

History of Dermatology in Norfolk, Suffolk and Cambridgeshire

Although East Anglia produced one of the most eminent early Presidents of the British Association of Dermatologists, Sir Humphry Rolleston, in 1932, dermatology had little presence in the East of England before the onset of the NHS in 1948. Prior to this dermatology was largely the province of general physicians, pathologists, surgeons and of general practitioners.

England's second university was founded in Cambridge in 1209. Bury St Edmunds was an important shrine after the murder of St Edmund by the Danes in 869. Medieval Norwich was England's second largest city after London. The King had designated apartments in the Norman castle. Norwich cathedral boasts the realm's second highest spire and the surrounding fertile countryside of East Anglia were densely populated. At least eight leprosy hospitals surrounded the city of Norwich. Before Robert Willan's work in 1805 the terms psoriasis and lepra were applied synonymously by writers. The great French and Austrian dermatologists, Lorry and Plenck used the term Lepra to describe rashes that looked loathsome. It is likely that individuals suffering from a wide range of skin diseases were incarcerated in these institutions after undergoing a symbolic requiem mass, separating them from the world of the living.

The Norfolk and Norwich Hospital founded in 1771 and Addenbooke's Hospital in 1766 created hospitals for the care of the poor, unable to pay fees for private medical care.

With economic and social changes, the East of England has changed, in the last five hundred years, from an area of relatively dense population to a rural area of small ancient cities, towns and villages separated by slow, narrow, winding roads. It takes 2 hours to drive 60 miles across the catchment area of the Norfolk and Norwich hospital with a population of about half a million

Foundation of Dermatology Departments

The appointment of single handed dermatologists in hospitals in Norwich, Cambridge and Ipswich in the 1940 and 1950s, was followed by an expansion of the service into the smaller hospitals in the county in the 1980s. The enthusiasm and hard work of a few individuals, often working single handed with little support, resulted in the flourishing of dermatology to the benefit of those afflicted with skin disease.

Cambridge

In 1907, John Aldren Wright (865 – 1942), 2nd Assistant Physician asked the Addenbrooke's Hospital Board if the small room adjacent to the dining room could be used for X ray apparatus for treatment of scalp ringworm in children. The decision was initially deferred pending a decision about the development of the hospital pantry, but ultimately patient care won the day. With the assistance of £50 donations from both the Cambridge education department and a Mrs Lilley Smith, the equipment was installed in 1909.

Dr Wright's dermatology clinic, at 1145 on Wednesday mornings, treated 157 patients in 1913 rising to 207 in 1920. This low level of activity reflected hospital life at the time with Addenbrooke's casualty attendances totalling 971 in 1916. Aldren Wright was promoted to Physician to Addenbrooke's in 1914 and also was honorary pathologist from 1908. In 1920, the Specialist Department for Diseases of the Skin was acknowledged in the Hospital Minute Book as being his responsibility. However Wright remained a general physician with an interest in dermatology until his retirement in 1929.

Wright's replacement in 1930 as Physician in Charge of the skin department was Dr Claude Howard Whittle. Howard Whittle had been clinical pathologist at Addenbrooke's since 1922 and initially continued also in this role. With the inception of the NHS he became a full time consultant dermatologist from 1948 until his retirement in 1961.

Sir Humphry Rolleston (1862 – 1944) had been a surprising candidate for the Presidency of the newly founded British Association of Dermatologists (BAD) in 1932 - as he was not a dermatologist. However, he hosted the annual meeting of the association in 1932 in Cambridge with Whittle as his secretary. When Sir Archibald Gray founded the BAD in 1919 it existed as a relatively small group of predominantly London dermatologists. So how had Rolleston broken into this circle? Rolleston was a pathologist and then President of the Royal College of Physicians who became the Cambridge Regius Professor of Physic (1925 – 32). He was an omnipath and well known author. Although he had presented a paper at the 1924 BAD meeting he does not appear to have practiced any dermatology during his time in Cambridge. It appears his lifelong friendship with Wilfred Fox, the dermatologist at St Georges, together with his pre-eminent academic and social status, may have been factors in him becoming President of the BAD in 1932, after he retired as professor of medicine at Cambridge.

