

History of Huddersfield Dermatology

Mike Cheesbrough, May 2011

Background

Huddersfield is situated roughly half way between Manchester, on the west of the Pennines, and Leeds. Its closest neighbour is Halifax about 5 miles to the north, on the other side of the M62. Huddersfield is about 30 miles from Sheffield in the south. From the point of view of tertiary services Huddersfield and Halifax have always related to Leeds and monthly dermatology regional meetings have always been held in Leeds.

The old Huddersfield Infirmary was opened in 1831 on the site that is now the Technical College, on New North Road. The present Huddersfield Royal Infirmary was opened by Sir Harold Wilson on 27 January 1967 at Lindley, 2 miles north of the town centre. It remains the main hospital for Huddersfield.

Until the 21st century Huddersfield and Halifax hospitals were run independently but in 2006 they were combined in the Calderdale and Huddersfield Foundation Trust which serves a population of about 440,000.

There have been close ties between dermatology departments in Huddersfield and Halifax but in 2001, when the new Calderdale Royal Hospital opened, the two departments became one department on two sites.

Dermatology

As far as I can tell there were no dermatologists before 1945, when Dr Alexander (Alex) John Elliott Barlow was appointed at Huddersfield. Previously, dermatological diagnosis and treatment were provided by general physicians, as happened in other towns and cities. In 1954 Dr Barlow took over responsibility for Halifax, in addition to Huddersfield, from Dr Clifford Stuart who left to take charge of the Wakefield hospitals, Clayton and Pinderfields.

Dr Barlow was assisted in Huddersfield by Dr Carol Holgate, later called Dr Brierley, who latterly was appointed Consultant Dermatologist in Halifax. They both retired in 1979. Dr Barlow died in 1996 but there was no published obituary. Dr Brierley is still alive but is unable to contribute to the history of Huddersfield dermatology.

There are few biographical details known about Drs Barlow and Brierley. The former qualified MRCS, LRCP in 1935. It is thought he spent some of the WW years in the Navy and at the time of appointment as Consultant Dermatologist to the old Huddersfield Infirmary he was a GP in Brighouse. I cannot find out where he obtained his dermatology training but he was generally regarded as a good dermatologist and respected by his colleagues. His particular interest, and how he cultivated this is unknown, was mycology, both scientific and clinical. He wrote or co-authored numerous scientific papers, many with Dr Chattaway a mycologist in Leeds. Dr Barlow was at first appointed to the old hospital but moved to the new Royal Infirmary in 1967 where he established a dedicated dermatological department with offices, treatment areas and broad-band UVB. In addition he procured dedicated dermatology nurses. I believe Dr Barlow was a regular attender at the regional meetings in Leeds and in 1958/59 he was the President of the North of England Dermatological Society.

In 1980 I succeeded Dr Barlow as consultant dermatologist to Huddersfield and Halifax. I had trained in dermatology, first as a registrar in Edinburgh (1974 – 1976) and then as a Senior Registrar in Nottingham until 1979 when I became a consultant in Nottingham and Mansfield for nine months. In 1981 Dr EDA Potts took over Halifax and I then relinquished any administrative responsibility for Halifax but continued to do a weekly clinic in Halifax with Dr Potts, for liaison purposes, for some years. Dr Potts is writing a separate article on the history of Halifax dermatology.

Whilst I was in Huddersfield the population served was about 215,000. The department moved within the hospital and became entirely self-contained. There was a full range of services, including UVB, PUVA, patch testing, skin surgery and a weekly leg ulcer clinic. Plastic surgery was provided by Mr Tom Barclay and after about 1982 by Mr David Sharpe from Bradford. As was usual in Yorkshire in the 1980s we had our own superficial X-ray machine and this was used for treating inflammatory conditions such as refractory pompholyx. The treatment was supervised and operated by a radiographer from Leeds and calibrated by medical physics from Bradford. Eventually the machine became obsolescent and was not replaced, mainly because of lack of funds.

The department had use of 6 beds on a medical ward for in-patient use though there were often pressures on beds during the winter months from the high admission rate of elderly and general medical patients. This sometimes led to dermatology patients being moved to other wards in the hospital which reduced the standard of care.

For a number of years we were supplied with GP trainees as half-time SHOs. This was very successful as they generally brought with them useful general medical skills and we took the opportunity of training them in basic dermatological diagnosis and management. Most of them became GP principals within the Huddersfield and Halifax area; so we reaped the benefit of training them.

There were two innovations that I introduced and found very useful. Firstly, my secretary kept a diagnostic database of every out-patient seen in the department over about the last 15 years of my time as consultant. By today's standards the database was unsophisticated, but was helpful in producing numbers seen and retrieving patient details for clinical meetings etc.

Secondly, we introduced skin surgery by nurses in about 1986. The initial purpose was to maximise use of all the staff but, as well as improving efficiency and throughput, the nurses enjoyed the extra variety and responsibility. There were no training courses in the UK at the time and the nurses who volunteered to take part were trained in-house. This worked very well and the nurse management was very supportive. Sister Higginson and I publicised the initiative in a letter to the British Medical Journal in 1988.

From about 1998 Huddersfield University ran a course in nurse surgery and the department was used for the practical aspects of the course. Attendees came from departments of dermatology all over the north of England and the Midlands.

I was President of the Huddersfield Medical Society in 2002/2003 but my interest in medical matters was not entirely restricted to Huddersfield; I was President of the North of England Dermatological Society in 2001/2002.

Medical Staff

For the first 20 years of my time in Huddersfield I was a single-handed consultant, assisted by Dr Joyce Ovens who came from general practice in 1979 as a clinical assistant, working 6 sessions per week. She worked in all aspects of in-patient and out-patient care. She also took charge of the department when I was away. On her retirement in about 1999 she was replaced by Dr Derek Cowan. Dr Cowan had originally been a GP but for a number of years was associate specialist in dermatology in Dewsbury and Wakefield. He came to Huddersfield as locum consultant and we retired together in 2006. He had an interest in patch testing and looked after the contact dermatitis work during his time in the department.

In addition, Dr Michael Wright, a GP, worked for many years one day per week looking after the leg ulcer clinic in the morning and doing a follow-up clinic in the afternoon. He was succeeded by another GP, Dr Tim Swift, in the mid 1990s who worked one half-day per week seeing follow-ups.

When Dr Cowan and I retired from the department in 2006 we were succeeded by Dr Janet Holder, as substantive consultant, and her husband Dr Hartmut Hempel, as locum consultant. The former had previously been a consultant in Reading and her husband, who has a special interest in dermatopathology, had trained and been working in Germany.

Nursing Staff

The department was lucky in having dedicated nursing staff all the time I worked there. When I arrived in 1980 Mrs Margaret Higginson was Sister-in-charge and when she left in about 1992 she was succeeded by Mrs Susan Baldwin. On her retirement in about 2000 Mrs Susan Hinchliffe became the sister. In addition there were always approximately four staff nurses and two auxiliary nurses. As well as doing nurse surgery, some of the nurses did nurse-led clinics, nurse prescribing and patch-testing.

Secretaries

Good secretaries are essential for the smooth running of a hospital department and we were lucky in having two outstanding secretaries whilst I was in post. First, Mrs Carol Thomas was the secretary when I arrived in 1980 and she stayed for about 10 years, until she left to have a family. She continued to do my private work until I retired. She was succeeded by Mrs Vera Foster who retired in 2006.