in one of the early London marathons, a refusal that was met with a relaxed response.

'*Philanthropy acts as a guarantor of independence and intellectual freedom. It makes academics less vulnerable to reversals in government policy or changing trends in research-council funding'.*
William Ham Bevan.

Health Service.

1985.
From 'Dermatolgy report for Programme Development Group for Acute Medicine' prepared by Professor Hunter.
Service best considered as a regional (Lothians, Fife and the Borders) with a population of 1,171,000.
Inpatient bed complement of 41 in RIE (June 1985)..
Senior registrars include Benton (Supernumerary, ad hominem on Women's Retainer Scheme for two years), Gawkrodger and O'Doherty (Lecturer/hon. SR).
Still no junior staff in Fife and no inpatient facilities. A significant number of patients from Dunfermline, Rosyth and towns just north of the Forth still come to Edinburgh for consultation.
2 sessions in Borders each week (Barnetson.).
Visiting Plastic Surgeon conducts a minor surgery session once weekly in our outpatient department.
Special clinics being set up for patients with contact dermatitis, atopic dermatitis, dermatitis herpetiformis, malignant melanoma and for phototherapy.
Minimum waiting time for children at wart clinic 3 months, to allow natural resolution (30%)
22% of all patients referred to outpatient department require a minor surgical procedure (excluding warts)
100 daily dressings are carried out each week in the outpatient department.
A registrar scans all outpatient referrals and grades them as early versus routine.
Appointments: urgent consultations are requested by phone (7 % of all new appointments)
2 clinical assistant sessions at Milesmark have just been funded.

April 1985 Staff:

Medical;
Consultants: 5 staff, 3.5 WTE based in RIE., 1 WTE based in Fife.
Associate Specialist: 1 staff, 0.6 WTE.
Senior Registrars: 3.staff, 2.1 WTE.
Registrars: 2 staff, 2.0 WTE.
Clinical Assistants: 3 staff, 1.1 WTE.
Pre-registration House Physician: 1 staff, 1.0 WTE.

Secretarial:
3.0 WTE.

Clerical:
2.0 WTE.

Nursing,
Ward 47/48.
Daytime.
Charge: 1.0 WTE.
Staff: 4.0 WTE.
Enrolled: 4.8 WTE.
Auxiliaries: 3.0 WTE.
Student Nurses: 4-6 attached.
Night.
Staff: 2.0 WTE.
Enrolled: 2.0 WTE.
Auxiliaries: 0.9 WTE.

Outpatient Department.
Charge: 1.0 WTE.
Staff: 3.6 WTE.
Enrolled: 2.2 WTE.
Auxiliares: 4.0 WTE.

Inpatients.

Beds.
The future of the dermatology inpatients had been a bone of contention for years. The issue was related to the phasing of a modern RIE on site. Phase 1 involved the translocation of outpatient department to a new site on Lauriston Place. The demolition of the Skin Pavilion was a prerequisite for the Phase II building programme . The beds in the Skin Pavilion would be rehoused temporarily before returning to Phase III of the 'new' RIE. There is a file in our archives on the main contender, the City Hospital.
1963. Professor Percival approved plans for a 8,500 sq. foot ward (c.f. 8,100 sq. ft. in RIE), with 39 beds and 4 cots, in pavilion 18/19 of the City Hospital. The plans included fine details including 168 cellular white blankets, 66 flower vases, 42 coat hangers, 42 kitchen cloths, nail clippers and a patella hammer!
1970. Professor Hare saw extant plans for such a ward but the matter seemed to be dropped with the appearance of a Geriatric Department in the City Hospital.
1972. Detailed plans (Scott and McIntosh, Architects) of 'The Geriatric and Dermatology Unit, City Hospital Edinburgh' can be found in our archives.
1981. A letter in the file on the subject from Hunter to Professor Williamson (Chair of Geriatric Medicine) asks 'what is happening?' No apparent reply.
1983. Letters between the chief administrative medical officer, Dr. Colin Brough and Hunter settle the matter. Brough: '*As we obviously are no longer adhering to original planned phasing of the Royal Infirmary of Edinburgh, it is difficult, at this point, to quantify the timescale'*, concluding that *'the requirement to move to the City Hospital is not perhaps so imminent'.*
In the event the City Hospital never housed a dermatology ward!
1981. Bed Complement R.I.E. 41 (loss of 4 children beds in the early seventies).
October 1985. Wards 47 and 48 temporarily decanted to the Deaconess Hospital to allow their refurbishment, especially bathrooms and dressing rooms. Completed June 1986.
March 1988. Ward 48 converted into a 5-day unit with separate wards for males and females. Occupancy in this 15-bed unit was reported as high.
January 1994. Translocation of the wards in the Skin Pavilion of the RIE to The Jamieson Dermatology Centre, Level 6 of The Lauriston Building. The centre provided 26 beds and a day treatment service. The centre was opened in September by Alastair Darling, the local M.P.
1994. Acute Services Strategy had Dermatology down for 24 beds. Location not clear!
1998. It became increasingly clear that administrators throughout Scotland were hell-bent on reducing/abolishing dermatology beds. The U.S.A. system (Kaiser Permanente) was admired. Scottish dermatologists felt differently!

Munro CS, Lowe JG, Cloone PM, White MI & Hunter JAA (1999):
The value of in-patient dermatology: a survey of in-patients in Scotland and northern England.
British Journal of Dermatology, 140: 474-479.

There was remarkably little change in the dressings used for inpatients and some outpatients during the two periods described in this manuscript. They stemmed from the European influence on Alan Jamieson (1839-1916) and Norman Walker (1862-1942), both of whom spent time on the continent and Percival's early days in Hôpital St. Louis in Paris and in Zurich. The standard regimens had served the Department well and, for much of the twentieth century, had helped to establish Edinburgh's considerable national reputation in managing patients with extensive and recalcitrant skin diseases. This standing brought the politician and Director General of the Political Warfare Executive, Sir Robert Bruce-Lockhart, up to Edinburgh from London during the second world war for inpatient treatment of his stubborn and widespread eczema. Details of his stay are recorded later in his book '*Guns and Butter*'.

Patients with 'standard' psoriasis were 'descaled' for two days with salicylic acid ointment, often occluded with a paste dressing. They were then treated with the popular tar/tar paste rotation. Lesions were painted with crude coal tar, obtained straight from the Granton gasworks. After twenty-four hours this was supplemented with tar paste spread dressings for thirty-six hours, secured with tube gauze, before starting the rotation again. Recalcitrant plaques might be treated with dithranol, including the super-strong Dreuw's ointment (15% dithranol)! Later short contact dithranol treatment became popular, especially for outpatients.

Patients with 'standard' eczema (usually atopic) were dressed once or twice-daily. After a steroid rub, affected areas were covered with a soothing ichthammol paste spread dressing kept in place by tube gauze.

Spreads with ichthammol paste, zinc paste and tar paste were prepared daily in a 'spread room' by a nurse or orderly. The paste was 'buttered' with large spatulas onto calico and then torn into appropriate strips or patches, before storage. Preparation of these spreads was tedious but (apparently) brought fresh thoughts and tranquillity to the spreader!

Non-infected weeping areas were managed usually with lead and zinc 'soak dressings' whereas infected exudative skin or ulcers more often than not surrendered to twice-daily potassium permanganate or aqueous silver nitrate soaks. The soaks were kept moist by covering them with polythene (later Cling film) kept in place with tube gauze.

The application of these, sometimes extensive, dressings took up a lot of nursing skill and time. Experienced nurses showed the doctors that there was a considerable art in knowing when to chop and change the dressings. Inevitably their efforts were greatly appreciated by patients.

Systemic treatment included corticosteroids, methotrexate, sedatives and immunosuppressants but the era of the biologics had not yet arrived.

Outpatients.

1982.
The transfer of the outpatient department from the RIE to the Phase 1 Building had a huge beneficial impact on patient care as well as on staff morale. The new Department included an attractive reception area, eight consulting rooms (including a large room for clinical teaching), two surgical rooms, two dressing rooms, bathing facilities, a phototherapy unit and adjacent rooms for secretaries, clerks, the out patient sister and medical staff. Most of these rooms were designed to provide modern facilities in a bright and spacious setting.
There were no changing rooms. At that time it was envisaged that each doctor would occupy two rooms for consultation; while seeing the patient in room A another patient would change in room B. Eventually the second room was often used by a junior doctor supervised by the consultant next door.

Outpatient clinics occupy about three quarters, or more, of clinical dermatologists' time. In a university hospital they should not only provide facilities for teaching but also for clinical research. The new Department offered space for both, allowing many special clinics (see below) to be conducted, usually in afternoons.
There was attractive provision for the two common treatments, surgery and dressings. As previously, most **surgical procedures**, such as routine biopsies and minor excisions, were carried out on the day of consultation. This was not always possible and patients with large lesions to be excised and patients seen during clinics when the surgical room became too busy had to be given another appointment to attend for their elective treatment.
Daily dressing clinics continued to be effective and popular. They kept patients out of the dermatology wards and, at that time, provided expertise in nursing that could not be catered for by a district nurse at home or in general practitioners' surgeries.

But a sea change for the provision of outpatient services in dermatology was occurring. Over a short period (see references and table below) there was a demand to see more patients with skin tumours, both benign and malignant. Increasing age of the population and public awareness and concern about skin cancer were most likely responsible for the exponential increase in these referrals.

Benton E.C., Hunter J.A.A. (1984) The dermatology outpatient service: study of outpatient referrals in a Scottish population.
British Journal of Dermatology 110: 195-201.

Harris D.W.S., Benton E.C., Hunter J.A.A. (1990) The changing face of dermatology outpatient referrals in south-east of Scotland.
British Journal of Dermatology 123: 745-750.

TABLE 1. Distribution of diagnoses of new and review patients for a 1-month period, 1988 and 1981

	New patients (%) (Total)		Review patients (%) (Total)	
	(1592)	(1232)	(2037)	(1587)
Diagnosis	1988	1981	1988	1981
Benign tumours	39·6	19·3	12·4	6·1
Viral warts	13·5	16·9	22·6	33·0
Dermatitis/eczema	12·8	16·7	15·0	19·0
Malignant tumours	8·3	5·3	9·3	4·1
Psoriasis	4·0	6·7	10·4	10·0
Infections	3·9	7·1	2·0	2·6
Acne/rosacea	3·2	4·4	3·7	4·2
Miscellaneous	12·8	23·6	23·4	21·0

Table from Harris DWS, Benton EC and Hunter JAA. 1990.

Plastic surgeons in the NHS had neither the time nor interest in removing numerous moles or small skin tumours. They rightly considered themselves primarily as reconstructive surgeons. The ball fell firmly in our park. It remains a major regret of mine that Beveridge, Savin and Hunter, the three senior consultants at the beginning of the nineties, failed to appreciate the impact of this changing face of Dermatology and did not prioritize a consultant dermatological surgeon in bids for more staff. The relentless increase of these referrals continued and, after my retirement, consultant and trainee dermatological surgeons became crucial members of staff.

'Special' Clinics.

The hurly burly of dermatological referrals continued to be seen in morning clinics at the Lauriston Building, usually attended by three consultants, one of whom conducted the teaching clinic. Backup was provided by one or two registrars in the surgical treatment rooms, a registrar in the infamous follow-up/emergency referral clinic and, sometimes, ad hoc junior staff pairing with the consultants. Special clinics burgeoned during this period. The traditional ones reflected the need for patients with certain common disorders, for example psoriasis, atopic dermatitis and warts, to be investigated and treated by one team in a controlled way. Further ones reflected a special interest of a particular doctor while working in the department and were usually closed when that doctor left or developed a different interest. Such special clinics were the source of much clinical research (see below).

Phototherapy.
Ultraviolet treatment (UV-B) for dermatological patients had, for many years, been provided by the Physiotherapy Departments in RIE and at a few other local hospitals. The situation changed dramatically in 1974 with the seminal publication of Parrish and his Colleagues at Harvard indicating the dramatic efficacy of PUVA (An oral dose of a **P**soralen followed by exposure to **UV-A**) in treating psoriasis. But the safe management of patients treated with this form of phototherapy required stringent monitoring of UV dosages and patients' progress as well as regular calibration of the radiation output of machines. All this was beyond the expertise of physiotherapists and required funding for specialist staff and apparatus in the Department of Dermatology. The first request for such phototherapy was written in 1977 but it was not until 1981 that facilities, including equipment and staff were funded and set up in the old children's room in Ward 47. The unit was transferred in 1983 to a more modern setting after the move to the new outpatient department in Phase 1 of the RIE.

Dr. Sheila Going, who had been a recent registrar in the Department, took over the day-to-day running of the unit, under the nominal charge of Savin. She initiated and developed an efficient service in which patients were seen punctually and sometimes at the beginning or end of their working days. Advice was often asked and always received from the national Photobiology Unit in Dundee.
Going followed her pathologist husband to Glasgow in 1989.

Sheila Going.

The unit continued to evolve under the guidance of Going's successor, **Dr. E. Jean Cooper.** She had joined the Department as a clinical assistant in 1980. Cooper was very diligent and ran the unit in an efficient yet homely way. The conditions that were treated by photochemotherapy were extended and the facilities expanded to include local PUVA, bath PUVA and narrow wavelength UVB treatment. Cooper became an Associate Specialist in 1996

Jean Cooper.

A number of patients were enrolled into clinical studies (see below), often initiated by Dr. (later Professor) Mary Norval of the Department of Bacteriology or Dr. Roddie McKenzie who joined the Department in 1994. It was not long before the service outgrew its surroundings and the Unit was moved in 1994 to a large purpose built suite on level 3 of The Lauriston Building..

Phototherapy Suite, Lauriston Building.

Some papers from the phototherapy unit:

Cooper E.J., Herd R.M., Priestley G.C. and Hunter J.A.A. (2000): A comparison of bathwater and oral delivery of 8-methoxypsoralen in PUVA therapy for plaque psoriasis.
Clinical and Experimental Dermatology, 25: 111-114.

Spencer M-J., Vestey J.P., Tidman M.J., McVittie E. and Hunter J.A.A. (1993) Major histocompatibility Class II antigen expression on the surface of epidermal cells from normal and ultraviolet B irradiated subjects.
Journal of Investigative Dermatology 100: 16-22.

DeSilva B., Beckett G.J., McLean S., Arthur J.R., Hunter J.A.A., Norval M. and McKenzie RC (2007): Lack of effect of oral selenite on p53 associated gene expression during TL01 therapy of psoriasis patients.
Photodermatology, Photoimmunology and Photomedicine, 23, 98-100.

DeSilva B., McKenzie R.C., Hunter J.A.A. and Norval M. (2008): Local effects of TL01 phototherapy in psoriasis.
Photodermatology, Photoimmunology and Photomedicine, 24, 268-269.

1985. Dr. Mary Bunney retired. Her once weekly outpatient clinic at Bruntsfield was closed and transferred to the R.I.E.

March 1986. Plastic Surgery clinic (Friday p.m.) transferred from Radiation Oncology OPD to our OPD in March 1986, allowing more patients to be seen.

1988. Feb. A Community Health Survey of the OPD revealed *'a high degree of patient satisfaction'*

Wart Clinic.
This clinic was started by Professor Percival in the mid 1950s when over one third of referrals to Dermatology were for viral warts. **Dr. Mary Bunney** (see previously) was the clinical assistant appointed in day-to-day charge. **Claire Benton** took on these clinics in 1986 when Bunney retired and trained GPs and our own nursing staff to undertake cryotherapy. Subsequently there was a dramatic reduction in referrals of patients with warts and the clinic was converted to a nurse-lead cryotherapy clinic alongside the tumour clinic, at the turn of the millennium.

Rüdlinger R., Bunney M.H., Grob R. and Hunter J.A.A. (1989) Warts in fish handlers.
British Journal of Dermatology 120: 375-381.

Jackson M., McKenzie R.C., Benton E.C., Hunter J.A.A. and Norval M. (1996): Cytokine mRNA expression in cutaneous warts: induction of interleukin-1.
Archives of Dermatological Research 289: 28-34.

Contact Dermatitis Clinic.
As mentioned earlier the first steps to establish such a clinic were in the

early 1970s. The prototypic clinic was followed by a more professional format in 1981, when **Dr. Paul Buxton** arrived from Canada. Clinics were conducted thrice weekly. **Dr. Roger Aldridge**, initially funded by the Dermatitis Research Unit, took over the clinic in 1990 and was later assisted by **Dr. Helen Horn (**clinical assistant).

Howie S.E.M., Aldridge R.D., McVittie E., Forsey R.J., Sands C. and HunterJAA (1996): Epidermal keratinocyte production of interferon-Gamma immunoreactive protein and mRNA in allergic contact dermatitis. Journal of Investigative Dermatology 106: 1218-1223.

Melanoma follow-up clinic.
When Hunter was appointed professor his main clinical interest was malignant melanoma and precursor pigmented lesions. Patients with head and neck malignant melanomas were referred for formal excision to plastic surgery (usually to Mr. Tony Watson and, later, Mr. Auf Quaba) and those with melanomas on the rest of the body to general surgery (Sir Patrick Forrest and Mr. Udi Chetty). The latter group were followed up by Hunter and supporting staff in a special weekly clinic held, initially, in the Longmore Hospital and then, from the mid 1980s, in the Lauriston Building. This was taken over by **Dr. Gina Kavanagh** just before Hunter retired.

Pondes S., Hunter J.A.A., White H., McIntyre, M.A. and Prescott R.J. (1981): Cutaneous malignant melanoma in South-east Scotland. Quarterly Journal of Medicine 50: 103-121.

Herd R.M., Hunter J.A.A., McLaren K.M., Chetty U., Watson A.C.H. and Gollock J.M. (1992): Excision biopsy of malignant melanoma by general practitioners in South-east Scotland 1982-91. British Medical Journal 305: 1476-1478.

Herd R.M., Cooper E.J., Hunter J.A.A., McLaren K., Chetty U., Watson A.C.H. and Gollock J (1995): Cutaneous malignant melanoma. Publicity, screening clinics and survival - the Edinburgh experience 1982-1990. British Journal of Dermatology 132: 563-570.

MacKie R.M., Hole D., Hunter J.A.A., Rankin R., Evans A., McLaren K., Fallowfield M., Hutcheon A. and Morris A. on behalf of the Scottish Melanoma Group (1997): Cutaneous malignant melanoma in Scotland –Incidence, mortality and survival 1979-1994. British Medical Journal 315: 1117-1121.

Dicker A.J., Kavanagh G.M., Herd R.M., Ahmad T., McLaren K.M., Chetty U. and Hunter J.A.A. (1999): A rational approach to melanoma follow-up in patients with primary cutaneous melanoma. British Journal of Dermatology 140: 249-254.

Bong J.L., Herd R.M. and Hunter JA.A. (2002): Incisional biopsy and melanoma prognosis. Journal of the American Academy of Dermatology, 46, 690-694.

Pigmented lesion clinic.
The notoriety of malignant melanoma was acknowledged by a Cancer Research Campaign study (1987-1990) on the early detection of malignant melanoma. The Campaign funded two sessions a week to set up an open access clinic for the screening and subsequent biopsies of suspicious lesions. This was conducted by **Dr. Jean Cooper** under Hunter's nominal charge. On the cessation of funding a weekly pigmented lesion clinic was established; this was taken over by **Dr. Val Doherty** just before Hunter retired.

Melia J., Cooper E.J., Frost T., Graham-Brown R., Hunter J.A.A., Marsden A., du Vivier A., White J., Whitehead S., Warin A.P., Wroughton M., Ellman R. and Chamberlain J. (1995): Cancer Research Campaign health education programme to promote the early detection of cutaneous malignant melanoma. I: Work-load and referral patterns.
British Journal of Dermatology 132: 405-413.