Whittle was joined by James Arthur Rook (1918 – 91) who was a consultant from 1953 to 1974. Rook was an intellectual giant with a formidable knowledge of the dermatology literature. He founded the Cambridge basic science course for dermatologists in 1958. This developed into the annual course which remains an essential initiation rite (renowned for its academic and hepatic challenges) for new dermatology specialist registrars in the UK to the present date.

Rook had trained for three months at L'Hopital St Louis in Paris and maintained the links with France hosting a Franco-British Reunion Dinner in King's College, Cambridge in 1956².

Arthur Rook became one of the greatest dermatologists in the twentieth century. His textbook of dermatology first published in 1968, co-edited by Darrel Wilkinson and by FJ Ebling, was the leading dermatology text in Europe from publication until the present date. The "Rook" book had run to its 7th Edition in 2006. Rook was also editor of the British Journal of Dermatology (BJD) from 1968 to 1974 and the Willan librarian from 1974 to 1991.

Shortly after Rook arrived in Cambridge, Addenbrooke's hospital moved to its present site in 1962 and opened a designated new dermatology department.

After Rook's appointment, Whittle became president of the BAD in 1954. Robert Harold Champion (1929 – 2004) was appointed on Whittle's retirement in 1961. He had been registrar in Cambridge and like his friend and mentor Arthur Rook, was an inspired teacher and writer.

Rook and Champion, together with Stephen Roberts who joined them in 1968, placed Cambridge on the international stage. Bob Champion took over the editorship of the BJD and became co-editor of the Rook textbook, and then BAD president in 1988. The Addenbrooke's wednesday joint clinic became a focus for dermatologists across East Anglia and post-graduate students from abroad were welcomed. Clinical research, particularly in immunology and urticaria flourished.

The Addenbrooke's department covered outlying clinics in Bury St Edmunds in Suffolk and in Huntingdon. Until 1997, it was the only registrar training centre in the region and until 2002 the only centre for medical student training. Jane Stirling was appointed as Senior Lecturer and in developed basic science research into papillomavirus disease. Mike Pope worked in Cambridge in the mid 1990s for a few years working on collagen disorders with Nigel Burrows.

Addenbrooke's developed the regional centre for micrographic surgery, set up by Richard Pye. This was developed after his retirement by Thomas Ho and Niamh Flanagan. Other regional services set up in Cambridge in the 1990s included a photodermatosis clinic by Paul Norris and genetic clinic by Nigel Burrows. A patch testing service was provided by Pamela Todd and a service for Nail disorders by Cedric Banfield. Cedric was initially based at Hinchingsbrooke Hospital at Huntingdon. Inept political attempts to improve patient care closer to home, with increasing dermatology provision by non-specialists, paradoxically made a specialist service there untenable. Cedric moved to Peterborough in 2007 on Peter Hudson's retirement. The patients drove 20 miles along the congested A14 to Addenbrookes.

Bury St Edmunds

The shrine of St Edmund set up by Benedictine monks in 1020 had many miracles attributed to it and was given a privileged tax free status by the pious Danish King Cnut. In the Middle ages there are records of Leprosy Hospitals as society passed through the period of institutionalised incarceration of sufferers with chronic dermatoses.

The first full time dermatologist at the West Suffolk Hospital, Sue Handfield-Jones, was appointed in 1993. Prior to this, the unit was covered by the Cambridge Dermatologists. Her post covered surrounding cottage hospitals in Sudbury, Haverhill and Thetford in Norfolk. In addition to this territory she inherited a shabby cardboard box labelled "Dr Champion's magnifying glass" which contained the largest magnifying glass ever seen.

With this heritage she built up a department supported by visiting registrars from Cambridge. She was joined by a colleague, Rachel Jenkins, in 1999.

Norfolk and Norwich

Priests were banned by the church from holding high office if they shed blood, so their servants who acted as barbers and shaved the tonsures, were the early surgeons. It is thought that their expertise in shaving gave them experience in cutting skin and they acted as surgeons under the supervision of their clerical masters. The earliest known Norwich Barber was John Belton in 1163 and the earliest Surgeon Randolph de Morlee in 1288.

Edward Rigby was appointed assistant surgeon in 1771 at the new Norfolk and Norwich Hospital built close to the city centre. He was soon appointed Physician and achieved fame in describing placenta praevia. He wrote what may be the second English Language dermatology text book in 1785. *An Essay on the Theory of the Production of Animal Heat and on Its Application in the Treatment of Cutaneous Eruptions, Inflammations, and Some Other Diseases*. Joseph and Johnson, London. In this he applied principles of thermodynamics, learnt from his tutor the famous Joseph Priestly, to the contemporary understanding of physiology. As physiology was still largely embedded in ideas of Greek Mythology relating to humours the results appear curious to 21st century eyes, but were undoubtedly challenging at the time.

The first Norwich dermatologist was Mr Archibald (Archie) Smith FRCS. He worked as a British army Venereologist, during World War II, and during this time developed an expertise in dermatology. Prior to Mr Smith dermatology was provided for by the general physicians. Smith was appointed Consultant to the Norfolk and Norwich Hospital in 1948, remaining in post until retirement in 1963. He is to this day fondly remembered by patients as a gentle and kind man. His colleagues remember an entertaining after-dinner speaker. His clinical assistant, Dr Charles Bunting, of the Norwich Bunting's department store family, retired at the same time.

Dr AW (Freddie) Mackenzie was appointed in December 1963 and for 25 years covered a huge territory with clinics in Norwich, Great Yarmouth and Cromer, as a single handed dermatologist. He also undertook monthly clinics at the Hellesten psychiatric hospital, and at Blundeston prison.

Dr Mackenzie had described the vasoconstriction assay to determine potency in topical steroids in 1962. In the absence of a dedicated dermatology histopathologist, Dr Mackenzie read his own dermatology slides in Norwich using pathology skills gained during secondment from St Thomas Hospital to the Cleveland Clinic, Ohio.

The eight dermatology in-patient beds were located in the Orthopaedic Pavillion. A successful symbiotic relationship was developed during which time the first description of urticaria due to a metal joint prosthesis was described. After a brief period with Gynaecology, the dermatology in-patients joined with rheumatology on Irstead ward in 1983. This was situated on the top floor of the ward block, now demolished, that once towered as the highest point for over a thousand square miles of the Norfolk countryside.

In North Norfolk there were eight dedicated dermatology beds at the cottage hospital at Kelling. This hospital eventually succumbed in 2002 to be taken over as the base for the expanding Holt general practice.

In Norwich, Dr Clive Grattan replaced Dr Mackenzie after his retirement in 1989. He was joined by Dr Nick Levell in 1995 and Dr Jennifer Garioch in 1996. This was a time of rapid expansion. Sam Gibbs was appointed into a new dermatology registrar post linked to Great Yarmouth in 1996. By 2001 there were three dermatology registrar training posts based at Norwich and rotating out to peripheral hospitals in Great Yarmouth, King's Lynn and Ipswich. Nasir Shah joined as staff grade in 1998 and became associate specialist.

Clive Grattan developed a specialist allergy service in Norwich reflecting his research interests in Urticaria and from 2003 undertook weekly urticaria clinics at St Johns' Institute in London. Nick Levell developed the patch testing service in Norwich and started the historical symposia at the BAD meetings in 2002 as a founder member of the BAD historical committee. Jennifer Garioch set up the phototherapy service in Norwich and had a research interest in blistering disorders.