Melia J, Cooper E.J., Frost T., Graham-Brown R., Hunter J.A.A., Marsden A., du Vivier A., White J., Whitehead S., Warin A.P., Wroughton M., Ellman R. and Chamberlain J (1995): Cancer Research Campaign health education programme to promote the early detection of cutaneous malignant melanoma. II: Characteristics and incidence of melanoma.
British Journal of Dermatology 132: 414-4

Melia J., Frost T., Graham-Brown R., Hunter J.A.A., Marsden A., du Vivier A., Warin A.P., White J., Whitehead S., Wroughton M., Ellman R. and Chamberlain J. (1995): Problems with registration of cutaneous malignant melanoma in England.
British Journal of Cancer 72: 224-2

Melia J., Moss S., Coleman D., Frost T., Graham-Brown R., Hunter J.A.A. et al. (2001): The relation between mortality from malignant melanoma and early detection in the Cancer Research Campaign mole watcher study.
British Journal of Cancer 85: 803-807.

Plastic Surgery Clinics.
For many years the plastic surgeons had conducted a weekly outpatient clinic in the Radiotherapy outpatient department at the Royal Infirmary. The location was not ideal and plastic surgeons had closer links with dermatologists than with radiotherapists. Our new outpatient department in the Lauriston Building was ideal for their needs.
Their Monday afternoon clinic was transferred to our Department in the eighties and a handy dermatologist could be consulted when necessary.
A plastic surgeon continued to operate in our surgical suite on Friday afternoons, a session that started in the old RIE skin outpatient department in the 1970's.

Tumour Clinic.
The first formal tumour clinic took place in 1988. For around ten years patients with tumours had been booked into the teaching clinic, within a fortnight of their referral, so that students could see more than enough of these common

problems. The teaching clinic was supplemented with interesting patients, chosen for their suitability by the consultants in the adjacent clinics.
In 2000 the tumour clinic was established on a Friday afternoon and was conducted initially by **Drs. Michael Tidman** and **Danny Kemmet**. The frequency of these was to increase dramatically after 2000.

Eczema Clinics.
In the early nineteen eighties **Drs. Ross Barnetson and Claire Benton** conducted a weekly clinic for atopics with eczema and food allergies.
In the late nineties a nurse-led dressing education clinic was held each week for mothers of children with eczema.

Allergy Clinic.
Dr. Roger Aldridge and **Dr. Willie MacRae** (Anaesthetics, City Hospital) set up the first clinic at the City Hospital that ran from 1987 to 1994. On its closure Aldridge moved the clinic to the Lauriston building; it continues today (2018).

Bullous Disease Clinic.
This monthly clinic, conducted by **Dr. Michael Tidman** since 1988, evolved from the Dermatits Herpetiformis Clinic that was set up by **Dr. Ross Barnetson** in the late seventies.

Paediatric Clinic, 1994-1996.
Dr. Olivia Schofield, when a senior registrar, conducted a paediatric clinic in the Department on Friday afternoons, 1994-1996.

Urticaria Clinic. 1989-1993.
Dr. Frances Humphreys came to Edinburgh in 1988. She had completed her M.D. in Newcastle looking into the genesis and modulation of the histamine reaction in skin. Inevitably this led to a clinical interest in urticaria.
She set up a clinic for patients with this reaction. On leaving Edinburgh some of these patients were seen at the allergy clinic.

Humphreys F. and Hunter J.A.A. (1998): Characteristics of Urticaria in 39 patients.
British Journal of Dermatology 138: 635-638.

Alopecia Areata Clinic (1991-1993)
Reports were appearing in the literature of successful treatment alopecia areata with diphencyprone. This was clearly not a treatment that could be prescribed and evaluated in a routine general clinic. A special clinic was initiated by **Dr. Roger Aldridge** and with help later from **Dr. Patricia Gordon** (registrar).

Gordon P.M., Aldridge R.D., McVittie E. and Hunter J.A.A. (1996): Topical immunotherapy with diphencyprone for alopecia areata: evaluation of 48 cases after a mean follow-up period of 30 months.
British Journal of Dermatology 134: 869-871.

Epidermolysis Bullosa Clinic.
A monthly clinic was established in the late nineties by **Drs. Michael Tidman** and **Olivia Schofield**, ably supported by **Dr. Helen Horn**.

Special Clinics held in other departments.

Paediatric Clinic.
Dr Michael Tidman conducted a clinic for atopic children with **Dr. Trevor Edmund** at the R.H.S.C. from 1988 (continuing the clinic established by Ross Barnetson).

Gynaecology/Skin Clinic (vulval clinic).
This started, on an informal basis, in 1990. **Dr. Claire Benton** joined **Dr. George Smart** (gynaecologist, RIE) at a clinic in the Gynaecology building. It developed into a monthly new patient clinic with gynaecologists, dermatologists and genito-urinary physicians and two follow-up clinics each month.

Renal Transplant recipients and patients with other causes of immunosuppression including HIV/AIDS.
A clinic for renal transplant recipients stemmed from Beveridge's initial collaboration with Sir Michael Woodruff's team. It burgeoned when **Dr. René Rüdlinger** (Zurich) joined our department as a research fellow in 1984. When **Dr. Mary Bunney** retired (1986) the clinic was taken over by **Dr. Claire Benton.** The clinic eventually included HIV/AIDS patients and those being treated for other causes of immunosuppression.

Rüdlinger R., Smith I.W., Bunney M.H, Hunter J.A.A. (1986): Human papillomavirus infections in a group of renal transplant recipients. British Journal of Dermatology 115: 681-692.

**Barr B.B.B., Benton E.C., McLaren K., Bunney M.H., Smith I.W., Blessing K. and Hunter JAA (1989) Human papilloma virus infection and skin cancer in renal allograft recipients.
Lancet I: 124-129.**

**Bunney M.H., Benton E.C., Barr B.B., Smith I.W., Anderton J.L. and Hunter J.A.A. (1990): The prevalence of skin disorders in renal allograft recipients receiving cyclosporin A compared with those receiving azathioprine.
Nephrology Dialysis Transplantation 5: 379-382.**

**Benton E.C., Shahidullah H. and Hunter J.A.A. (1992): Human papillomavirus in the immunosuppressed.
Papillomavirus Report 3: 23-26.**

**Arends M.J., Benton E.C., McLaren K.M., Stark L.A., Hunter J.A.A. and Bird C.C. (1997): Renal allograft recipients with high susceptibility to cutaneous malignancy have an increased prevalence of human papillomavirus DNA in skin tumours and a greater risk of anogenital malignancy.
British Journal of Cancer 75(5); 722-728.**

Leishmaniasis Clinic.
Dr. Neill Hepburn was seconded by the Army to train in our Department. H**e** had served in Belize and had noted the high prevalence of Leishmaniasis in British troops stationed in that country. With a shrewd approach and perseverence, he managed to persuade the Army to fly infected soldiers to Edinburgh where he arranged for their treatment under formal conditions. This resulted in his M.D.

Hepburn N.C., Tidman M.J. and Hunter J.A.A. (1993): Cutaneous leishmaniasis in British troops from Belize.
British Journal of Dermatology 128: 63-68.

Hepburn N.C., Tidman M.J. and Hunter J.A.A. (1994):
Aminosidine (paromomycin) versus sodium stibogluconate for the treatment of American cutaneous leishmaniasis.
Transactions of the Royal Society of Tropical Medicine and Hygiene 88: 700-703.

Nurse-led Clinics.
Dermatology nurses have always worked closely with the doctors. **Daily Dressing**s for our outpatients have been, for a long time (see previously), an essential part of our care. Nurses ran these clinics and took great pride in their work and many patients avoided hospital stays.
Expertise over and above standard nursing duties was asked from our nurses in the **Contact Dermatitis, Wart and Atopic Eczema clinics.** The extended duties of dermatological nurses increases every year and has brought great benefits to our service.

Medical Staff Shortages.
It came as no surprise that repeated requests, via the Local Medical Committee, to the Lothian Health Board, for extra medical staff, came to nothing. Dermatology did not rate highly on priority lists and the size of our outpatient clinics counted for little. We were however fortunate in attracting a number of overseas doctors on fellowships (see under personnel) who wished to join our training programme. The E.D.R.F. also provided meagre living expenses for eight excellent self-funded Australian doctors, each spending a year with us before gaining a substantive training post back home. They could supplement their income by participating in contractual studies (see above under Fundraising). All these doctors helped to man our busy outpatient clinics.

Peripheral Clinics.

The Lothians.

Bruntsfield Hospital. Dr. Mary Bunney retired in 1985. Her once weekly out patient clinic at Bruntsfield Hospital was closed and such patients referred to the R.I.E.

Leith Hospital. When Savin retired in 1999, the weekly clinic was closed and all dermatology patients were referred to the Royal Infirmary.

St. John's Hospital, Livingston. When Bangour General Hospital closed in the early nineties, **Beveridge's and Benton's** dermatology clinics were translocated to the newly built St. John's Hospital. When Beveridge retired in 1996 **Olivia Schofield** succeeded him and joined Benton in once weekly clinics. Helen Horn (Associate Specialist) stood in for Benton during her period of illness in the late nineties.

Roodlands Hospital, Haddington. There had been a longstanding call by general practitioners for some dermatological presence in East Lothian. The closure of the Leith clinic in 1999 allowed a reshuffle in consultants' commitments; **Roger Aldridge** took on a weekly clinic at Roodlands.

Dermatology in Fife.

Dr. Paul Buxton, in office practice in Vancouver, was appointed consultant in 1982 with seven sessions in Fife (including the outpatient clinic at **Milesmark Hospital**, run by Hunter, but excluding the clinics in Cupar and St Andrews) and three in R.I.E. His post was based in Fife (Population 336339 in 1975) and his prime responsibility was to Fife. As previously, an Edinburgh registrar attended the clinic on two days a week. In spite of this the service was still not adequate for the needs of Fife and many patients were still referred from Fife to R.I.E. There remained no inpatient facilities in Fife and, when required, these were provided in RIE.
Buxton persevered with the administration in Fife and, by 1992 with the establishment of a new consultant post, had developed a service that, with the exception of inpatient facilities, was self-sufficient and independent of Edinburgh. The Queen Margaret Hospital, Dunfermline was finally opened in 1993 and housed a dermatology unit to complement that in Kirkcaldy. Buxton's unit thrived and expanded with the help of **Sister Ogg**, a worthy successor to Sister Pollock.

Dr. Valerie Doherty, a Glasgow graduate, was appointed full-time consultant in Fife, to join Buxton, in 1992. She had trained with Professor Rona MacKie in Glasgow. She attended our weekly academic afternoon and consulted at our pigmented lesion clinic in the late nineties. Her main clinical research interest was malignant melanoma. This fitted in well with our department and, again, an external influence on the progress of dermatology in Edinburgh was welcome. Doherty resigned her Fife post in 1999 when appointed full-time consultant at R.I.E with sessions in West Lothian.

Dr. Sheena Allen and **Dr. Sheena Russell** were appointed consultants in Fife and joined Buxton in 1999. On Buxton's retirement the two Sheenas looked after the dermatological needs of Fife in the early part of the new millennium. As I draft this manuscript (2018) the Dermatology Unit in Fife, now based at the new Queen Margaret Hospital, Dunfermline and the Victoria Hospital, Kirkcaldy is a hive of efficient and friendly activity, a testament to the leadership of Sheena Allen. Fife has no less than eight consultant dermatologists (6 WTE) leading an enviable team! There is, however, no dedicated inpatient ward and patients requiring hospital admission are looked after in the general medical wards.

Dermatology in the Borders.

Dr.Ross Barnetson was appointed Consultant in 1981 and took over from Hunter the responsibility for the outpatient clinics in the Borders. After many years, when the Edinburgh consultant provided just one session a week in the Borders, (Population 99,409 in 1975), a contract for two session per week was agreed with the Borders Health Board. After much negotiation with the administration, clinics were rescheduled (from Thursday to Tuesday) to allow Barnetson to visit Peel Hospital for two sessions every week and for two sessions to conduct clinics at both Hawick and Kelso each month.
Dr. Barnetson resigned his post in 1987 and negotiations were resumed with the Borders Health Board to consider a joint consultant post between the Borders (six sessions) and Edinburgh (four sessions), based in the Borders. The timing of such an arrangement would coincide with the commissioning of the new Borders General Hospital in Melrose. April 1988 was the date proposed for implementation of this proposal (letter from Borders Health Board dated Feb. 13th 1987). In the event this proposal became a dream and the reality was that **Dr. M.J.Tidman** (Barnetson's successor at R.I.E) continued with two sessions each week in the Borders, later to be joined by **Dr. Roger Aldridge**. The stumbling block related to the four sessions in Edinburgh as they were not approved by the local establishment.
Tidman continued to visit the Borders until the end of 1999, when he was succeeded by **Dr. Claire Benton** and **Dr. Danny Kemmett.**

Service Statistics.

Inpatients.

1980

Inpatient Statistics (1980)

Bed Complement	41
Av. available staffed bed	44
% occupancy	74*
No. of discharged	398
Throughput	9*
Mean Stay	30
Waiting lsit for admission	28*
% non waiting list admissions	53

*The percentage occupancy and throughput are distorted figures in that they were based on a bed complement of 45 whereas, in reality, the complement was 41 because the children's ward of 4 beds had not been used for a number of years.

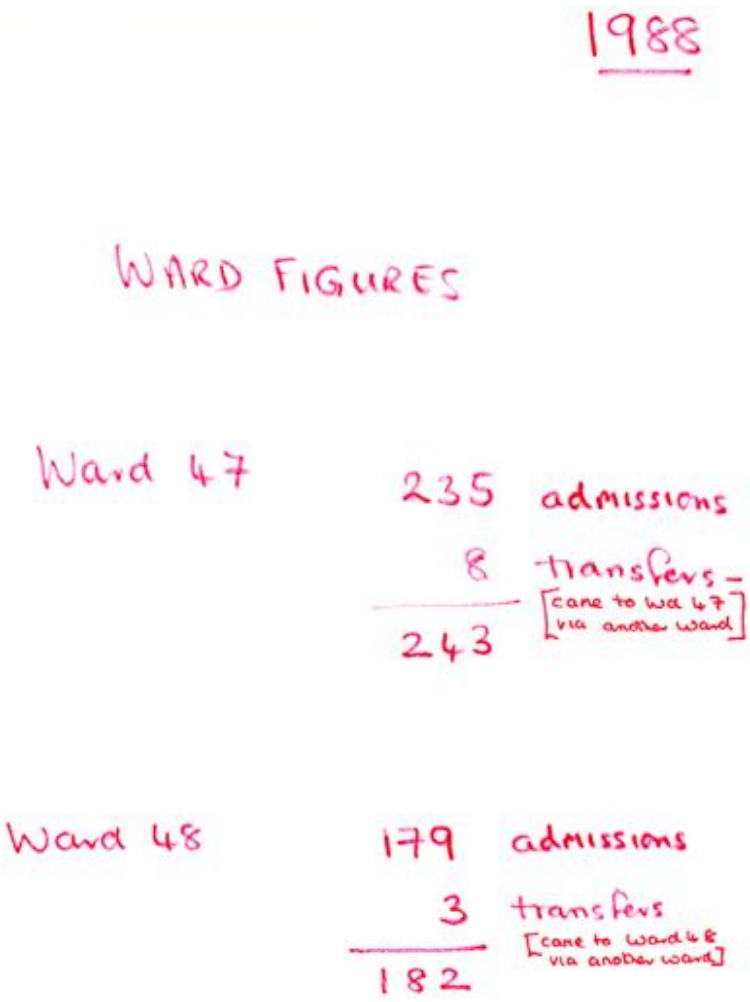
Diagnostic Profile of 398 Admissions (1980)

Psoriasis	49%
Eczema	25%
Leg Ulcers	7%
Medical "Boarders"	5%
Bullous Disorders	2%
Miscellaneous	12%

c) Comparison with Rest of Scotland

	1000 Population per Consultant (1 WTE)	Discharged per 1000 pop	Throughput	New OP per 1000 pop	Total OP per 1000 pop
Lothian Fife Borders	260.2	0.34	9.0	9.3	29.6
Scotland	202.9	0.87	13.9	10.3	34.9

Source: Scottish Health Statistics 1979 + 1982.



2001.

By 2001 there just 7 dedicated dermatology beds in the Lothians, located in the Western General Hospital. Unsurprisingly there occupancy was 98.6%!
The mean stay of patients in these beds was 14 days (figures provided by NHS National Services, Scotland).

Outpatients.

1984.

Outpatient Figures (1984)

	New	Review	Total	Routine Waiting Time (April, 1985)
LOTHIANS				
R.I.E.	7,499	23,622	31,121	10 weeks
Bruntsfield	344	1,013	1,347	4 weeks
Leith	630	677	1,307	9 weeks
Bangour	679	1,142	1,821	14 weeks
	9,142	26,454	35,596	
[1980 Figures]	[8,674]	[20,749]	[29,423]	
BORDERS				
Galashiels	335	131	466	3 weeks
Hawick	102	51	153	2 months
Kelso	115	21	136	1 month
	552	203	755	
[1980 Figures]	[337]	[250]	[587]	
FIFE				
Milesmark, Dunfermline	704	691	1,395	16 weeks
Victoria, Kirlcaldy	2,077	3,315	5,392	10 weeks
	2,781	4,006	6,787	
[1980 Figures]	[1,937]	[2,676]	[4,613]	
Total Attendances 1984				
	12,475	30,663	43,138	
[1980 Figures]	[10,948]	[23,675]	[34,623]	

DEPARTMENT OF DERMATOLOGY

Professor JOHN A.A. HUNTER

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DERMATOLOGY ANNUAL FIGURES 1988

	New	Review
Royal Infirmary Edinburgh	8292	25148
Other Clinics in Edinburgh (Leith Hospital & Bangour General Hospital)	1535	1717
Clinics in the Borders	506	523
Milesmark Hospital (Dunfermline) & Victoria Hospital Kirkcaldy	3254	10114
TOTALS:	13587	37502

Royal Infirmary (1998).

(c) WART CLINICS

MONTH	NEW	REVIEW	TOTAL ATTENDANCES
January	97	332	429
February	121	372	493
March	162	440	602
April	82	300	382
May	123	315	438
June	155	378	533
July	150	264	414
August	113	294	407
September	118	274	392
October	101	231	332
November	134	358	492
December	80	211	291
TOTAL	1436	3769	5205

(d) PATCH TESTS

MONTH	NEW	REVIEW	TOTAL ATTENDANCES
January	-	69	69
February	-	63	63
March	-	81	81
April	-	45	45
May	-	36	36
June	-	54	54
July	-	81	81
August	-	87	87
September	-	54	54
October	-	63	63
November	-	72	72
December	-	30	30
TOTAL	-	735	735

ROYAL INFIRMARY OF EDINBURGH

OUTPATIENT ATTENDANCES, MEDICAL SPECIALTIES: 1989

Specialty	New patients	Total attendances
General Medicine	1,504	6,688
Cardiology	1,488	9,709
Metabolic Disease	1,163	13,140
Neurology	1,125	3,137
Gastroenterology	875	2,912
Rheumatology	281	794
Respiratory Medicine	244	1,764
Nephrology	166	2,204
Dermatology	9,047	35,008
Genito-urinary Medicine	5,146	17,183
Haematology	291	5,070
Mental Illness	2,034	3,178
TOTAL	23,364	100,787

Peripheral Outpatient Clinics.

LEITH HOSPITAL - DERMATOLOGY OUT PATIENT STATISTICS FOR 1990.

	NEW OP.	REVIEW OP	TOTAL OP.
JAN.	64	64	128
FEB.	67	46	113
MARCH	66	54	120
APRIL	67	57	124
MAY	47	60	107
JUNE	63	53	116
JULY	75	60	135
AUG.	64	55	119
SEPT.	48	52	100
OCT.	75	84	159
NOV.	51	56	107
	687	641	1328

DERMATOLOGY OUTPATIENT CLINICS : 1980 - 1989

	No. of Clinics	New Patients	Return Patients	Total Attendances
Peel/BGH				
1980	22	134	172	306
1981	31	259	163	422
1982	34	323	144	467
1983	36	324	155	479
1984	35	335	131	466
1985	35	355	127	482
1986	38	414	204	618
1987	39	378	246	624
1988	38	334	386	720
1989	32	344	570	914
Hawick				
1980	11	89	41	130
1981	10	76	48	124
1982	14	111	42	153
1983	12	83	55	138
1984	12	102	51	153
1985	12	102	55	157
1986	12	99	61	160
1987	12	90	71	161
1988	10	75	55	130
1989	11	87	104	191
Kelso				
1980	12	92	37	129
1981	11	75	30	105
1982	9	66	17	83
1983	12	93	32	125
1984	12	115	21	136
1985	11	95	33	128
1986	12	117	48	165
1987	12	96	59	155
1988	12	97	82	179
1989	11	123	129	252

Information Services
September 1990

1993. There were over **35,000 patient visits** to the outpatient department, R.I.E. Of these there were **over 8,000 new patients** (Document from Tidman relating to Acute Services Strategy). This level of activity seems to have remained similar to that eight years later.

2001 (Information received from NHS National Services, Scotland).
There were **45,224 dermatology outpatients** seen in the Lothians (including St. John's Hospital, Livingstone) of whom **10,450 were new referrals**. The 'Did not appear' rate for new patients was 15%.

2010 There was a dramatic increase in **new** referrals of dermatology outpatients in the Lothians – **18,429** out of a total of **41,000** attendances.

University.

The 1980s and early 90s were tough for the University. Its finances were in a parlous state, partly due to the economic state of the country but also to turmoil and inefficiency in the finance department. Inevitably the faculties were forced to tighten their belts. Only the most important posts were replaced when vacancies occurred and many positions remained unfilled or appointed on a temporary basis. All this had a dire effect on small departments such as Dermatology. I had almost to beg for a temporary replacement for our single clinical lecturer, Ross Barnetson, when he was appointed consultant. Faculty meetings became grim affairs with more and more enforced cuts and my generation of young professors (Professors Haslett and Calder to the fore) too often left them with long faces, only to regain confidence at Sandy Bell's Bar, just 100 yards from the medical quad. For my part it was another indication that, if we were to survive, let alone thrive, we had to look for financial support from sources other than the University.

On the other hand, our purpose-built new university department (planned by Hare, helped by Priestley and Hunter) more than lived up to expectations and was a real motivation to all who worked in it. There were two multi-purpose spacious laboratories (with fume cupboards) used for biochemical and immunological work, a tissue culture room with sterile cabinets, a wash up room, a room for E.M. sectioning, a dark room, a balance room that doubled up with fluorescence microscopy and image analysis, a chemical store and a workshop. There were rooms for the professor and his secretary, two lecturers and two scientists. Adjacent to the main area was a shared library, two tutorial rooms and a seminar room that could seat eighty people.

As time went by we furnished the laboratories with modern equipment, including tissue culture cabinets, incubators, an autoclave, numerous refrigerators for the storage of clinical material, a state of the art image analysis system (courtesy of The Hayward Foundation), thermal cyclers, cryostats, an E.M. microtome, immunoblotting apparatus, Mac computers for secretarial use and for the composition of graphics, modern dark room equipment and so on.

Staff.

Lecturers.

Dr. G.C.Priestley (see under Hare period) had been the single non-clinical lecturer in the Department since 1971. One of my first aims was to involve this stalwart in more activities of the Department. He was soon included in the regular undergraduate tutorial programme and became more prominent in joint clinical/laboratory studies involving the registrars. He became our Health and Safety advisor, an unpopular but important and burgeoning responsibility. After considerable prompting, I was able to secure his well-deserved promotion to Senior Lecturer in 1984. He was delighted and from then on felt a key player in our team. He retired in 1993, only to return immediately as a University Fellow, helping out as the departmental librarian and as the 'in house' expert on digital graphics. He finally waved goodbye to the department in 1999 but, sadly, died two years later.

Dr. Roderick C. McKenzie, a PhD. biochemistry graduate of Stirling University, succeeded Graham Priestley and came to Edinburgh in 1994. He had been working for the previous decade in Canada at McMaster and Toronto Universities. He had been part of Dan Sauder's team where he had made a name for himself in the world of epidermal cytokines. A non-clinical scientist with an established reputation in epidermal cell and molecular biology was just the sort of candidate that I was looking for to fill our lecturer's post. He would bring a new and much-needed dimension to our research. Manna from heaven!
Roddie was a gifted leader and patient teacher. Undoubtedly he was the smartest scientist with whom I ever worked. He established a small but very productive molecular biology group with us. He was sometimes difficult to find, hidden behind piles of papers in his room! But he seemed to know where most relevant material could be found in this remarkable filing system! Very little work went unpublished. He was a fine collaborator, forging links with **Dr. Mary Norval** (urocanic acid / UV immunosuppression), **Dr**. **Sarah Howie** (transcription factor activation / signalling pathways in psoriasis), **Dr. Geoff Beckett** (seleno-proteins / prevention of U.V. damage) and **Dr. Richard Weller** (nitric oxide / U.V. and psoriasis), soon after McKenzie joined the Department as a non-clinical lecturer. Roddie was especially good at encouraging registrars and diverse students into the laboratory and always happy to include them in some research. During Roddie's time the laboratories were busy and I was always pleased to learn that more space was required! In the event we 'borrowed' a small room from the E.N.T. Department and converted it into a laboratory housing two thermal cyclers for polymerase chain reactions.
Roddie's promotion (1998) to Senior Lecturer, during my time in the Chair, was well deserved and, I thought, assured him, and Dermatology, of a permanent union. Alas, wet laboratory work in the Department was abandoned after I retired and Roddie left Edinburgh and Dermatology. An outstanding mind in British Dermatology was lost.


Roddie McKenzie

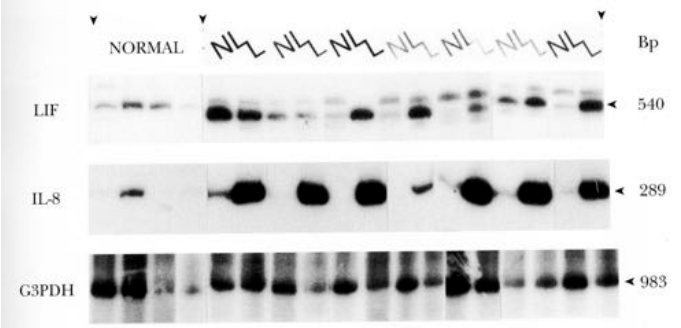


Fig. 1. LIF and IL-8 mRNA expression in normal skin as well as in non-lesional and lesional psoriatic skin. Total mRNA was extracted from skin biopsies, reverse transcribed, and amplified using specific primers as described in 'Patients and Methods'. The PCR products were analysed by electrophoresis/autoradiography.

The figure on the right, taken from *Szepietowski et. al. Elevated leukaemia inhibitory factor (LIF) expression in lesional psoriatic skin; correlation with interleukin (IL)-8 expression from the Journal of Dermatology, 2001, 28, 115-122* is a reminder of Roddie McKenzie's influence on the progress of our research in

the nineties. He not only introduced us to the world of molecular biology but was also able to encourage visiting research workers to take aboard many of the techniques involved.

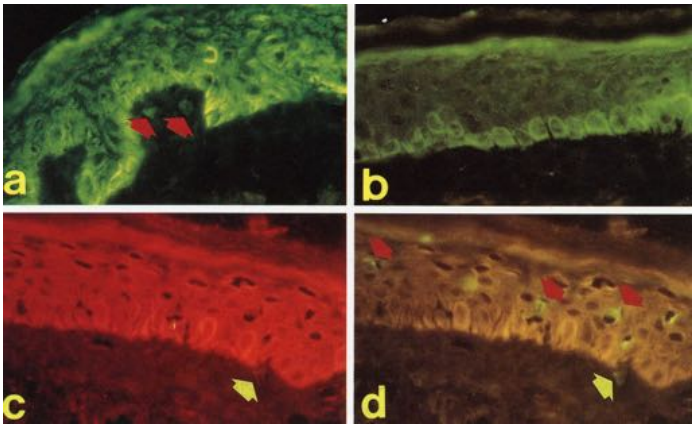
Dr. Ross Barnetson (**1976-1981**, see previously) continued as a clinical lecturer for a short spell before taking up a consultant post in the Department in 1981. He maintained his interest in immunological aspects of skin diseases and supervised **Dr. Suhail Hadi** (Iraq) and **Karen Reilly** for their respective M.Phil. and PhD. degrees. He received able technical assistance from **Hugh McFarlane** (1978-1987) before Hugh moved on to work with Astra Zeneca.

Dr. Conor O'Doherty (1982-1985) succeeded Barnetson as clinical lecturer in 1982. It was at a time of (another) financial crisis in the University (see above) and the advertisement for this post was for a defined period of just two years. We were lucky to get a single application for the post. Conor proved to be a delightful gentleman who became extremely popular amongst all staff. He had great charm and was invariably a fraction late for clinics, being held up with a chat to a cleaner on the way! But behind this somewhat shambolic visage was a fertile and imaginative mind.
He was a good co-worker in our studies of malignant melanoma. His academic legacy is the first paper on the relationship between palmoplantar pustular psoriasis and smoking, published in the British Medical Journal in 1985, an association that has since been confirmed in many subsequent studies.

Conor O'Doherty, at his leaving party in 1985, surrounded by an admiring secretariat!
Moira Gray, Jenny Dabon, Lorna Jackson, C O'D, Connie Veitch and Jenny Stewart.

Dr. David Gawkrodger (1985-1988) succeeded O'Doherty as clinical lecturer in 1985. He had joined the department in 1981 as a registrar and had soon been promoted to senior registrar. He was highly efficient and industrious. When presented with a half-baked manuscript he invariably brought order from chaos within 24 hours!
There was little that Gawkrodger could not turn his hand to but his main interest was undoubtedly the pathogenesis of the dermatitis reaction. He focused his attention on nickel dermatitis, and graduated M.D. Birmingham (with honours) with his thesis on this subject. After a highly productive period as lecturer he left us for a consultant post in Sheffield. Subsequently his career flourished and he became an eminent national figure in dermatology (see Epilogue).


David Gawkrodger.



Using appropriate antibodies, the authors were able to show Langerhans carrying DNCB below the epidermis (arrows). From: Gawkrodger et al. 1989, Dermatologica 178: 126-130.

Dr. James Vestey (1988-1993).
Like his predecessor, Vestey gained his clinical spurs as a registrar in the Department before becoming clinical lecturer and honorary senior registrar. He was a member of the well-known family who had made its name in the business world and was reputed to be the only one who had been to university! A lecturer with a Ferrari, albeit kept discretely in a lockup in the New Town, must have been a first! It soon became obvious how the family had become so successful in other walks of life. James was very diligent and no amount of work was too much for him. He was keen, enthusiastic and got on with things straightaway. He was extremely thorough and reliable in the clinic; his research was honest and well organized. He spent a year in Mary Norval's laboratory where he experienced the scientific *modus vivendi* and learnt the importance of critical enquiry, rigour and discipline. As a result, a D.M. (Southampton University) was awarded for his fine thesis on the immune response to facial herpes infections.

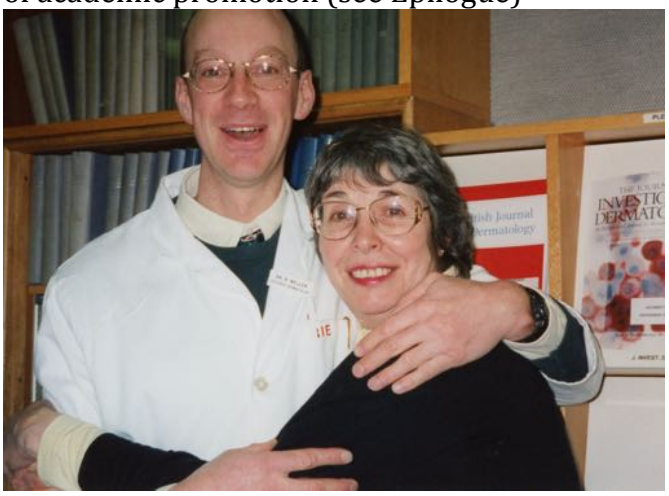
I was unhappy when he accepted a consultant post at Hull but pleased when he returned later to Scotland, where he pursued an admirable career (see Epilogue).

James Vestey.

Dr. Gina Kavanagh (1993-1996, see p. 57**).**

Dr. Richard Weller (1996-1998)

A London (St Thomas' Hospital) graduate of 1987, Richard's early training in dermatology was at St John's Institute of Dermatology and at Aberdeen Royal Infirmary. At the latter he came under the influence of Professor N. Benjamin and Dr. (later Professor) A. Ormerod and their research on nitric oxide and the skin. I was impressed by his presentations at the Scottish Dermatological Society, his genuine wish to become an academic dermatologist and his intention to extend this emerging area of research. His knowledge of the overall field involving N.O. was remarkable; his enthusiastic and exuberant personality also made a splash! I was able to convince Richard that his clinical training would be more complete if he joined a larger department and that he would also be able to continue his research in a less isolated environment. In turn he persuaded me that attachments to major N.O. research groups in Dűsseldorf (Prof. V. Kolb-Bachofen) and Philalelphia (Dr. T Billiar) would be very beneficial. He was duly awarded two competitive research fellowships to support these. He returned to the Department in Edinburgh after I retired and has steadily climbed the ladder of academic promotion (see Epilogue)



Exuberant Richard Weller with indefatigable Eva!

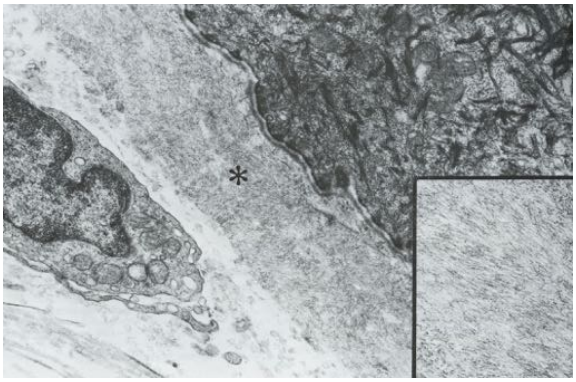
Dr. Tom Ha (1998- 1999) was a graduate of Otago University, Dunedin, New Zealand. His dermatological training had been in New Zealand. We needed a temporary replacement for Weller who was off to train in Germany. Savin and Hunter 'interviewed' Tom on a conference call and immediately signed him up. It worked out very well; his wife, a nutritionist, took advantage of the facilities in the University. Tom was an excellent clinical deputy for me when I was winding down and it was no surprise when he moved on to a consultant post in Cambridge.

Clinical Scientists.

After a number of attempts I managed to persuade the powers that be that our electron microscopy unit offered a diagnostic clinical service that could not be provided elsewhere in Edinburgh. As a result we were able to appoint a clinical scientist to run this unit and, most importantly, the person would be funded on a long-term basis by the health service. This allowed me to appoint scientific graduates.

Dr. Jim Ross (1979-1985) joined us from Glasgow where he had obtained a PhD. from the University of Strathclyde studying the morphology and ultrastructure of the caecum of the rabbit. He was scholarly and very good technically. He was diffident but ambitious and inquisitive. He ran the electron microscopic service most efficiently, wrote good reports and established a computerized index for all specimens. He collaborated enthusiastically with clinical colleagues and other scientists. He matured academically with us and before leaving lectured, if not with ease, with much more confidence. He left us to join Mary Norval's laboratory, with whom we collaborated closely. His subsequent career was remarkable (see Epilogue).

Jim Ross.

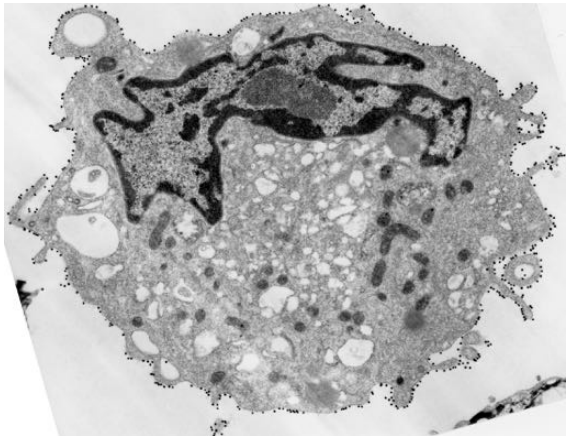


Diagnostic use of E.M. Amyloid Protein

Jane Spencer (1985-1993) graduated in St Andrews. She had no experience in electron microscopy but was keen to learn and was clearly adept with her hands. She was ambitious and glad to join an academic department. Moreover, after mastering the intricate preparative procedures and the electron microscope

(in the Pathology Department), she wanted to register for a PhD. In the event she submitted a first class thesis and graduated shortly after she left to join her husband in Stockport. Jane was a most popular member of the department, encouraging and joining in many extra mural activities!

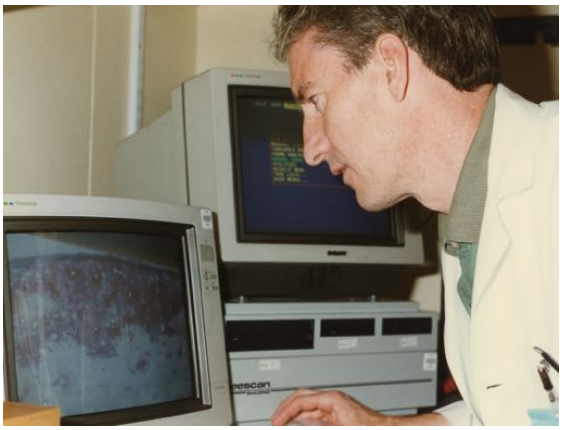
Jane Spencer.



Immunogold labeling for MHC Class II antigen expression on the surface of an isolated Langerhans cell (Jane Spencer's work, 1992). We had come a long way since the first tentative EM sections were prepared by David Fairley in 1970.

Craig Walker (1994-2012)

Craig followed Jane and joined us from the technical ranks of the Pathology Department. He was looking for a post that was broader and more intellectually demanding. He was at home with all the E.M. procedures and ran the service very efficiently. Technically he was very adept at dealing with all types of pathological material and had great computer skills. These were put to good use when we acquired a state of the art image analysis system. The diagnostic role of E.M. was diminishing quite rapidly and Craig became a most welcome and genuine factotum in the Department who could put his hands to anything, including photography and laboratory accounts!



Craig Walker and image analysis.

Some notable overseas visitors to our laboratories.
René Rüdlinger, from Zurich, spent a most productive year (1984-1985) with us, funded by a Royal Society research fellowship. He joined the Bunney/Benton H.P.V. group learning how to type H.P.V.s. Most of his laboratory time was spent with Isobel Smith and Mary Norval in the microbiology laboratories of the medical school.

Hiroko Kuwabara, from Kagawa Medical School, Japan, came to us for a year (1994-1995). Eva McVittie taught her the technique of nucleotide *in situ* hybridization in paraffin sections. She left the U.K. adept at this and speaking much better English than on arrival!