NHS reorganisation and Norwich

Dermatology moved three times over a six year period on each occasion into purpose built new premises as the NHS sort futilely to economise by frantic reorganisation. The dermatology ward moved to Mancroft ward, a single story building set in a pleasant lawned area at the West Norwich Hospital in 1994. For the first time a dedicated outpatient clinic was built with a phototherapy unit and there was a dermatology department. The department had 20 dedicated dermatology nurses.

Within 2 years the south side of the West Norwich had been sold to the psychiatric hospital and consequently a new Dermatology Unit was built in 1996 on Eaton ward a few hundred yards away. The West Norwich was an old workhouse built on ground subsiding due to old mine workings - the bathrooms were gradually sinking. Despite this the unit thrived with a larger phototherapy unit and, in 1998, a day treatment unit was opened.

The building of the new Norfolk and Norwich University Hospital (NNUH) on Colney Lane in 2001 was funded by the Private Finance Initiative. A private company made an £80 million pound profit within a few years by re-financing the build, yet still the patient car park was too small. Yet another new dermatology department, the third in seven years, was opened next to Dunston Ward in the new Hospital. This had more space for clinics as the numbers of patients seen had increased from around 10 000 in 1995 to 30 000 in 2006. The savings of localising hospital services onto one site were intended to offset the costs of the PFI, but unfortunately the only people who would buy the old subsiding West Norwich site was the NHS primary care trust. This was then kept open as a community hospital – providing dermatology services in competitive co-operation with the NNUH. This somewhat confounding the efficiency argument for a new hospital.

The new East Anglia Medical School opened in 2002 adding an annual intake of 160 students into the mix. A series of enthusiastic junior doctors was appointed to teach on short term contracts, as national staffing shortages made appointment of an academic consultant at that time impossible. Innovative solutions for this teaching crisis included the recruitment of Professor Sam Shuster from his retirement in Suffolk to relinquish his monocycle for the lecture podium once more. At the age of 80 he contributed four or five peer reviewed papers to the Norwich department each year without letting this restrict his skiing and travelling.

The dermatology nurses were encouraged to develop specialised skills in surgery and prescribing to enhance their roles. GPs with a special interest in dermatology were appointed to do community clinics. GPs also continued to work sessions as hospital practitioners including Peter Leney and Graham Price who worked over 30 years each at Norwich and Cromer respectively.

Cromer

Cromer is a remote town on the Norfolk Coast with a tiny acute hospital. As a voluntary hospital consultants attended in the early days to spread their reputation so as obtain private referrals. Consultants travelling there through the twisting Norfolk roads were by necessity driving enthusiasts. In the days when speeding was socially acceptable, there was an unofficial record of 25 minutes for the 26 mile drive from the city centre Norfolk and Norwich to that of Cromer Hospital (held by a consultant surgeon –allegedly attending an emergency).

The nursing staff remembered Freddie Mackenzie's vintage Rolls Royce sweeping into the hospital car park for the fortnightly clinic from Norwich in the 1960s. In 1978, John Anderson from King's Lynn took over with a weekly clinic at Cromer driving his Bristol Beaufighter. Gillian Dootson took over from John for a year until Nick Levell, in 1995, recommenced a weekly or twice weekly service from Norwich. By then the roads, like the NHS, had become increasingly congested by weight of numbers and safety legislation, so his M roadster never challenged its predecessors records.

A dedicated dermatology department staffed by three nurses was built in Cromer in 1999 with phototherapy, patch testing and photodynamic therapy. The nurse led photodynamic therapy was one of the first such units in the world.

A subsequent bequest to the hospital of £12 million by a dermatology patient in 2002 should have ensured financial security for the unit.

Great Yarmouth

Thomas Girdlestone (1758-1822) a doctor from Great Yarmouth in Norfolk has been attributed with first advocating arsenic salts as a treatment for Psoriasis and Lepra in 1806 although in fact arsenic preparations had been used for skin diseases since the time of Galen.

The Great Storm hit England on 13th October 1987 on the interview day of the first full time dermatologist at Great Yarmouth, Bob Graham. He took up post in 1988 with the remit of developing a service in the new James Paget Hospital. For 22 years before this, Freddie Mackenzie from Norwich had looked after the east coast of Norfolk with a weekly clinic at the old Northgate Hospital.

Within a year Bob had developed a phototherapy service. The single handed service covering four local cottage hospitals and clinics was a stretch, so he appointed a colleague, Ingrid Salvary, in 1996. Bob became programme director for the Eastern Region in 1994, flying down to the meetings at Cambridge in his light aircraft with only an occasional crash landing without undercarriage.

There was early involvement in both the Norwich registrar rotation and with the UEA medical school producing close links between Great Yarmouth and the Norwich department. This collaboration was cemented by the formation of a joint cancer centre across the two units in 1996. In 2002 a new purpose built dermatology department was opened at the James Paget Hospital.

Kings Lynn

John Anderson was appointed in 1978 to the new Queen Elizabeth Hospital in Kings Lynn covering clinics ranging 70 miles from Wisbech in Lincolnshire to Cromer in North Norfolk. Before this time Geoffrey Beck had covered the area from Peterborough, 60 miles away with weekly clinics at Wisbech and Kings Lynn. With such a huge territory to cover as a single handed practitioner, John relied on a succession of sports cars to convey him around his parish. His interest in skin cancer reflected the aged population of West and North Norfolk.

He was joined by Gillian Dootson as a flexible trainee in 1992 when her husband moved to the Sheringham GP practice. Gillian was subsequently appointed part-time consultant in 1994 at Kings Lynn, also covering Cromer Hospital for a year. John Anderson retired in 2000, three years before a purpose built dermatology department, promised in 1978, finally opened. Gillian was joined in 2004 by Tina Green who moved from her consultant post at the Lister Hospital.

Kings Lynn received both a Cambridge and Norwich registrar for one day a week each to receive training in Paediatric dermatology with Gillian Dootson.

Ipswich

Edward Beck MD (1794 – 1862) a physician in the newly established East Suffolk and Ipswich Hospital in 1836 demonstrated an interest in dermatology. His only published work “A practical treatise on lepra vulgaris” (psoriasis) in 1834 describes cases of what were probably psoriasis, chronic eczema and seborrhoeic dermatitis. He described treatment with tar, sulphur and arsenic preparations, all of which he found to be somewhat disappointing.

The source of Beck's interest in dermatology is unknown although curiously his brother, a surgeon in nearby Needham Market was called Thomas Bateman Beck and his maternal Grandfather, a clergyman, was also called Thomas Bateman. However Beck is not known to be related to the famous dermatologist Thomas Bateman, the pupil of Robert Willan and the leading London dermatologist at the time (1810 – 1820) when Beck was studying medicine at St Thomas's in London.

For the next century dermatology provision was not provided by specialists in Suffolk until John Lyon (1919 – 2004) was appointed dermatologist to Ipswich Hospital in the mid 1950s. He provided dermatology and GU services at Ipswich following a dermatology fellowship in Philadelphia and a period as clinical assistant at St Johns in London. For many years he was the only dermatologist in Suffolk and prided himself on keeping his NHS waiting list to two weeks.

In 1982, Lyon was replaced by Tim Cutler, who was also the representative of the Chelsea Physic Garden to the Royal College of Physicians and Fellow of the Linnean Society. Both were assisted by a local GP Ronald Horn, who became a hospital practitioner and worked until the mid 1990s.

Tim Cutler was joined by Tim Sonnex from 1988 – 1999, who then resigned from the Health Service to develop an interest in Sports medicine. At a time when there were nearly 100 vacant consultant posts in the UK, recruitment was challenging. In East Anglia departments the situation was especially difficult as there were only four registrar training posts in the region. Sam Gibbs finished his training in Norwich and Cambridge and was appointed to Ipswich in 2001.

Peterborough

To follow.

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