Jacek Szepietowski. Polish School of Medicine Memorial Fund Fellowship. Dermatology Fellow 1996.
As a result of my visit to Poznan and my contacts with Doctors Wiktor Tomaszewski and Dr. Maria Dlugolecka-Graham, who looked after the Polish School of Medicine Memorial Fund, we were delighted to host attachments of two first class young Polish doctors, Jacek Szepietowski and **Malgorzarta ('Gosia') Zak-Prelik.** They were both industrious and took full advantage of our laboratory facilities and postgraduate clinical teaching programme. They spoke English as well as any of us and were very popular at our social events!


Dr. Jacek Szepietowski

Teaching.

'Education is the kindling of a flame, not the filling of a vessel'
Attributed to Socrates.

A bonus of our move to The Lauriston Building was that we shared a N.H.S. seminar room with the E.N.T. and S.T.D. Departments. It seated seventy persons comfortably and a hundred with a squash. It was on the same floor and a few steps away from our University Department. It was ideal for visiting speakers and departmental functions. Two adjacent tutorial rooms were used for small group (up to ten students) teaching

Continuing Professional Development (C.P.D.) of Staff.

A major change in the C.P.D. of the staff was initiated in 1981. The whole of every Thursday afternoon would be devoted to C.P.D. for both medical and (when relevant) scientific staff. Clinics and other duties scheduled then were to be re-arranged and there was a three-line whip on staff to attend. This encouraged medical and scientific staff to discuss issues of mutual interest and enabled the junior medical staff to get advice from their seniors on tricky problems, both clinical and histological. This **'Academic Afternoon'** followed a set pattern:

1 - 2p.m. Journal club.
Two or three members of staff were allocated a slot at the beginning of the term. They presented an article that they thought would be of general or practical interest and that paper was discussed by one and all. This part of the afternoon was the least popular!

2.15 - 3.30p.m. Combined consultation clinic.
Initially this was chaired by a consultant but latterly by a senior registrar. Doctors were encouraged to bring along patients with diagnostic or therapeutic problems. The patients were allocated separate rooms and were examined by all. Their cases were then discussed in the teaching room in a mildly competitive manner and trainees were put on the spot if they missed key clinical features or described inadequately what they saw! Regular attenders from the West included Drs. Jonathan Norris and Alan Lyell.

4 - 5p.m. Histology.
This session was taken by Beveridge in the Department or by Kathryn McLaren in the Pathology Department. Trainees were asked to comment on pre-selected slides, made available in the Department. There was often a rush, at the twelfth hour, to study these! The trainee's description of the section and diagnosis was then followed by a 'free for all' and some banter, guided by the chairperson.

5 - 6p.m. Lecture.
If the visiting speaker came from far away he/she usually stayed overnight with a member of staff and was entertained for dinner (with staff who wished to attend) at a local Bistro, often 'Skippers' in Leith.

The basis of this timetable proved both workman-like and popular with one exception. It became apparent that it was unfair to visiting speakers to allocate them the last slot of a long afternoon. If train times and air flights allowed our visitors spoke to us in the seminar room over a sandwich lunch.

A pharmaceutical company helped to defray the cost of the afternoon. In turn their representative arranged a small display at the back of the seminar room. Those attending the visitor's lecture were encouraged to visit the exhibit.

An example of a timetable towards the end of this period is shown below:

DEPARTMENT OF DERMATOLOGY - THE ROYAL INFIRMARY OF EDINBURGH
ACADEMIC AFTERNOON PROGRAMME - 1997

1997	1.30pm - 2.30pm	2.30pm - 4.00pm	4.15pm - 5.15pm
9th January 1997	4.30pm - 5.30pm - VISITING SPEAKER Dr. Hywel Williams Queens Medical Centre - Nottingham 'The need for systematic reviews in dermatology'	Combined Consultation Clinic	Visiting Speaker Histology Session postponed to 16/1
16th January 1997 (RSM)	Journal Club [sponsored by Glaxo Wellcome & Janssen-Cilag Limited]	Combined Consultation Clinic	Histology Session
23rd January 1997	Dr. Leon Lindsey - Senior Registrar Department of Otolaryngology - Edinburgh 'The Multi Media Patient Record' [sponsored by Hoechst Marion Roussel]	Combined Consultation Clinic	Histology Session
30th January 1997	Dr. Roger Allen Queens Medical Centre - Nottingham 'Food and the Skin' [sponsored by T Crookes Healthcare Limited]	Combined Consultation Clinic	Histology Session @ Pathology Dept (Dr. K. McLaren)
6th February 1997	Dr. Bob Chalmers Hope Hospital - Manchester The BAD diagnostic index. A practical solution to the problems of ICD10 and diagnostic coding for dermatology' [sponsored by Leo Pharmaceuticals]	Combined Consultation Clinic	Histology Session @ Pathology Dept (Dr. A. Reid)
13th February 1997	One Day GP Course + Scottish Dermatological Society Meeting @ Aberdeen	Combined Consultation Clinic	Histology Session
20th February 1997 (RSM)	Journal Club [sponsored by GlaxoWellcome & Janssen-Cilag Limited]	Combined Consultation Clinic	Histology Session

DERMATOLOGY ACADEMIC AFTERNOONS (1.30 - 5.30pm) ARE APPROVED FOR INTERNAL C.M.E.

‘In house’ Continuing Medical Education (CME) by/for our Staff.

Members of our own staff spoke on topics dear to them and did their best to enthuse, as well as educate, their colleagues! The talk was often accompanied by pleas for specimens from relevant patients.
The poster below is typical of the period:

DEPARTMENT OF DERMATOLOGY
THE ROYAL INFIRMARY OF EDINBURGH

CME Tutorials

- 2nd Thursday each month - 8am
- 4th Wednesday each month 5pm

Venue: Seminar Room - Level 4 - The Lauriston Bulding

All staff welcome - most expected

MAY 1996			
Thursday 9th	8am	• Management of congenital melanocytic naevi Biopsy of malignant melanoma	Professor J.A.A. Hunter
Wednesday 22nd	5pm	• Some unusual neonatal skin conditions	Dr. G.W. Beveridge
JUNE 1996			
Thursday 13th	8am	• Some basic laboratory techniques in molecular biology and their application	Dr. R.C. McKenzie
Wednesday 26th	5pm	• The investigation and management of chronic urticaria	Dr. F. Humphreys

NO CME TUTORIALS DURING JULY AND AUGUST

SEPTEMBER 1996			
Thursday 12th	8am	• Eczema for me	Dr. J.A. Savin
Wednesday 25th	5pm	• Diabetes and the skin	Dr. S.J.R. Allan
OCTOBER 1996			
Thursday 10th	8am	• Atopic dermatitis in children	Dr. O.M. Schofield
Wednesday 23rd	5pm	• Human papillomaviruses and skin cancer	Dr. E.C. Benton
NOVEMBER 1996			
Thursday 14th	8am	• UVR and immunosuppression	Dr. G.M. Kavanagh
Wednesday 27th	5pm	• Terminology of dysplasia	Dr. K.M. McLaren
DECEMBER 1996			
Thursday 12th	8am	• Dermatitis herpetiformis; pathogenesis and management	Dr. R. Weller
Wednesday 18th (instead of Dec 25th)	5pm	• The pathogenesis and clinical features of epidermolysis bullosa	Dr. M.J. Tidman

Undergraduate and Postgraduate Teaching.

'*See and then reason……but see first'.* Sir William Osler.

Undergraduate.
There was little that I could do about the undergraduate curriculum, other than dermatology. I was adamant that dermatology should remain a **core** part of our medical undergraduate curriculum though had some difficulty convincing fellow faculty members of this. We were competing with 'modern' interests such as genetics, oncology, rehabilitation medicine, palliative care and doctor-patient interaction. Faculty debates were not easy and sometimes heated. Eventually this young Professor's bias prevailed after an impassioned monologue that we were in danger of producing Edinburgh medical graduates who were 'visually illiterate'!
But I was unhappy about the content and relevancy of our course. It seemed to me that students completing it would not even be able to put up a good show when facing everyday skin problems in General Practice. Their factual knowledge of even the most common skin conditions was deficient. The week spent writing an essay on some less than common condition seemed a waste of time and too often resulted in copying paragraphs from well-known textbooks. The 'holiday' attending (or not) dermatology was about to end! The format of undergraduate teaching in dermatology during the Hunter period became relatively consistent with fine modifications over the next twenty years.

1981.
Phase 1. No dermatology input until 1990 and 1997 (see below).

Phase II. The curriculum included four dermatological lectures at the end of the course. These were formal and delivered to the whole year. They included talks on applied anatomy and physiology, some common skin conditions and dermatological therapy. They were well received by the students.

Phase III. The backbone of dermatological teaching involved small groups, comprising 9-10 students, attending the Department for a fortnight. On the first Monday of the attachment the group was welcomed by the professor who outlined the objectives of the course. Each student was presented with a personal timetable for the fortnight. In the morning most of the group attended an outpatient 'teaching' clinic with three individuals allocated respectively to the treatment/dressing rooms, the study of basic skin histology or a morning in a ward. Four illustrated tutorials were offered in the afternoons, based on the structure and function of skin and the diagnosis and management of common skin diseases. Students were expected to read a basic primer on Dermatology. On the last day (Friday) of their attachment the group was given, most often by the professor, an elementary test, illustrated on a screen, on all aspects of the course but mainly those involving the diagnosis and management of patients. After marking fellow students' efforts the professor awarded each one a grade for their attachment, based on overall performance throughout the attachment,

attendance (recorded each day) and the result in the final test. Before leaving each student was informed of his/her assessment.
This system was greatly appreciated by the students but was very time-consuming as far as the staff was concerned; the course was repeated twenty three times in a year!

1982
The translocation of the out patient department from the R.I.E. to the new Phase I of the hospital with its spacious and modern facilities, including a large clinical teaching room, tutorial rooms, a lecture theatre and a library, provided a welcomed boost to the teaching programme.

Small group clinical teaching for Phase III students, 1982.

1989.
Phase III students were loaned, on the first day of their attachment, a copy of the recently published primer 'Clinical Dermatology' written by Hunter, Savin and M.V.Dahl (Professor of Dermatology, University of Minnesota). The student with the top mark in the final test was presented with a signed complimentary copy. This encouraged some healthy competition amongst the keener students!

1990.
In an attempt to wet the appetite of preclinical students, some first year Phase 1 students visited the wards and gave a good presentation on 'The Impact of Psoriasis' at the end of the winter term. Introducing students to patients so early on in their course became a regular feature.
The departmental report for this year reads ' Our Phase II lectures continue at an unsatisfactory time – just before examinations. They attract about a 50% turnout'!

1997. A formal lecture given to the whole of the year at the beginning of the Phase 1 course included a dermatological patient with a full case history. Questions (and these were numerous) from the audience were encouraged.

It had been known for some time that there were wide variations in the teaching methods and time devoted to Dermatology in the undergraduate curriculum in different centres in the U.K. In some universities, virtually no time was allocated to Dermatology.
A study comparing the worth of the dermatology teaching programmes at four different universities was undertaken in1993. It revealed wide variation between different (anonymous) teaching centres. As an author I was reassured to note that Edinburgh fared well and that our students did better in the same MCQ exam after our course than before it!

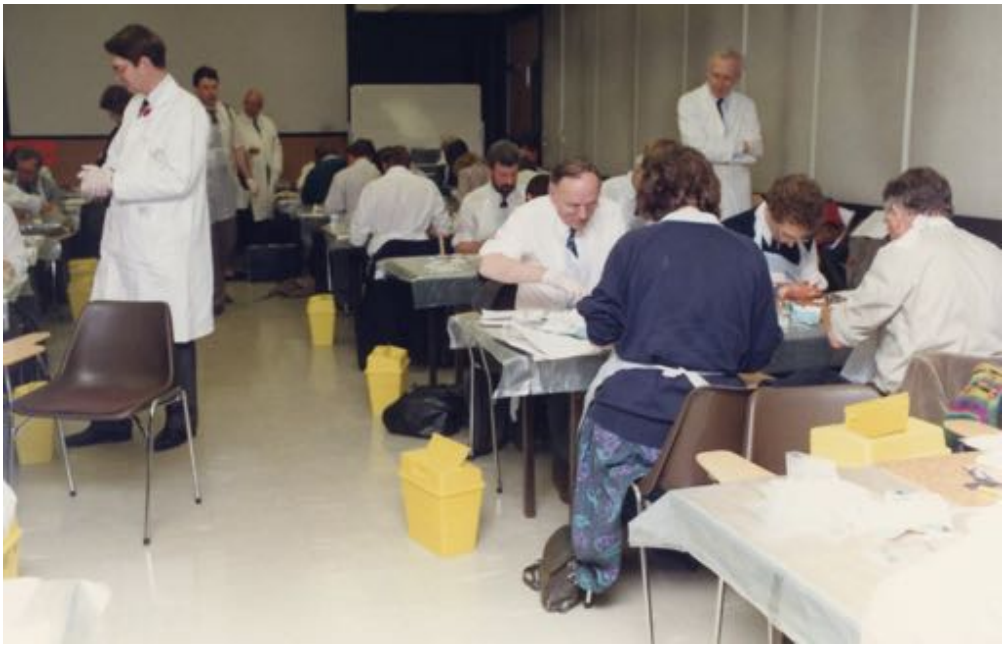
Finlay A.Y., Coles E.C., Dawber R.P.R., Graham-Brown R.A.C., Hunter J.A.A., and Marks JM (1994) Dermatology examination performance: wide variation between different teaching centres.
Medical Education 28: 301-306.

General Practitioner Courses and Teaching.

1982. Skin Forum set up, initiated by J.A.A.H. and Stiefel Laboratories, U.K. Eight centres in the UK. Edinburgh had fifty principals in general practice meeting for four evenings a year. Volunteer patients were examined in the outpatient department before their cases were presented in the seminar room by a dermatologist. This was followed by a wine/cheese supper and a visiting lecturer wound up the evening. The format was popular on my retirement.

1985/86. Departmental Report:
'We provide a three-day (November) course for local principals and a one-day (March) course for local trainee general practitioners.'

1990. The first five-day course on clinical dermatology for principals in general practice was introduced. Fifty-five general practitioners, from all corners of the United Kingdom, attended lectures in the Pfizer Institute and a surgical day in the Department of Dermatology. Those attending were given an afternoon off to see Edinburgh and a final dinner was arranged. A drug company with dermatological interest sponsored each day. The income from this and course fees provided a significant profit that was shared with the Postgraduate Board for Medicine, a friendly agreement between Sandy Muir (Postgraduate Dean) and myself! The course was immensely popular and was repeated every November until I retired.



Surgical day in general practitioner's course, with pig's trotters, 1990.

Surgical day in general practitioner's course, with pig's trotters, 1990.

Research.

The proximity of our health service and university facilities made an early decision an easy one. We had a great opportunity to conduct all our research within the Department on human volunteers, frequently patients. No animal research would be carried out within the Department.

We continued to battle against insufficient financial support:

ANNUAL REPORT TO THE FACULTY OF MEDICINE

1990 - 1991

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It has been a tough year. Further depressing news regarding the financial situation of the University and the poor funding of research in general made it difficult to sustain morale. On a more positive note our Dermatitis Research Unit appeal has fared very satisfactorily. The Patrons met on Thursday 19th September and on that day Ian Mathieson, our Appeal Director, was able to indicate that the total funding received/ promised amounted to £227,000. This included a remarkable grant of £95,000 received from the Hayward Foundation for image analysis equipment.

A significant change was instigated in the supervision of the research activities of the department. Fifteen small active research groups have been identified. Each group now meets on a formal basis every 2-3 months and their aims and progress are therefore reviewed regularly; short minutes are recorded by the leading research worker. Professor Hunter attends all of these meetings. The various research groups are listed under Section 3.

Principal Research Activities

The following Research Groups have been established. Leaders of these groups are given in parentheses:

1. Epidermolysis Bullosa (Dr. G.C. Priestley)
2. Contact Dermatitis (Dr. R.D. Aldridge)
3. Atopic Dermatitis (Dr. D. Kemmett)
4. Malignant Melanoma (Professor J.A.A. Hunter)
5. Photoimmunology (Dr. J.P. Vestey)
6. Human Papillomavirus/Renal Transplant Recipients (Dr. E.C. Benton)
7. Human Papillomavirus Immunology (Dr. E.C. Benton)
8. Ichthyosis (Dr. M.J. Tidman)
9. Electron Microscopy (Dr. M.J. Tidman)
10. Calgranulin (Dr. S.E. Kelly)
11. Leishmaniasis (Dr. N.C. Hepburn
12. Fibroblast Metabolism (Dr. G.C. Priestley)
13. Dermatitis Herpetiformis (Dr. J.P. Vestey)
14. Histopathology (Dr. G.W. Beveridge)
15. Pruritus/Urticaria (Dr. J.A. Savin)

A valid criticism of our efforts is that we covered too many areas. I felt that individuals in the Department were more committed to research of their own ideas or instigation rather than being pushed into my areas of interest. I also admit that I got bored pursuing one subject relentlessly! We were pleased to collaborate with many other departments (see below).

The main areas of research during the period 1980-2000.

Five broad areas of research were pursued;

The pathogenesis of dermatitis, both allergic contact and irritant.
For a number of years I had been interested in the structure and function of the Langerhans Cell and this, in turn, reignited our research on the pathogenesis of allergic contact dermatitis, last conducted by Cranston Low in Edinburgh, sixty years previously, and Ian McCallum in1955. The successful appeal for funds to establish a Dermatitis Research Unit underpinned our efforts. At various times the main participants were Dr. Roger Aldridge, Dr. Phil. Botham (I.C.I.), Dr. Mary Carr, Dr. Graham Colver, Kate Everness (PhD student), Rosalyn Forsey (PhD student), Dr. David Gawkrodger, Dr. Robert Herd, Dr. Sarah Howie (Pathology), Prof. John Hunter, Dr.Roddie Mackenzie, Mrs Eva McVittie (technician), Dr. Jim Ross, Dr. Hossein Shahidullah, Jane Spencer, Dr.Jacek Szepietowski and Dr. Ignacio Umbert.

Malignant melanoma, its epidemiology and treatment.
The founding of The Scottish Melanoma Group (SMG) in 1978 and my longstanding interest in melanoma were primarily responsible for our interest in this subject.
Over the years the main participants in the research were Dr. Jean Cooper, Mr. Udi Chetty (Clinical Surgery), Dr. Tony Dicker, David Fairley (Technician), Dr. Robert Herd, Prof. John Hunter, Dr. Gina Kavanagh, Prof. Rona MacKie, Dr. Kathryn McLaren (Pathology), Dr. Margaret McIntyre (Pathology, WGH.), Dr. Conor O'Doherty, Mrs Judith Nimmo (PhD student), Dr. Ian Percy-Robb, Dr.Sandra Pondes, Dr. Robin Prescott (Statistics), Dr. Jim Ross, Prof. John Smyth (Oncology), Mrs Jenny Stewart and Mrs Gillian Smith (SMG local secretaries) and Mr.Tony Watson (Plastic Surgery).

Human papilloma virus and herpes simplex infections of the skin.
As indicated earlier Dr. Mary Bunney turned her attention to the biology of viral warts, after many years working at the coal-face treating them. Her engaging personality was undoubtedly responsible for the able team of coworkers who subsequently carried on her baton and extended investigations to include Herpes Simplex infections. They included:
Dr. Mark Arends, Dr. Kathryn McLaren, Beverly Barr, Lesley Stark and Prof. Colin Bird (Pathology); Fiona Charleson, Melany Jackson, Dr. Marie Ogilvie, Dr. Isobel Smith and Dr. Mary Norval (Virology, University); Dr. Heather Cubie (Virology, City Hospital); Dr. Claire Benton, Dr. Mary Bunney, Prof. John Hunter, Dr. René Rüdlinger, Dr. Hossein Shahidullah and Dr. James Vestey.

Skin fibroblasts and their metabolism in different disorders. Epidermolysis bullosa.
Dr.Graham Priestley, in overall control of the laboratories, continued to head and guide a small group studying fibroblasts in vitro. Dr. Mike Tidman lead the clinical team studying patients with epidermolysis bullosa. Members included: Lorraine Adams, Maureen Gillon, Dr. Helen Horn, Kate Oakley, Dr. Graham Priestley, Dr. Olivia Schofield, Frances Smith, Dr. Mike Tidman.

Epidermal cytokines in dermatitis and ultraviolet irradiated skin. Selenium and the skin.
The arrival of Dr. Roddie McKenzie, succeeding Dr. Graham Priestley, in 1994 opened up the world of molecular biology to us. His prime interest was epidermal cytokines and much of his research involved their modulation after ultraviolet irradiation and in different types of dermatitis. Selenium and the skin became an important focus for this lateral thinker. Roddie was a great collaborator and teacher of his postgraduate students and our clinical staff. His followers included:
Dr. Roger Aldridge, Dr. Geoff Beckett (Clinical Biochemistry),
Dr. Claire Benton, Dr. Bernie de Silva, Dr. Sarah Howie, Prof. John Hunter, Melany Jackson, Dr. Steve Keohane, Dr. Mary Norval (Virology), Teresa Rafferty, Elizabeth Sabin, Dr. Jacek Szepietowski (Wroclaw, Poland), Craig Walker, Dr. Richard Weller and Dr. Malgorzata Zak-Prelich (Lodz, Poland).

Nitric oxide and the skin.
Richard Weller came from Aberdeen to the clinical lecturer's post in 1996. He had just been introduced to the topical subject of nitric oxide and the skin. It was obvious that this was going to be a major interest of his and that his research training would be enhanced by spells in internationally renowned laboratories in Pittsburgh, U.S.A. and Düsseldorf, Germany. On his return, not long before my retirement, facilities were established for continuing this research.

Of course there were other topics of research activity involving case reports and the special clinical interests of individual members of the department. These included:
Dr. John Savin. Studies on itch and scratching.
Ross Barnetson. Atopic eczema.
Paul Buxton. Allergic contact dermatitis.
Graham Colver. Infrared coagulation.
David Gawkrodger. Nickel dermatitis.
Frances Humphreys. Urticaria.
Neil Hepburn. Leishmaniasis.
Roger Aldridge. Alopecia areata.
Robert Herd. Atopic eczema.

Reading the above it should be obvious that much of our research depended on collaboration with colleagues in other departments. Top of the list must be the virologist, Dr. (later Professor) Mary Norval, working in the Department of Medical Microbiology. She was enormously helpful to the members of our Department who spent time in her laboratory; they admired and absorbed her scientific focus and rigour.

Mary Norval in her laboratory, flanked by Claire Benton and Melany Jackson.

A close second was Dr. Phil Botham and Dr. (later Professor) Ian Kimber of the Central Toxicology Unit, IC.I. Macclesfield. They were introduced to us when Dr. Mary Carr, an impressive research fellow, came up from Manchester and joined our department. Her fellowship was funded by I.C.I. and was so successful that its Toxicology Unit and our department collaborated further in a S.E.R.C. Case postgraduate studentship for Kate Everness (1984-1988).

Other longstanding and close collaborators included Prof. Rona MacKie (Department of Dermatology, University of Glasgow); Mr. Udi Chetty and Mr. Tony Watson (Department of Clinical Surgery); Dr. Geoff Beckett (Clinical Biochemistry); Prof. Colin Bird, Dr. Kathryn McLaren, Dr. (later Professor) Sarah Howie and Dr. (later Professor) Mark Arends (Department of Pathology).

Funding for our main projects.

Once again the value of the grants awarded is not given; inflation and the value of the pound would make them relatively meaningless. Suffice to say that the grant awarded was usually sufficient to meet our immediate and projected needs.

1980 **Plasma 5-S-Cysteinyldopa in patients with malignant melanoma.** (I. W. Percy-Robb and Hunter). Melville Trust. 3 yr. support for Judith Nimmo (post graduate student, shared with Clinical Chemistry).

1981. **Atopic Dermatitis.** (Barnetson and Ferguson), S.H.H.D. and Fisons.
Electron Microscopic Service (Hunter and Ross), Lothian Health Board, Type B scheme for new developments in health care. Until 1987.
Fibroblast in Psoriasis and Epidermolysis Bullosa. (Priestley). S.H.H.D. and DEBRA.
Histopathology of Eczema. (Hunter), I.C.I. 3 yrs.
Scottish Melanoma Group. S.H.H.D.

1982. **Systemic factors in psoriasis.** (Priestley), S.H.H.D. 1 yr.

1983 **Sequential studies in pemphigoid**. (Barnetson), S.H.H.D. 18 months.

1984 **Sequential studies in atopic eczema.** (Barnetson), E.D.R.F. 2yrs.
HPV in renal transplant recipients (Bunney, Smith, Smart and Hunter), S.H.H.D. 2 yrs.
Atopic dermatitis and basophils. (Barnetson), S.H.H.D. 1 yr.
Palmo-plantar pustulosis and smoking. (O'Doherty), S.H.E.R.T. 1 yr.
Nickel dermatitis. (Gawkrodger), L.H.B. 1yr.
Collagen lattice. (Priestley), S.H.H.D. and DEBRA. 1 yr.

1985 **Collagen Lattice.** (Priestley), S.H.H.D., DEBRA, Roche and Glenwood Laboratories. 1-2 yrs.

1986 **Melanoma; early detection.** (Hunter), C.R.C. 3 yrs.
Epidermal antigen presentation in Herpes Simplex. (Vestey). Faculty of Medicine. 1yr.
Psoriasis and cytokines in leucocytes. (Priestley), S.H.H.D. 1 yr.
Atopic dermatitis and Langerhans cells. (Barnetson and Hunter), L.H.B. 1 yr.

1988 **Lymphocyte transformation test in allergic contact dermatitis**. (Hunter and Dr. Phil Botham, I.C.I.). I.C.I. plc. 3 yrs.
Human weal reactions. (Hunter and Humphreys) Janssen Pharmaceuticals.
Langerhans cells and chemokinesis. (Hunter and McVittie). E.D.R.F. 1yr.
Antigen presenting cells and lymphocytes in umbilical cord blood of normal and atopic neonates. (Hunter and McVittie). Moray Endowment Fund, Faculty of Medicine.
Basement membrane antigens in subepidermal bullous diseases. (Tidman, Hunter and Kelly). S.H.H.D. **2 yrs.**
Cytotoxicity of occlusive dressing materials. (Priestley). Convatec. Research Lab. 1 yr.
Glycosaminoglycan secretion by fibroblasts fro dominant dystrophic epidermolysis bullosa. (Priestley). D.E.B.R.A. 1 yr.
Research Secretary (Hunter). EDRF. Yearly.

1989 **HPV and immune response**. (Norval, Benton and Hunter) S.H.H.D.
Calgranulin and Keratinocytes. (Hunter). M.R.C. training fellowship for Dr. Sue Kelly.

1990 **Keratin Integrity and Epidermolysis Bullosa**. (Priestley and Tidman). DEBRA.
Scottish Melanoma Group Database. (MacKie, Hunter and Cornbleet). CRC. 3 yrs.
Immunology of HPV infections. (Charleson and Hunter). EDRF.
HPV in the immunosuppressed. (Benton and Hunter). EDRF.
Evening primrose oil and atopic eczema. (Hunter, Humphreys and Kemmett). Scotia Pharmaceuticals.
Psoriasis; Immunological responses to UVB and PUVA treatment. (Vestey). Lothian Health Board.
Cutaneous cancer in immunosuppressed renal allograft recipients. (Bird and Hunter). S.H.H.D.

1991**.** **Research studentship**. (Priestley and Tidman), D.E.B.R.A. 3yrs.
Scottish Melanoma Group Database. (MacKie hunter and Cornbleet), Cancer Research Campaign. 2 yrs.

1992**.** **Pretibial Myxoedema and Fibroblast Elastase**. (Priestley), E.D.R.F. 1 yr.
Immune response to papillomaviruses. (Norval, Benton and Hunter), Wellcome Trust. 1 yr.
Keratin Integrity and Epidermolysis Bullosa. (Priestley and Tidman). DEBRA. 1 yr.
Efficacy of a new paper disposable nappy. (Hunter, Aldridge and Priestley). Procter and Gamble.
Fluticasone and Eczema. (Aldridge, Hunter and Hamann). Glaxo Labs. Ltd.

1993. **Calcitriol and Calcipotriol in psoriasis**. (Hunter), Duphar Labs..
Irritant Contact Dermatitis; Molecular Mechanisms. (Hunter, Howie and Haslett). Health and Safety Executive. 3 yrs.
Langerhans Cells and M.H.C. Class II antigens. (Spencer, Tidman and Hunter), E.D.R.F.
Salary (p/time) of University Fellow; **1993-1999**. (Hunter), E.D.R.F. and F.S.R.

1995. **Keratinocytes and IFNγ production.** (Mackenzie and Hunter), Wellcome Summer Vacation Scholarship.

1996. **Laboratory equipment** for Dr. R. Mackenzie. F.S.R.

1997. **Half salary of Dr. M. Jackson.** F.S.R.

1998. **Intracellular signaling pathways in psoriasis.** (Mackenzie), F.S.R.

1999. **Nitric oxide roles in cutaneous differentiation and carcinogenesis.** (Weller), F.S.R. 2 yrs.
Herpes simplex virus research (Norval and Mackenzie). F.S.R.

Publications.

1980. 13
1981. 14.
1982. 15.
1983. 29.
1984. 35.
1985. 32.
1986. 42.
1987. 50.
1988. 65.
1989. 54.
1990. 47.
1991. 43.
1992. 45.
1993. 30.
1994. 29.
1995. 28.
1996. 57.
1997. 50.
1998. 53.
1999. No record.

Again, these are too numerous to list here individually and a nearly 'top twenty' is selected, primarily to illustrate the breadth of topics studied in the Department during this period. The choice is personal. Reprints of nearly all can be found in the archives rooms of the Department filed under 'Department Publications', 'Annual Department Reports to the Faculty of Medicine' or the personal files of the member of staff involved.

Pondes S., Hunter J.A.A., White H., McIntyre, M.A., Prescott R.J. (1981): Cutaneous malignant melanoma in south-east Scotland.
Quarterly Journal of Medicine 50: 103-121.
Breslow's paper in 1975 indicated that the prognosis of patients with malignant melanoma depended on the thickness of the tumour. Confirmation of this was needed with large series from different parts of the world. This was one of the early ones. Sandra Pondes (a visiting Australian from Adelaide) lead our multidisciplinary team, in an analysis of nearly 500 patients. A paper in the QJM was prestigious then! After it every pathological report of a melanoma in Edinburgh included the Breslow thickness.

Savin, J.A. (1981): Some factors affecting the prognosis in pemphigus vulgaris and pemphigoid.
British Journal of Dermatology, 104, 415-420.
A summary of John Savin's longstanding and lone quest to investigate this problem.

Mackie,R.M. and Hunter, J.A.A. (1982): Cutaneous malignant melanoma in Scotland.
British Journal of Cancer, 46, 57-80.
I was summoned to see Professor (later Sir) Alastair Currie, our professor of pathology, after the appearance of this paper. I received a firm reprimand that we had not included all committee members of the Scottish Melanoma Group as co-authors. In retrospect I think that he had a point! Most subsequent papers of the S.M.G. (see below) were inclusive.

Priestley, G.C. and Adams, L.W. (1983): Hyperactivity of fibroblasts cultured from psoriatic skin. 1. Hyperproliferation and effect of serum withdrawal.
British Journal of Dermatology, 109, 149-156.
Graham Priestley continued to focus on human skin fibroblasts. In this paper he was joined by Lorraine Adams, a postgraduate student.

Savin, J.A. (1984): Dermatology in Edinburgh: The first 100 years.
British Medical Journal, 289, 1762.
Written in our centenary year.

Carr M.M., Botham P.A., Gawkrodger D.J., McVittie E., Ross J.A., Stewart I.C., Hunter J.A.A. (1984): Early cellular reactions induced by dinitrochloro-benzene in sensitised human skin.
British Journal of Dermatology 110: 637-641.
The first of many papers that justified sensitizing volunteers with advanced cancer and myself to DNCB.

MacKie R.M., Smyth J.F., Soutar D.S., Calman K.C., Watson A.C.H., Hunter J.A.A., McLaren K.M., MacGillivray J.B., McPhie J.L., Rankin R., Hutcheon A.W., Kemp I.W. (1985): Malignant melanoma in Scotland 1979-1983.
Lancet ii: 859-862.
The first of many prospective studies justifying all the effort in establishing (1979) a collaborative Scottish Melanoma Group. Note a future Chief Medical Officer for H.M.G./Chancellor of Glasgow University in our ranks!

O'Doherty, C.J. and MacIntyre, C. (1985)
Palmoplantar pustulosis and smoking.
British Medical Journal, 291, 861-864.
A large case-control retrospective study. It was the first to show the strong link between smoking and P.P.P. Until then the association was unknown and unsuspected. The observant Conor, noting nicotine on the fingers of many patients, followed up his hunch. His first manuscript was turned down by the B.M.J. because of the weak methodology. On the suggestion of Stephen Lock, editor of the B.M.J., Sir Richard Doll advised on the next successful offering!

Gawkrodger D.J., Carr M.M., McVittie E., Guy K., Hunter J.A.A. (1987): Keratinocyte expression of MHC class II antigens in allergic sensitization and challenge reactions and in irritant contact dermatitis.
Journal of Investigative Dermatology 88: 11-16.
Novel and fundamental. Volunteers and many biopsies subjected to a panel of boutique monoclonal antibodies, produced mostly in Edinburgh.

Everness K.M., Gawkrodger D.J., Botham P.A., Hunter J.A.A. (1990): The discrimination between nickel-sensitive and non-nickel-sensitive subjects by an in vitro lymphocyte transformation test.
British Journal of Dermatology 122: 293-298.
Kate Everness was supported by a SERC collaborative grant between our Department and the Clinical Toxicology Laboratory of ICI. Her results were positive but the technology was far too time-consuming for clinical use. A good PhD. was her reward.

Spencer M-J., Vestey J.P., Tidman M.J., McVittie E., Hunter J.A.A. (1993): Major histocompatibility Class II antigen expression on the surface of epidermal cells from normal and ultraviolet B irradiated subjects.
Journal of Investigative Dermatology 100: 16-22.
The result of painstaking work, primarily by Jane Spencer, over a three-year period. Involved much quantitative immuno-electron microscopy. We had come a long way from the first electron micrographs that I produced in the late 1960s!

Faragher R.G.A., Kill I.R., Hunter J.A.A, Pope F.M., Tannock C., Shall. (1993): The gene responsible for Werner syndrome may be a cell division 'counting' gene.
Proceedings of the National Academy of Science 90: 12030-12034.
A good example of collaboration. Smart scientists, in this paper from Universities of Sussex, Dundee and London need clinicians to feed them material from patients with rare conditions whom they have diagnosed.

Howie S.E.M., Aldridge R.D., McVittie E., Forsey R.J., Sands C., Hunter J.A.A. (1996): Epidermal keratinocyte production of interferon-gamma immunoreactive protein and mRNA in allergic contact dermatitis.
Journal of Investigative Dermatology 106: 1218-1223.
An interesting paper that resulted from our development of a tricky non-radiolabelled *in situ* hybridisation technique for mRNA. Contentious but convincing results.

Kuwabara H., McVittie E., Hunter J.A.A., Uda H., Yamauchi A., Sakamoto H. (1996): Expression of mRNA of tumour necrosis factor and interleukin-6 in bullous pemphigoid skin.
European Journal of Dermatology 6: 300-303.
Hiroko Kuwabara, from Kagawa University in Japan, spent a year with us. Eva McVittie taught her the tricky technique of in vitro hybridisation for RNA, which she took back to Japan.

Arends M.J., Benton E.C., McLaren K.M, Stark L.A., Hunter J.A.A., Bird C.C. (1997): Renal allograft recipients with high susceptibility to cutaneous malignancy have an increased prevalence of human papillomavirus DNA in skin tumours and a greater risk of anogenital malignancy.
British Journal of Cancer 75(5); 722-728.
One of many papers that resulted from our long-term interest in HPV. The first one was in 1971.

Herd R.M., Tidman M.J., Ruta D.A., Hunter J.A.A. (1997): Measurement of quality of life in atopic dermatitis: correlation and validation of the two different methods.
British Journal of Dermatology 136(4): 502-507.
Robert Herd investigated the prevalence, cost and impact on the quality of life of patients with atopic dermatitis in a series of articles in the British Journal of Dermatology. The work was collated in his M.D. thesis.

Rafferty, T.S., McKenzie R.C., Hunter J.A.A., Howie A.F., Arthur J.R., Nicol F. and Beckett G.J. (1998): Differential expression of selenoproteins by human skin cells and protection by selenium from ultraviolet-B radiation-induced cell death.
Biochemical Journal 332: 231-236.
Roddie McKenzie and Geoff Beckett (Clinical Biochemistry) collaborated in many studies involving selenium and the skin.

Dicker A.J., Kavanagh G.M., Herd R.M., Ahmad T., McLaren K.M., Chetty U., Hunter J.A.A. (1999): A rational approach to melanoma follow-up in patients with primary cutaneous melanoma.
British Journal of Dermatology 140: 249-254.
A retrospective analysis of over 1500 melanoma patients, treated in the South-East of Scotland, producing an evidence base for a follow up regimen that many departments in the UK subsequently took aboard. Preceded U.K. guidelines.

Jackson M., Howie S.E.M., Weller R., Sabin E., Hunter J.A.A. and McKenzie, R.C. (1999): Psoriatic keratinocytes show reduced IRF-1 and STAT1-α Activation in Response to γ-IFN.
Journal of the Federation of the American Societies for Experimental Biology [known as FASEB] 13: 495-502.
Roddie McKenzie was Senior Lecturer. He was a remarkable lateral thinker and I had considerable respect for his science. He was a master of PCR and trained many of our team in this technique. On the surface he appeared disorganised but he rarely let any work go unpublished. As a result he was wonderfully productive. I have chosen this paper as an example of his leadership.

Hunter J.A.A. (2000): Turning points in dermatology during the 20th Century.
British Journal of Dermatology, 143: 30-40.
An appropriate one to end this list! Departments do not thrive on historical papers and I had to keep my longstanding interest in history in the background, at least until I retired.

John Savin was a superb local editor of papers and many members, including the professor, sought his help before submitting their efforts to a journal. Similarly Graham Priestley, before he retired, was much in demand to make scientific contributions more succinct.

Books authored or edited by members of staff.

'An author who speaks about his own books is almost as bad as a mother who talks about her own children.'
Benjamin Disraeli, Glasgow, 1873

1982. Bunney, M.H. Viral Warts. Their Biology and Treatment. Oxford University Press, Oxford, pp 99.

1982. Hunter, J.A.A. and Ross, J.A. Contributing editors to The Clinical Use of Electron Microscopy in Dermatology. Ed. A.S. Zelickson, Bolger Publications Inc. Minneapolis, pp 70.

1984. Hunter, J.A.A. and Savin, J.A. Common Diseases of the Skin. Vols. 1, 2 and 3. ICI Pharmaceutical Division and Blackwells Scientific Publications, Oxford. Vol 1 – pp. 48; Vol. 2 – pp. 52, Vol. 3 – pp. 48.

1988. Buxton, P.K. ABC Dermatology. 1st edn. British Medical Association

1988. Colver,G.B. and Savin, J.A. Common Skin Problems. Family Doctor Publications, London.

1989. Hunter J.A.A, Savin, J.A. and Dahl, M.D. Clinical Dermatology 1st. Edition, Blackwell Scientific Publications, Oxford pp. 272.

1990. Priestley G.C, Tidman M.J, Weiss J.B. and Eady R.A.J. Epidermolysis Bullosa: a comprehensive review of classification, management and laboratory studies, Dystrophic Epidermolysis Bullosa Research Association.

1993. Bunney M.H, Benton E.C. and Cubie, H.A. Viral Warts: Biology and Treatment, 2nd Edition. Oxford University Press.

1993. Buxton,P.K. ABC of Dermatology, 2nd. edition. British Medical Association.

1995. Moss,C. and Savin., J.A. Dermatology and the new Genetics. Blackwell Science, Oxford. pp 198.

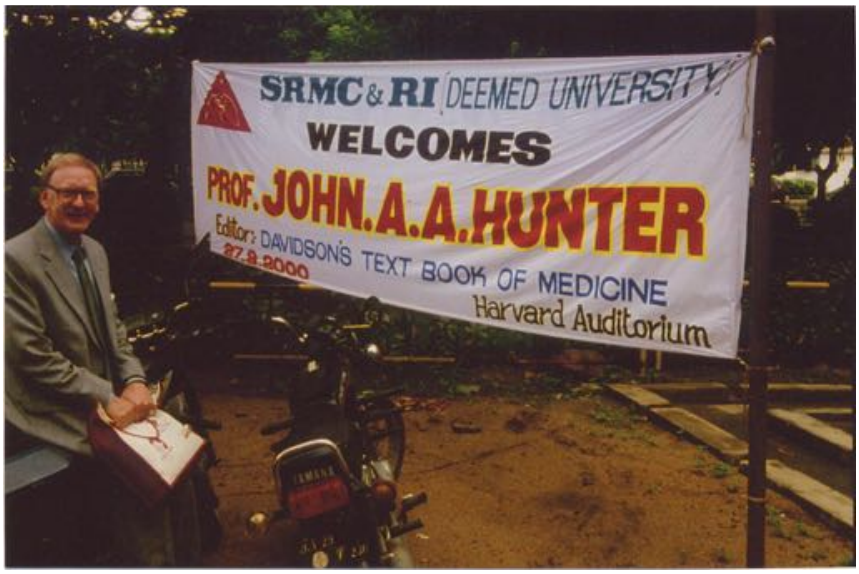
1995. Hunter J.A.A, Savin J.A. and Dahl M.D. (Clinical Dermatology, 2nd Edition, Blackwell Scientific Publications, Oxford, 316pp.

1997. Savin, J.A, Hunter J.A.A. and Hepburn N.C. Skin Signs in Clinical Medicine, Mosby-Wolfe, London pp.245. (Editions in German and Japanese)

1998. Buxton, P.K. ABC of Dermatology. 3rd edn. British Medical Association.

1998. Kavanagh,G.M. and Savin, J.A. Self–assessment picture tests: Dermatology, Mosby, London.

1999. Haslett C, Chilvers E.R, Hunter J.A.A. and Boon N.A, (Davidson's Principles and Practice of Medicine, 18th Edition. Churchill Livingstone, Edinburgh, pp. 1175. Editions in French and Greek. Highly Commended, Medicine, 2000 BMA Medical Book Competition.



John Hunter visiting Sri Ramachandra Medical College and Research Institute in Chennai, India.

1999. Buxton,P.K. ABC of Dermatology, Hot climates edition. British Medical Association.

2002. Hunter J.A.A, Savin J.A, Dahl M.D. Clinical Dermatology, 3rd Edition, Blackwell Scientific Publications, Oxford, pp.365.

2002. Haslett C, Chilvers E.R, Boon N.A, Colledge N.R. and Hunter J.A.A. Davidson's Principles and Practice of Medicine, 19th Edition. Churchill Livingstone, Edinburgh, pp. 1274. Editions in French, Polish and Greek. Highly Commended, Medicine. 2003 BMA Medical Book Competition.

Postgraduate Degrees.

Catherine A. Oakley, PhD. Edinburgh, 1983. 'Characteristics of Epidermolysis Bullosa skin fibroblasts in vitro.

Suhail M. Hadi, M.Phil. Edinburgh,1984. 'Clinical and immunological studies in Bullous Pemphigoid'.

Judith E. Nimmo, PhD. Edinburgh, 1985. 'Plasma 5-S-Cysteinyldopa in physiological and pathological pigmentary states'.

Karen M. Reilly, PhD. Edinburgh, 1987. 'Biochemical studies on heparin-like glycosaminoglycans from basophils and mast cells in allergy and anaphylaxis'.

René Rüdlinger, Habilitation Thesis, University of Zurich, 1987. 'Human Papilloma Virus in Transplant Recipients' (unconfirmed date and title).

Graham B. Colver (work done at Oxford and Edinburgh), D.M. University of Oxford, 1988. 'The Infrared Coagulator in Dermatology'.

Katherine M. Everness, PhD. Edinburgh, 1988. 'Allergic contact dermatitis to nickel. A study of antigen presentation in vitro'.

Maureen Gillon, M.Phil. Edinburgh, 1988. 'Effects of para-aminobenzoate on skin fibroblasts from Liche Sclerosus et Atrophicus and from Morphoea.

David G. Gawkrodger, M.D. (with Honours), University of Birmingham, 1988. 'Cutaneous Nickel Hypersensitivity: clinical and immunopathological sttudies'.

Mary. M. Carr, M.D. University of London, 1989. 'Contact Dermatitis: an Immunohistochemical Study' .

Lorraine W. Adams, M.Phil. Edinburgh, 1989. 'The behavior of normal and abnormal skin fibroblasts in collagen lattice culture'.

James P. Vestey, D.M. Southampton, 1990. 'Antigen presentation and systemic immune responses to Herpes Simplex Virus in patients with recrudescent facial herpetic infection'.

Ignacio Umbert Millet, M.D. (Cum Laude), University of Barcelona, 1990. 'The immunopathology of Atopic Dermatitis'.

Jill W. Gilmour (based in Viral Research Laboratory, Department of Medical Microbiology), PhD. Edinburgh, 1992. 'Immunosuppression induced by ultraviolet irradiation and the role of urocanic acid'.

Jane. M. Spencer, PhD. Edinburgh, 1994. 'The influence of Ultraviolet-B radiation on human epidermis'.

Frances D Smith, PhD. Edinburgh, 1994. 'Studies of the molecular biology of Epidermolysis Bullosa'.

Frances Smith, flanked by Graham Priestley and Mike Tidman (wearing department tie!).

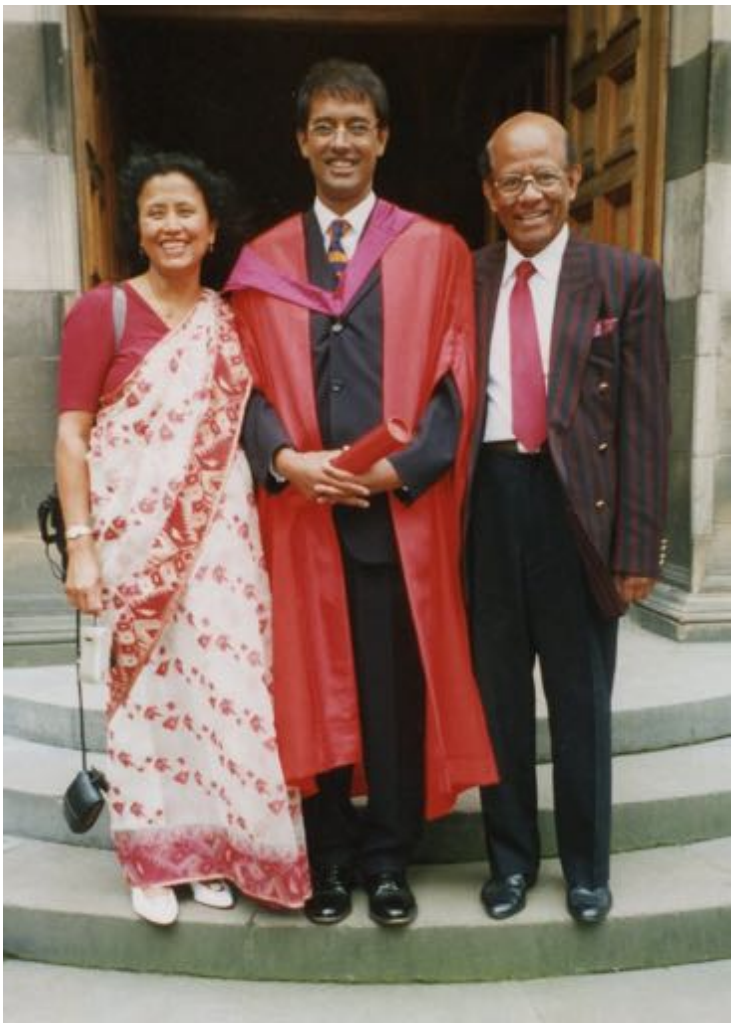
Neil C. Hepburn, M.D. Edinburgh. 1995. 'Cutaneous Leishmaniasis in British troops from Belize'.

Melany Jackson (based in the Department of Medical Microbiology), PhD. Edinburgh, 1996. 'Cell mediated immunity in cutaneous infection with human papillomavirus'.

Robert Herd, M.D. Edinburgh, 1997, 'The Lothian Atopic Dermatitis Study'.

Rosalyn J. Forsey (based in Department of Pathology), PhD. Edinburgh, 1997, 'Studies on the cellular interactions involved in experimental and chronic irritant dermatitis'.

Hossain Shahidullah, M.D. Edinburgh, 1997. 'Cellular Events in Chronic Irritant Dermatitis and Experimental Irritant Dermatitis'.



Hossain, flanked by proud mother and father.

Richard Weller, M.D. University of London. 2000. 'Nitric Oxide: its role in cutaneous health and disease'.

Teresa Rafferty, PhD. Edinburgh, 2000, 'Effect of selenium on Ultraviolet - B Radiation- Induced damage to the Skin'.

Helen Horn, M.D. Edinburgh. 2004. 'The Prevalence, Clinical Features and Genetics of Epidermolysis Bullosa in Scotland'.

Influence *Extra Muros*.

When compiling this part of the manuscript I had originally intended to include named/guest lectures and overseas visits/lecture tours. In the event these were too numerous to list. Our staff lectured in every continent of the world during the Hunter period and it seems that named lectures were almost two a penny! There is no question that our reputation extended beyond national borders. I finally settled for a list of notable external appointments.

External Appointments/Honours.

J.A.A.Hunter.
1980-1982. Secretary of The Scottish Dermatological Society.
1980-2000. Editorial Boards, for varying periods of, Clinical and Experimental Dermatology, American Journal of Dermatopathology, Journal of Dermatological Treatment, Quarterly Journal of Medicine, Dermatologica, Acta Dermato-Venereologica and Journal of the Royal College of Physicians of Edinburgh.
1982 Member of The Association of Physicians of Great Britain and Ireland.
1982-1997. Member of Medical Appeal Tribunal.
1985-1989. Chairman of the Specialist Advisory Committee for the Joint Committee on Higher Medical Training.
1986-1987. President of The Dowling Club.
Honorary Member of the North American Dermatology Society (1986), Greek Dermatological and Venereological Association (1987), German Dermatological Society (1990), Polish Dermatological Society (1993), Austrian Dermatological Society (1993), American Dermatological Association (1997) and British Association of Dermatologists (1999).
1985-1992. Ethics Committee, Beecham Pharmaceutical Research Division.
1982-2000. Advisory Board for Skin Forum and Stiefel Visiting Lectureships.
1989-1991. Council of the Royal College of Physicians of Edinburgh.
1992-1994, Vice Dean Faculty of Medicine.
1993-1994, President of the Dermatological Section of the Royal Society of Medicine.
1994-1996. President of the Scottish Dermatological Society.
1996-1998, Vice Dean Faculty of Medicine.
1997. O.B.E. for services to Dermatology.
1998-1999. President of The British Association of Dermatologists.

G.W.Beveridge.
1982-1984 President of The Scottish Dermatological Society.
1984-1988. Chairman of the Dermatological Sub-Committee of the C.C.H.M.S.

J.A.Savin.
1977-2004. Member of Medical Appeal Tribunal.
1984 Associate editor of the British Journal of Dermatology.
1988-1989. President of the Section of Dermatology of The Royal Society of Medicine.
1992-1993. President of The Dowling Club.
1993-1994. President of The British Association of Dermatologists.
Honorary Member of the British Association of Dermatologists (1994),Canadian Dermatology Association and Foreign Corresponding Member of the Societé Française de Dermatologie et de Vénéréologie.
1994-1996. Postgraduate Training Adviser to the B.A.D.

R.St.C. Barnetson.
1981. Editorial Board of Clinical and Experimental Dermatology, Clinical and Experimental Immunology and Leprosy Review
1983. President of Scottish Branch of The Royal Society of Tropical Medicine and Hygiene.
Medical Advisory Board of Lepra.
1984. Council member of British Society for Allergy and Clinical Immunology.
1987. Appointed to the first Chair of Dermatology in Australia at the University of Sydney

P.K.Buxton.
1987. Executive Committee of the British Contact Dermatitis Group.

E.C,Benton.
1987. Executive Committee of the Scottish Dermatological Society.

M.J. Tidman.
1988. Secretary of the Society for Cutaneous Ultrastructural Research (SCUR).
Medical Advisory Panel of DEBRA.
1992-1994. Secretary of Scottish Dermatological Society.

G.C.Priestley.
1987. Chairman of The Skin biology Club (Scotland).
1988 Medical Advisory Panel of DEBRA.

M.H.Bunney.
1985. Elected M.R.C.P.Edin. without examination.

G.Kavanagh.
2000-2002. Secretary of Scottish Dermatological Society.

Travelling Outside Edinburgh.

As already mentioned, the medical staff lectured frequently in other cities of the U.K. and abroad. The general rule was that the Department would help with the finances if an individual was giving a paper at a conference (for example the annual meeting of the American Academy of Dermatology), but we were not (unless there were special circumstances) in the game of supporting staff to attend meetings where they were not contributing. Many longstanding contacts and friendships were made at such events and the reputation of the Department enhanced.

Hunter (centre) with fellow guest lecturers and local organizers at the IV Hellenic Dermatological Congress in Athens (1984). In front Braun Falco, Civatte (younger), Orfanos, Stratigos, Frain-Bell, Thivolet and Kligman.

Not all work! Prof's birthday present at the International Congress of Dermatology, New York, June, 1992. Picnic and *La Bohême* in Central Park. Kelly, Hepburn, Hunter and Herd.

Vistors (often lecturers) to Department.

From Edinburgh if country/city not mentioned.

1981. Anne Ferguson, J. Rentoul (Glasgow), Peter Friedman (Newcastle), Chris Edwards, Martin Black (London), Delphine Parratt (Dundee), Marion White (Aberdeen). F. Ihekwaba (Ibadan, Nigeria).

1982. Peng Lee Yap, Nigel Hurst, Robin Eady (London), G. Hooper (London), Denis Harnden (Birmingham), Hector Addo (Dundee), Andrew Finlay (Glasgow), Peter Copeman (London), T. Platts Mills (Southampton), John Smyth, Philip Rumke (Netherlands), W. Gibson (Sharnbrook), Calbert Phillips, Chris Stevenson (Newcastle), Ronnie Marks (Cardiff), Tony Chu (London),

1983. L. Poulter (London), Veronica van Heynigen, Les Milne, J.Briggs, Peter Friedman (Newcastle), Bill Frain Bell (Dundee), Stan Comaish (Newcastle), Sarah Rogers (Dublin), Elaine Oranberg Stanford, U.S.A.), C. Dicken (Mayo Clinic, Minnesota), Neil Smith (London), A. Cochran (U.C.L.A.), Michael Fisher (Atlanta), Ed de Fabo (Washington, D.C.), Nabeel Najem (Kuwait). P. Behl (New Delhi).

1984. B. Mitchell (London), P. Speakman (Leeds), John Macgregor, Peng Lee Yap, Ian McConnell, Hugh Jones (inverness), Janet Marks (Newcastle), Nick Simpson (Glasgow), Paul Bradley, Jonathan Leonard (London), Mary Norval, Sarah Howie,Irene Hunter (Glasgow), J. Swanson Beck (Dundee), D. MacDonald (London), Jan Borovansky (Prague), Alex MacQueen (Glasgow), Roger Harman (Bristol). Mike Dahl (Newcastle), Jerome Pomeranz (Cleveland, U.S.A.). Lecturing at The Centenary Symposium were Sam Shuster (Newcastle), Malcolm Greaves (London), Chris Vickers (Liverpool), Ronnie Marks (Cardiff), Edward Wilson-Jones (London) and Rona MacKie (Glasgow). Amanda Oakley (Auckland, N.Z.).

1985. John Ebling (Sheffield), Don Williamson (Pontefract), Grant Peterkin, Julia Ellis (Swindon), Ian Sneddon (Sheffield), Brian Johnson (Dundee), Richard Camp (London), Steve Katz (Bethesda, U.S.A.), Roger Aldridge (Aberdeen), Imrich Sarkany (London), Bill Cunliffe (Leeds), Keiji Itwazuki (Hamamatsu, Japan). S.Nu (Shanghai, China), Ahmed Khamis (Cairo, Egypt), Hugh Stringer (Dunedin, New Zealand), Prof. Lagus (Helsinki, Finland). Ahmed Abdelrazak (Saudi Arabia).

1986. Keith Guy, Irene Leigh (London), Gerry Milton (Sydney, Australia), Neil Morley (Glasgow), Steven Breathnach (London), M. Almatobugami (Dundee), Paul August (Manchester), K.Burnand (London), F.S.Farah (New York, U.S.A.) Ed. de Fabo (Washington, D.C.. U.S.A.), Mark V. Dahl (Minneapolis, U.S.A.), Veronica van Heyningen, Bob Warin (Bristol), Peter Mortimer (London), Neil De Zoysa (Wanganui, New Zealand), Sun Chee-Ching (Taipei, Taiwan) T. Podas (Thessalonika, Greece), Fouad Farah (Syracuse, New York, U.S.A.).

1987. David McEwan Jenkinson, Peter S. Friedmann (Newcastle), Andrew Wyllie, M. Kemeny (London), Gordon Duff, John Voorhees (Michigan, U.S.A.), Klaus Wolff

(Vienna), Mike Tidman(London), Herbert Hönigsman (Vienna), Sheldon Pinnel (N. Carolina, U.S.A.), Ian Kimber (Macclesfield), M. Hall (London).

1988. C.V.Ruckley, A. Miller, Awf Quaba, Paul Bergstresser (Houston, U.S.A.), Mike Edward (Glasgow), Geoffrey Fairris (Southampton), Bill Noble (London), C.M. van de Kerkhof (Nijmegen, Holland), F.J. Meyskins (Arizona, U.S.A.), Will Chapman (Albuquerque, U.S.A.), Ross Barnetson (Sydney, Australia), Jonathan Barker (London), Enno Christophers (Kiel, Germany), Y. Barlow (Cambridge), Prof. H.Uda (Kagawa, Japan). Fergus Lyons (Cork, Ireland)

Prof H. Uda (Kagawa, Japan) visited in 1988.

1989. Colin Bird, Chris Lovell (Bath), Q.Nengxian (Nanking, China), Fenella Wojnarowska (Oxford), Gerry Milton (Sydney, Australia), Les Milne, G. Besley, Derek Cripps (Wisconsin, U.S.A.), H. Shimizu (London), Sheila Cannell, Walter and Dorinda Shelley (Ohio, U.S.A.), N. Goldstein (Honolulu, Hawaii, U.S.A.), A.G. Bird, Georg Stingl (Austria). Tony White (Sydney, Australia). Kit de Silva (Masterton, New Zealand)

Walter Shelley (L) visiting us in 1989 and Al Kligman (R), in 1991.

1990. E. Hamil, Jonathan Norris (Dumfries), Barry Monk (Bedford), J.D. Watson, S. Wright (London), A.T. Edmonds, J. Hanifin (Oregon, U.S.A.), R.E.W. Halliwell, Reno Cerio (London), Timo Reunula, (Finland), Richard Staughton, (London).

1991. Brian Zelickson, (Minneapolis, U.S.A.), Conor O'Doherty, (London), Richard Rycroft, (London), David Atherton, (London), D.L.Yirrell, Mary Norvall, Nicolae Maier, (Cluj, Romania, for one month), John Thomson, (Glasgow), Al and Lori Kligman, (Philadelphia, U.S.A.), Jan Bos, (Amsterdam, Netherlands), Stephen Breathnach, (London), Anne Ferguson, Paul Bowden, (Bedford), Celia Moss, (Birmingham), J.Wyllie, (London), Hugh Miller, M. Rodica Cosgarea (Cluj, Romania), Michal Belobradek (Hradec,Czechoslovakia), Ruxandra M. Popa (Cluj, Romania), Angus Macdonald (Kent).

TOP ROW (Left to Right)

Dr. James P. Vestey, Dr. Neill C. Hepburn, Dr. Olaniyi Onayemi,
Dr. Robert M. Herd, Dr. Hossain Shahidullah, Dr. Steven A. Peltz

MIDDLE ROW (Left to Right)

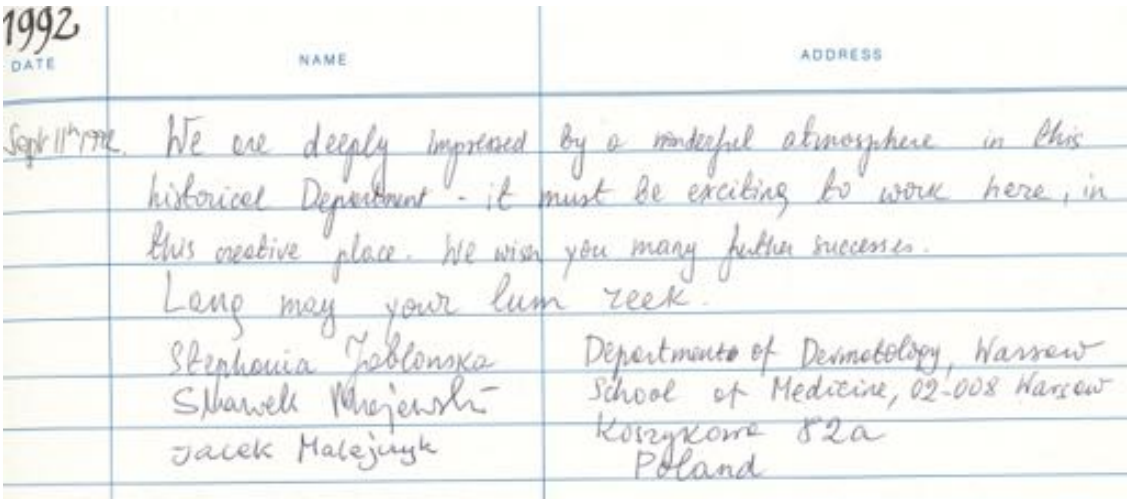
Dr. John A. Savin, Dr. Michael J. Tidman, Dr. Paul K. Buxton,
Professor Nicolae Maier, Professor John A.A. Hunter,
Dr. Roger D. Aldridge, Dr. George W. Beveridge.

BOTTOM ROW (Left to Right)

Sister Janet Spiers, Dr. Parichart Chalidapongse, Moira H. Gray,
Jane C. Liston, Dr. E. Claire Benton, Dr. E. Jean Cooper,
Dr. Frances Humphreys.

1992. David Basketer, (Unilever), Jonathan Rees (Newcastle), Ian Dransfield, W. Perkins (Glasgow), Birgit Lane (Dundee), Duncan Ferguson, Joan Stewart, Laurie Sullivan (Clinitron), Iona Ginsburg (New York, U.S.A.), John Aplin (Manchester), Peter Lynch (Minneapolis, U.S.A.), Konrad Muller (Hobart, Tasmania), Hywell Williams (London), Clive Archer (Bristol), Mark Muhlemann (Jersey), Scott Murray, Stephaia Jablońska, Slawek Majewski and Jacek Malejiryk (all from Warsaw, Poland). Willard Marmelzat, (California).

Stephania Jablońska and two colleagues from Warsaw visited the Department in 1992. Their touching comments in the visitors' book are seen below:



1992 DATE	NAME	ADDRESS
Sept 11th 1992	We are deeply impressed by a wonderful atmosphere in this historical Department - it must be exciting to work here, in this creative place. We wish you many further successes. Long may your lum reek.	
	Stephania Jablonska	Department of Dermatology, Warsaw
	Slawek Majewski	School of Medicine, 02-008 Warsaw
	Jacek Malejiryk	Koszykowa 82a Poland

1993. Roger Allen (Nottingham), Mike Cork (Sheffield), Nick Simpson (Newcastle), David Goudie (Cambridge), Awf Quaba, Jerome Pomeranz (U.S.A.), J.Sippe (Newcastle, Australia), Hans Kipping (Buffalo,U.S.A.), Tsidow Pasmanik (Santiago, Chile), Henry Foong Boon Bee (Malaysia), J.Murie, Jorgen Serup (Copenhagen, Denmark).

1994. Julia Newton (Leeds), Richard Rycroft and Chris Griffiths (London), Neil Cox (Carlisle), Colin Munro (Glasgow), Anthony du Vivier (London), Joe Jorizzo (Winston Salem, U.S.A.), Andrew Findlay (Cardiff), Ross Barnetson (Sydney, Australia), Sallie Neill (Guildford), Karen Blessing (Aberdeen), Peng-Lee Yap, Tom Kupper (Harvard, U.S.A.). Elizabeth Higgins (London), Robert Burton (Newcastle, Australia), T.Alexandru (Cluj, Romania), E.Ben Smith (Texas, U.S.A.).

Tom Kupper visiting (1994).

1995. David Gawkrodger (Sheffield), Roy Oliver (Dundee), Susan Morley (Dundee), Eugene Healy (Southampton), David Harrison, Jane McGregor (London), Jane Sterling (Cambridge), Ian Kimber (Macclesfield), Gary Halliday (Sydney, Australia), Adriano Rossi, Giles Dunnill (London), Richard Weller (Aberdeen), Charlotte Proby (London), Richard Rycroft (London), Dai Roberts (Glasgow).

1996. Ali El-Ghorr, Desmond Burrows (Belfast), Angus Dalgleish (London), Pamela McHenry (Glasgow), Richard Rycroft (London), Reno Cerio (London), Rashid Luqmani, John Bourke, Terence Ryan (Oxford), David de Berker (Bristol), Ross Barnetson (Sydney, Australia), Colin Morton (Stirling), Alex Ormerod (Aberdeen), Tony Thody (Newcastle), Malcolm Greaves (London), K. Schallreuter (Bradford). Leo Montes (Argentina), Mitchell Sams (Alabama, U.S.A.).

1997. Hywel Williams (Nottingham), Leon Lindsey, Roger Allen (Nottingham), Robert Chalmers (Manchester), Kathryn McLaren, Richard Groves (London), Thea Mauro (San Francisco, U.S.A.), Martin and Anne Kobza Black (London), Alan Lyell (Ayrshire), Jan Bouwes Bavinck (Leiden, Netherlands), Peng –Lee Yap,

Edwin Chilvers, Peter Friedmann (Liverpool), Pauline Dowd (London), Barry O'Regan (Dunfermline), David Burden (Glasgow).

1998. Jonathan Rees (Newcastle), John McGrath (London), Sidney Klaus (Israel), W. Plant, R.MacDougall, Jonathan Lamb, Michael Cork (Sheffield), Kon Műller (Tasmania), Peter Lapsley (London), George Nuki, Jonathan Barker (London), Tony Quinn (London), Nigel Burrows (Cambridge).

1999. Raymond Agius, Mary Porteous, Peter Johnson, Elizabeth Fraser-Andrews (London), P Kearns (Dunfermline), Iain Macleod, Peter Hayes, Sarah Marshall (Oxford), Steve Robertson (Medical Telemarque plc.), R. Macleod, Rona MacKie (Glasgow), Victoria Kolb-Bachofen (Dűsseldorf, Germany), Robin Eady (London), Richard Staughton (London).

National Meetings in Edinburgh.

We hosted a number of Scottish Dermatological Society meetings and other national/international meetings listed below

Scottish Dermatological Society Meetings in Edinburgh.

1981. Feb. 12th.

1983. March 5th. Symposium: Lymphoma and the Skin.

1984. Oct. 11th.

1987. Feb 12th and June 12th. Combined meeting with The Dowling Club (JAAH President and R. Dawber, Orator.).

1988. Oct 14th. Combined meeting with the Norwegian Dermatological Society.

1991. Feb. 14th.

1993. June 4th. Combined meeting with The Dowling Club (JAS President)

1994. Feb. 10th.

1995. June 10th.

1996. Combined meeting with the Scottish Rheumatology Club.

National/International Meetings.

1982. Sept. 21st-23rd. 1V European Workshop on Melanin Pigmentation.

1983. Combined meeting of The Skin Biology Club and The Skin Club (London)

1984. 18th Oct. We celebrated the centenary of the Department and we were honoured by the attendance of all the professors of dermatology in the U.K.

Dermatology in Edinburgh
Centenary Symposium
1884 – 1984

Department of Dermatology Phase I
Level 4 Royal Infirmary Edinburgh

Friday 12th October 1984

The Visiting Speakers

Professor M.W. Greaves	St. John's Hospital for diseases of the skin London
Professor R.M. MacKie	University of Glasgow
Professor R. Marks	Welsh National School of Medicine
Professor S. Shuster	University of Newcastle-Upon-Tyne
Professor C.F.H. Vickers	University of Liverpool
Professor E. Wilson-Jones	St. John's Hospital for diseases of the skin London

The Home Team

Professor J.A.A. Hunter	**Dr. E.J. Cooper**
Dr. G.W. Beveridge	**Dr. D.J. Gawkrodger**
Dr. J.A. Savin	**Dr. S.M. Going**
Dr. R.StC. Barnetson	**Mrs. M.H. Gray**
Dr. P.K. Buxton	**Mrs. E. McVittie**
Dr. G.C. Priestley	**Mrs. J.E. Nimmo**
Dr. R.S.J. Barkley	**Dr. M.W. Nolan**
Dr. E.C. Benton	**Dr. C.StJ. O'Doherty**
Dr.M.H. Bunney	**Dr. J.A. Ross**
Dr. M.M. Carr	**Dr. J.P. Vesley**

We gratefully acknowledge the support of the following pharmaceutical companies

Alcon Laboratories (UK) Ltd	Kirby-Warrick Pharm Ltd	A H Robbins Co Ltd
Bayer UK Ltd	Lederle Laboratories	Roche Products Ltd
Berlimed Pharmaceuticals	Leo Laboratories	Schering Pharmaceuticals
Brocades Great Britain Ltd	E Merck Ltd	Smith & Nephew Pharm Ltd
Dista Products Ltd	Merrell Pharmaceuticals Ltd	E R Squibb Ltd
Geistlich sons Ltd	Miles Laboratories Ltd	Stafford-Miller Ltd
Glaxo Laboratories Ltd	Norwich Eaton Ltd	Sterling Research Laboratories
Imperial Chemical Industries plc	Neutrogena (UK) Ltd	Stiefel Laboratories (UK) Ltd
Janssen Pharmaceuticals Ltd	Pharmacia Limited	Stuart Pharmaceuticals Ltd
Johnson & Johnson Ltd	Quinoderm Ltd	Wellcome Medical Division

Programme : Friday 12th October 1984

9.30 a.m. **Professor J.A.A. Hunter** Welcome and introduction	12.45 p.m. **Lunch**
9.45 a.m. **Professor R.M. MacKie** Oncogenes in dermatology 1984	2.15 p.m. **Professor M.W. Greaves** New pharmacological findings in psoriasis
10.15 a.m. **Dr. M.H. Bunney** The response to interferon of resistant warts in three immunocompromised patients	2.45 p.m. **Dr. C. StJ. O'Doherty** Palmoplantar pustulosis and its relationship to smoking
10.30 a.m. **Professor E. Wilson-Jones** New endothelial cell markers in the study of endothelial cell tumours	3.00 p.m. **Professor R. Marks** Dermatology in the dark
	3.30 p.m. **Mrs. J.E. Nimmo** Plasma 5 S-cysteinyl dopa estimation and its use in pigmentary disorders
11.00 a.m. **Coffee** Pharmaceutical exhibition	3.45 p.m. **Tea** Pharmaceutical exhibition
11.30 a.m. **Dr. M.M. Carr** The distribution of Class II antigens in human skin	4.15 p.m. **Professor S. Shuster** My most recent (and therefore still undiscredited) discovery
11.45 a.m. **Professor C.F.H. Vickers** Advances in management of atopic eczema in childhood	4.45 p.m. **Dr. G.C. Priestley** The collagen lattice: a 3-D world for the skin fibroblast
12.15 p.m. **Dr. E.C. Benton** Sequential studies of allergy in patients with atopic eczema	
12.30 p.m. **Dr. D.J. Gawkrodger** Cutaneous and oral challenge reactions in nickel sensitive subjects	7.30 p.m. **Centenary dinner** Royal College of Physicians of Edinburgh

Over 100 attended, all with some connection with the Department. We ended the day with a formal dinner in the library of the old college with the Principal of the University, Sir John Burnet, our main guest.

Prof. Rona MacKie, Prof. Sir Patrick Forrest, Prof. Ronald and Mrs Girdwood at the centenary dinner.

Sam Shuster, David Gawkrodger, Peter Carr, Fiona Charleson, Mary Carr and Eva McVittie at the centenary dinner.

1986. May 19th-20th. North American Clinical Dermatology Society.

N.A.C.D.S. visit, 1986. Dinner at R.C.P.

1987. July 9th-10th. Society of Cutaneous Ultrastructural Research.

1993. May14th. North American Clinical Dermatological Society.

1998. May 14th-15th. Combined meeting of The Skin Biology Club and The Skin Club.

Inevitably these meetings took much organizing, often with the help of the three stalwarts below.

Jane Liston, Moira Gray and Eva McVittie.

1999. June 29th- July 3rd. Annual meeting of The British Association of Dermatologists.

The 79th Annual Meeting of the British Association of Dermatologists, with Hunter presiding and Tidman local secretary, was held in the Edinburgh Conference Centre in July 1999. 700 delegates attended. Official guests of the B.A.D. were members of the American Dermatological Association.
The speakers at plenary sessions were Professor Thomas Kupper (Boston,U.S.A.), Dr. Bernie Ackerman (Philadelphia, U.S.A.) and Professor Kristian Thestrup-Pederson (Aarhus, Denmark). Breakfast sessions were introduced for the first time at an annual meeting. They were popular, surprising many that British Dermatologists could get early out of bed!

CME Breakfast Sessions
Edinburgh International Conference Centre

Date	Time	Title	Speaker
Wednesday 30th June 1999	07:30 - 08:45	How I treat Stubborn Atopic Eczema	Prof. R StC Barnetson
Wednesday 30th June 1999	07:30 - 08:45	How I treat Difficult Nail Conditions	Dr Robert Baran
Wednesday 30th June 1999	07:30 - 08:45	How I manage Stubborn Genital Lesions	Professor P Lynch
Thursday 1st July 1999	07:30 - 08:45	How I manager Difficult Psoriasis	Professor J D Bos
Thursday 1st July 1999	07:30 - 08:45	How we manage the orphan patient and handle the treatment challenges	Drs W & D Shelley
Thursday 1st July 1999	07:30 - 08:45	How I manage patients with Cutaneous Lymphoma	Professor W Van Vloten
Friday 2nd July 1999	07:30 - 08:45	Breakfast with Ackerman	Dr B Ackerman
Friday 2nd July 1999	07:30 - 08:45	How I manage Difficult Acne	Professor Gerd Plewig
Friday 2nd July 1999	07:30 - 08:45	How I treat Difficult Pigmentary Conditions	Professor J-P Ortonne

Five British Special Interest groups; Dermatological Surgery, Paediatric Dermatology, Contact Dermatitis, Dermatopathology and Photodermatology, held their meetings on the Wednesday afternoon.

Sporting Activities, pursued on the Thursday afternoon, included Sailing (Firth of Forth), Golf (Muirfield), Tennis (Grange Club), Fishing (Glencorse Reservoir), Clay Pigeon Shooting and Five-a-side Football.

The President's Reception (Wednesday night) was held in the Royal Museum of Scotland, The President's Dinner (Thursday night) in the Royal College of Physicians and the Annual Dinner and Dance (Friday night) in The Assembly Rooms.

The meeting ended on Saturday morning with an Arts and Crafts Exhibition in aid of the British Skin Foundation.

Personnel.

Health Service.

Consultants.
George W. Beveridge, 1965-1996 (With Administrative Responsibility, 1988-1994).
John A. Savin, 1971-1999.
Ross StC. Barnetson, 1981-1987 (to Chair of Dermatology, Sydney, Australia)
Paul K. Buxton, 1981-2002.
E. Claire Benton, 1986-2010 (Clinical Director, 1996-97 and 1998-2000).
Michael J. Tidman, 1988-2015 (Clinical Director, 1994-1996 and 1997-1998).
Roger D. Aldridge, 1993-2016 (became Clinical Director 2000-2015)
Olivia M-V. M. Schofield, 1996-2014
Gina Kavanagh, 1996-present (2018).

Associate Specialists.
Mary H. Bunney, 1985-1988.
E. Jean Cooper, 1996-2004.
Helen M. Horn, 2002-2014.
Ruth Ray, 2005-2018.
Pat Drewitt, 2008-2013.

Clinical Assistants/Staff Grade Dermatologists.
Mary H. Bunney, 1957-1985.
M. (Peggy) Nolan, 1970-1990.
Sheila Going (née Innes), 1983-1989.
Alison, J. Douglas, 1985-1988.
E. Jean Cooper, 1980-1985 and 1987-1996.
Margaret Rudd, 1995-2004.
Ruth Ray, 1995-2005.
Roger D. Aldridge, 1986-1988.
Helen M. Horn, 1991-2002.
Pat Drewitt, 1994-2008.

Senior Registrars.
Robin Hardie, 1976-1981(to consultant post in Northampton).
J. Fergus Lyons, 1981-1982 (to consultant post in Cork, Ireland).
E. Claire Benton, 1980-1986 (part-time to consultant post in Edinburgh).
David G. Gawkrodger, 1982-1985 (to lecturer post in Edinburgh).
Graham Colver, 1985-1990 (to consultant post in Chesterfield).
Danny Kemmet, 1990-1992 (to consultant post in Glasgow and Clyde).
Frances Humphreys, 1991-1996 (to consultant post in Warwick).
Robert Herd, 1993-1996 (to consultant post in Glasgow).
Olivia Schofield, 1994-1996 (part-time to consultant post in Edinburgh).
Sheena Allen (SpR.), 1996-1999 (most sessions at Victoria Hospital, Kirkcaldy where she became consultant).

Honorary Senior Registrars.
Mary Carr, 1984 (to senior registrar post in Durham).
James Vestey, 1988-1993 (to consultant post in Hull).
Sue Kelly, 1992-1993 (to consultant post in Shrewsbury).
Neill C. Hepburn, 1991-1994, on secondment from R.A.M.C. (to consultant post in Lincoln)

Registrars.
Michael Hazell, 1979-1980.
David Gawkrodger, 1981-1982.
Sheila Innes, 1981-1983.
James Vestey, 1982-1986.
Alastair Barkley, 1983-1986.
Andrew Wright, 1985-1987.
David Harris, 1987-1990.
Danny Kemmet, 1986-1990.
Robert Herd, 1990-1993.
Hossein Shahidullah, 1991-1993.
Steve Keohane, 1993-1995.
Patricia Gordon, 1993-1996.
Sheena Allen, 1994-1996 (shared with Victoria Hospital, Kirkcaldy)
Shireen Velangi, 1996-1999. (SpR.).
Bernie deSilva, 1996-1999. (SpR.).
Joyce Leman, 1998-1999. (SpR.).

Overseas Honorary Registrars/Clinical Fellows/Clinical Assistants.
Mary Carr (1982-1984)
Moses Kargbo (Sierra Leone), 1982-1983. British Council Technical Assistance.
Uma Saxena (New Delhi), 1983-1984. British Council Fellow.
Wai Kee Wong (Singapore), 1984.
Nada El Mahaini (Syria), 1983-1984.
I. ('Nacho') Umbert (Barcelona), 1986-1987.
Silvano Mazzon (Parma), 1986-1987
Panayiotis Stavropoulos (Athens), 1987-1988.
Parichart ('Miaow') Chalidapongse (Bangkok), 1990-1991. Dual sponsorship Royal Thai Navy and R.C.P. Edinburgh.
Steve Peltz (New York), 1990-1991.
Niyi Onayemi (Ile-Ife, Nigeria), 1990-1991. Association of Commonwealth Universities Fellowship.
Khalid Hussain (Military Hospital, Rawalpindi). 1992-1993. Dual sponsorship, College of Physicians and Surgeons, Pakistan and R.C.P. Edinburgh.
Ibrahim Nasr (Alexandria, General Military Hospital), 1993-1994 and 1998.
Morgan Pillay (Medical University of South Africa [MEDUNSA]), 1997-1998
Khalid Mahmood (Pakistan. R.C.P. Overseas Training Scheme), 1998-1999.

Australian Honorary Clinical Fellows/Registrars.
Ian Younger, 1989-1990.
Michael Li, 1992-1993
Ian Hamann, 1993-1994
Bob Stephens, 1994.
Tony Dicker, 1995-1996.
Leith Banney, 1996-1997.
Jennifer Wells, 1997-1998.
Simon Yong Gee, 1998-1999.

Nursing Sisters.
Helen Bradley, 1959- 1989.
Kate Grigor, 1971-1991.
Janice Lowe,1988- 2018.
Janet Spiers, 1991-1996.
Serena Liddle, 1995-2002.
Jo' Scott, 1996-1999.

Stalwarts/long-serving ancillary Nursing, Clerical and Secretarial staff.

Staff and Enrolled Nurses.
Kay Tasker, Betty Proudfoot, May Smith, Evelyn Clarke, Kath Wright and Anne Smith.
Auxiliary Nurses.
Margaret Wise, Rena Gibb, Elizabeth Duncan, Margaret Davidson, Bernice Ramsay and Lillian Mitchell.

Secretaries.
Lorna Jackson, Jenny Dabon, Connie Veitch, Gladys Seatter and Anne McBride.

Outpatient Receptionist.
Norma Sinclair.

Outpa**tient Appointments Clerk.**
Lucy Cherrie.

University Staff.

Professor.
John.A.A.Hunter, 1981-1999. (Consultant with Administrative Responsibility, 1980-1988)

Senior Lecturer.
Non Clinical
Graham C.Priestley, 1981-1993 (to University Fellow, Department of Dermatology).
Roddie C.McKenzie, 1998-2003 (to Senior Lecturer, Veterinary Pathology Unit, Edinburgh).
Clinical.
Roger D. Aldridge, 1990- 1992 (part-time – 7/11).

Clinical Lecturers.
Ross Barnetson, 1976-1981 (to consultant post in Edinburgh).
Robin Hardie, Temporary, 1981 (to consultant post in Northampton).
C.O'Doherty, 1982-1985 (to consultant post in Tottenham)
D.J.Gawkrodger, 1985-1988 (to consultant post in Sheffield).
J.Vestey, 1988-1993 (to consultant post in Hull).
Gina Kavanagh, 1993-1996 (to consultant post in Edinburgh).
R.Weller, 1996-1998 (to Reseach Fellowship in Germany)
Simon Yong Gee, Locum, 1998 (to Australia).
T.Ha, Locum, 1999-2000 (to Cambridge).

Non Clinical Lecturer.
Roddie C. Mackenzie, 1994-1998 (to senior lecturer post in Edinburgh).

Clinical Scientists.
Jim A. Ross, 1979-1985 (to R.A. post Department of Medical Microbiology).
M. Jane Spencer, 1985-1993 (to live in Stockport).
Craig Walker, 1994-2012 (Clinical Scientist / Biomedical Scientist).

University Fellow.
Graham C. Priestley, 1993-1999.

Research Assistants/Technicians
Eva McVittie, 1973-1996
Hugh Macfarlane, 1978-1987 (to Astra Zeneca).
D.Simmons, 1985-1986.
Maureen Higgins, 1986-1987.
Ruth Lord, 1988-1989.

University Department, Non-Medical/Scientific Staff.
Moira Gray, Department Secretary/Manager and P.A. to Prof. Hunter (1971-1999).
Jane Liston, Research Secretary, 1987-1996 (Financed by E.D.R.F.).
Jenny Stewart, Scottish Melanoma Group Secretary (1979-1995).
Gillian Smith, Scottish Melanoma Group Secretary (1995-2012).

Honorary Secretaries of the Foundation for Skin Research.
Ian Mathieson, 1988-2007.
Shelagh Gibb, 2007-2014.

Research Fellows/Associates.
Mary Carr, 1982-1984 (Central Toxicology Unit, I.C.I.).
Jim Buchanan, 1984.
René Rüdlinger (Zurich), 1984-1985 (Royal Society Research Fellowship).
James Vestey, 1986-1988, shared with Microbiology, (Faculty of Medicine).
Roger D. Aldridge, 1986-1990 (D.R.U.).
Frances Humphreys, 1989-1991 (Jansen and Scotia grants).
Sue Kelly, 1989-1992 (M.R.C. Training Fellow).
Helen Horn, 1992-1994 (DEBRA Research Fellowship).
Hossein Shahidullah, 1994-1996 (Faculty of Medicine).
Hiroko ('Kubi') Kuwabara, 1994-1995 (Kagawa Medical School, Japan).
Jacek Szepietowski, (Wroclaw), 1996 and 1998 (Polish School of Medicine Memorial Fund).
Melany Jackson, 1997-1998 (Post-doctoral Fellow).
Malgorzata ('Gosia') Zak-Prelik. 1998 (Polish School of Medicine Memorial Fund).

Postgraduate Students.

Catherine Oakley, 1980-1983.
Judith Nimmo, 1980-1983. Shared with the Department of Clinical Biochemistry.
Suhail Hadi, 1982-1983.
Karen Reilly, 1983-1986.
Lorraine Adams, 1986-1988
Maureen Gillon, 1983-1986.
Kate Everness, 1984-1988. Shared with Central Toxicology Unit, I.C.I. Macclesfield.
Frances Smith 1991-1994 (to complete the last year of her studentship in Dundee)
Rosalyn Forsey, 1993-1996. Shared with Pathology and Respiratory Medicine.
Teresa Rafferty, 1996-1999. Shared with Department of Clinical Biochemistry.
Melany Jackson, 1993-1996. Based in Department of Medical Microbiology.

René Rüdlinger and Judith Nimmo at the centenary dinner (1984).

Afterword.

Maybe a bold and rash successor will record the history of 'Dermatology in Edinburgh, 2000 to 2050' and start with 'The legacy of Hare and Hunter'! It will be up to posterity to assess the impact of our years to the fore. Perhaps I should not comment but……

I hope that it is not hubris to suggest that both Hare and Hunter left their Department in better shape than they had found it. Certainly much changed during both periods, but the nature of that change could be criticized.

Hare and Hunter, wearing their university hats, shared what might now be seen as a glaring and outmoded fault. They were convinced that individuals fared best when they pursued a worthwhile interest of their own rather than that of the professor. The downside of this strategy was that too many areas of research in the Department were undertaken at the same time and, overall, the research lacked focus and sometimes depth. The reward was that it often encouraged interdisciplinary collaboration and more units from outside began to appreciate that the Department of Dermatology in Edinburgh not only existed but even thrived! As a result of this improved reputation further afield, there was no shortage of good young postgraduates, both medical and scientific from the U.K. and abroad, applying for posts in the Department.

As already mentioned another major and valid criticism of the Hunter period is that Hunter, Beveridge and Savin, three diehard dermatological physicians, failed to appreciate the burgeoning, if not exponential, requirement for dermatological surgery in the Department. They had little excuse because outpatient studies (see previously) on their very own doorstep revealed this need only too clearly. In retrospect the necessary changes were paltry and inadequate.

Dr. (later Professor) Colin Munro, in Glasgow, and Hunter did their best to curb administrators' obsession in reducing (if not abolishing) the number of hospital beds for dermatological patients. In the late nineties the gospel for the health planners was that according to Kaiser Permanente, a Californian health planning business, embedded in a wildly different social setting. Our publications stemmed the tide, but no more. In the event the great success of the 'Biologics', hoped for but by no means predictable in the nineties, came to the rescue of the administrative establishment. Within a few years, the biologics were to reduce the necessity of many patients with inflammatory skin diseases requiring hospital admission. In 2018 the department has just eight hospital beds!

Clearly, both health care systems and medical research must respond to fundamental changes in society and scientific discoveries. The tiny Department of Dermatology in Edinburgh is no exception and the words of a luminary (and Edinburgh University medical student for a short time), written over two hundred years ago, are worth recording:

'It is not the strongest of the species that survives, not the most intelligent, but the one most responsive to change'.
Charles Darwin, 1809.

Epilogue.

Roger Allen was elected Honorary Secretary (1992-1994) and President (1999-2000) of The British Association of Dermatologists.

Sheena Allen became the lead consultant dermatologist in Fife where she was to the fore in enlarging a highly effective and popular service. On her retirement there were no less than seven fellow consultants in Fife.

Ross Barnetson left for Australia in 1988 when he was appointed to the first Chair of Dermatology at the University of Sydney. With support from The Dermatology Research Foundation, which he helped to establish, he led a flourishing and internationally recognized department that received significant grants for its research, the main focus of which was skin cancer. His department became the main hub for training dermatologists in Australia.

Claire Benton was elected President of the Scottish Dermatological Society, 2007-2009.

Lalit Bhutani became Professor & Head of the Department of Dermatology and Venereology at the All India Institute of Medical Sciences (AIIMS) in 1979, a position he took to great heights until his retirement in 1996. He retired as Dean and Director of AIIMS in 1996. He served as the President of the Indian Association of Dermatologists, Venereologists and Leprologists in 1981-82. He was Honorary Physician to the President of India (1983-87). He was the only Indian dermatologist to be made an honorary fellow of the Royal College of Physicians of Edinburgh (FRCP) in 1987. He died in 2004.

Paul Buxton authored further editions of ABC Dermatology, the 5th with Rachel Morris Jones. Made aware by the Tropical Health and Education Trust (THET) of the plight of dermatology in Ethiopia, he ran a dermatology course for clinical medical undergraduates at the University of Gondar. The following year, with the support of the Faculty of Medicine, University of Addis Ababa, he initiated a course for specialist dermatologists, leading to an internationally recognized diploma. This course thrives to this day with Richard Weller at the forefront.

Graham Colver is a past President of the British Society for Dermatological Surgery and was awarded (2018) a Lifetime Achievement Award in dermatological surgery by that group.

Heather Cubie became a Consultant Clinical Scientist in Virology in 1993. In 2006, the University of Edinburgh made her an Honorary Professor of Research and Research Management. She was Founder Director of the Scottish National HPV Reference Laboratory [2008-2012] and established the national HPV archive. In 2012 she was awarded the M.B.E. for her contribution to healthcare science in Scotland. She is a Fellow of the Royal Society of Edinburgh.

Val Doherty retired in 2016. She was chairwoman of the Scottish Melanoma Group (2000-2008) and chaired the Steering Group reviewing Cancer Waiting Times in Scotland (2017). She was awarded the M.B.E. in 2018 for services to cancer care.

Kate Everness and Teresa Rafferty, after gaining their Ph.Ds with us, went to medical schools and are now in General Practice.

David Fairley moved from Strathclyde University to Inveresk Research International. His final relocation was to Nottingham Biocity where he co-founded (2005) and became managing director of Histologix Ltd. This company has become a leading U.K. independent immunohistochemistry and contract histology company, with an estimated (Owler) annual revenue of $8million!

David Gawkrodger was appointed honorary professor (Sheffield University) in 2003. He was Editor of the British Journal of Dermatology (1996-1999) and Treasurer of the British Association of Dermatologists (2004-2007). He was President of the British Contact Dermatitis Society (2003-2006) and Dermatological Section of the Royal Society of Medicine (2007-2008).
His book, '*Dermatology: An Illustrated Colour Text'*, is now in its 6th edition. He graduated D.Sc. After early retirement he pursued the history of medicine, gaining another higher degree!

Mrs Moira Gray became Head of Operations at the Intercollegiate Specialty Boards, Royal College of Surgeons of Edinburgh. She retired in 2017.

Gina Kavanagh was President of the Dowling Club in 2018.

Neill Hepburn, Consultant Dermatologist at Lincoln County Hospital qualified MBA with distinction (2012) and became its Medical Director in 2017.

Helen Horn became an Associate Specialist in 2002 and completed her M.D. thesis in 2004 (see previously).

Danny Kemmett was elected President of the Dowling Club (2005) and Scottish Dermatological Society (2013-2015). He retired in 2017.

Steve Keohane is current (2018) President of the British Society for Dermatological Surgery.

Roddie McKenzie left Dermatology in 2003 to work in the Department of Veterinary Pathology for a spell. Unsettled, he left Edinburgh University and took up part-time lecturing in biological subjects at the Adam Smith College and Tayside University. During the rest of his time he qualified as a counsellor with Tayside Council, tutored privately and became a freelance landscape designer and gardener! But the joy of this remarkable polymath is in writing short stories and poetry, published by Nethergate Writers. At present (2018) he is acting Clinical Director Counsellor for Tayside Council but his firm ambition is to make a living as a writer.

P.K.Nathan returned to Kuala Lumpur in 1970 to set up one of the first and foremost dermatology clinics in Malaysia to be run by a qualified Malaysian specialist. He was President of the World Ten-Pin Bowling Association and became Dato Dr. P.K.Nathan many years ago.
Ruth Ray became an Associate Specialist in 2005 and is at present responsible for the everyday running of the photobiology unit. She retired in 2018.

Jim Ross left the department to take up research appointments in the Virus Research Laboratory and the MRC Human Genetics Unit in Edinburgh. He was appointed lecturer in the Department of Surgery in 1990 and swiftly moved up the academic ranks to fill the Chair of Liver Cell Biology (2007). At the time of writing he has over 200 publications to his name.

Margaret Rudd and husband, Will, set sail in their yacht on a round the world voyage in 2004. The journey was eventually completed in 2017.

John Savin was awarded, posthumously in 2007, the prestigious Archibald Gray Medal of the British Association of Dermatologists. After retirement he continued to write with undiminished energy, especially on historical themes.

Olivia Schofield was President of the British Society of Paediatric Dermatology in 2012. She died, much too young, in 2017 and is missed by all.

Jacek Szepietowski is, at present (2018), a full professor and Head of the Department of Dermatology, Venereology and Allergology, Wroclaw, Poland. He served as a Vice-Rector for University Development of the Medical University in Wroclaw from 2007-2011 and was the Director of the Institute of Immunology and Experimental Therapy of Polish Academy of Sciences.

Mike Tidman is the current President of the Scottish Dermatological Society (2017-2019).

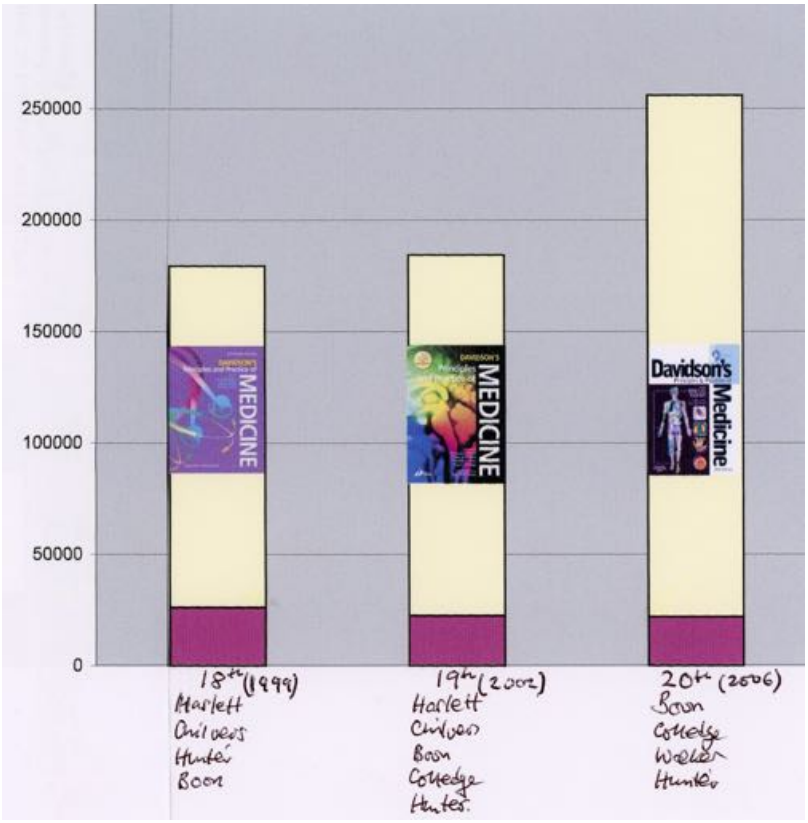
Mike Tidman (2017).

James Vestey became consultant at Raigmore Hospital Inverness where he headed an efficient service and developed the clinical use of teledermatology. He was President of the Dermatological Section of the Royal Society of Medicine (2011-2012). He was awarded the O.B.E. for services to dermatology in 2018.

Richard Weller is at present (2018) Reader in Dermatology, University of Edinburgh. Nitric oxide remains at the core of his research but this now embraces ultraviolet radiation, blood pressure, vitamin D, skin homing T cells and more! A TED talk (2013) '*Could the sun be good for your heart*?' has been viewed over a million times!

Andrew Wright was appointed Honorary Professor of Dermatology at the University of Bradford.

And finally,
John Hunter did not retire to golf at Muirfield! In 2001 he was awarded a medal by the Academy of Medicine, Wroclaw, Poland (in recognition of development of its Medical School). He, initially with Savin and later with Benton, tried to bring order to our random piles of archival material, purloining three archival cupboards off the dermatology library. The rest of his diminishing energy was dissipated as International Editor of the 19th (2002) and 20th (2006) editions of Davidson's Principles and Practice of Medicine. He established an International Advisory Board and promoted the remarkable sales of this undergraduate text in visits to India.



Davidson's Principles and Practice of Medicine. There are very few medical texts that sell over a quarter of million copies in one edition!

From 2017-2018 he struggled with this manuscript (fourteen copies).

The author in his study (photo taken by Prof. Jan Borovanský).