

THE DEVELOPMENT OF DERMATOLOGY IN SCOTLAND.

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The history of disease is a fascinating study. It involves not only a survey of the appearance, persistence or sudden disappearance of man's ailments, many of which have exerted a potent influence on the progress of civilization, but also a consideration of the methods and systems devised to deal with these maladies. Here and there great men have lived to discover fundamental principles which have changed the whole outlook of medicine but they have been few and far between, and judgment cannot be pronounced on the state of medical science in any given locality purely on its ability to produce a medical genius, but rather on its constant striving to absorb such advances as have been made and to adapt itself to contemporary medical thought.

The histories of the development of the special branches of medicine are essentially similar. There is first of all an attempt at uniform classification of the subject, next the establishment of empirical or rational treatment based on experience, then a realization that special organization is required and that segregation of cases is desirable. Coincident with this evolution there is the struggle to convince hospital authorities of its soundness, and to obtain financial support for its further adequate development. When this is forthcoming the specialist appears, and the specialty may be regarded as having been conceived and sped on its way to maturation. The medical aspect of such a history as it unfolds itself in different countries of necessity shows considerable uniformity, and its interest in regard to a particular country is, therefore, centred mainly in the personal aspect.

One of the first Scottish references of dermatological interest is to be found in the writings of Hector Bocce ⁽¹⁾ or Boethius, Canon of Aberdeen, in 1526. In his "Cosmography and Description of Albion" he mentions that the oily or balm well of St. Catherine at Liberton, near Edinburgh, had long been held in high esteem in curing cutaneous disorders. This well was believed to have sprung from a drop of oil brought from the sepulchre of St. Catherine on Mount Sinai to St. Margaret, Queen of Scotland. Later steps were taken to preserve it by King James VI. In 1650 it suffered at the hands of Oliver Cromwell, who, according to a monograph published at Edinburgh in 1664 by Matthew MacKaile ⁽²⁾, "with his rebellious and sacrilegious accomplices did invade this Kingdom and not only deface such rare and ancient monuments of Nature's handiwork, but also the Synagogues of the God of Nature".

Leprosy, "the mickle ail", was, of course, rampant during this period, and there were several leper houses scattered throughout Scotland. The earliest of these appears to have existed in Berwickshire, as far back the reign of William the Lion ⁽³⁾. In 1350 a leper house was erected the Gorbals district of Glasgow ⁽⁴⁾. Edinburgh was behind the times with her anti-leprosy endeavours, and it was not until 1584 that the city magistrates issued orders for finding a commodious place for a leper house ⁽⁵⁾.

That our ancestors looked askance at quackery is evidenced in the burning of a witch at Edinburgh in 1597, one of the gravest accusations against her being that she “affirmit that she culd heull leprosie, quhilk the maist expert men in medicine arc not abil to do” (6).

Leprosy seems to have died out in Scotland about the year 1798, which was perhaps fortunate, as in 1790 the great Fifeshire philosopher, Michael Scott, the Wizard of Balwearie, wrote that "the blood of infants two years old or under when diffused through a bath of heated water dispels the leprosy without a doubt"- a statement which he published at Amsterdam (7).

Scotland did not lag behind her neighbours in her hospitality to the *Spirochaeta pallida*. Royal edicts and town council statutes show that to the Scots, as to other European nations, syphilis was new disease which suddenly began to ravage the population at the end of the fifteenth century. There is no doubt that syphilis was recognized immediately on its appearance in these islands as distinct from leprosy and gonorrhoea (at that time referred to as the *burning* or the *brenning*). The institution of lazar houses two centuries before the appearance of syphilis in Scotland has been commented on. While no official mention of gonorrhoea seems to occur in Scottish records, there is an English ordinance dated 1430 for the better regulation of the eighteen brothels that for centuries stood on the Bank-side in Southwark, under the jurisdiction of the Bishop of Winchester, which stated that " no steward keep noo woman within his hous that hath any sickness of the brenning "(8). Between 1493 and 1497 syphilis had spread from Naples to Scotland. On March 6th, 1497, the famous ordinance of the Parisian authorities regarding the prevention of syphilis was issued, and forty-six days later, on April 21st, the Town Council of Aberdeen also issued a statute referring to the introduction and spread of syphilis(9). This statute orders that due precautions be taken for the prevention of the "infirmity cumm out of Franche and strang partis". Later in the same year an edict was drawn up in Edinburgh by the King's Privy Council and sent to the City Magistrates for due execution (10). It was entitled "Ane Grangore Act" - grangore, glengore, gor, or gore, being the names then given to the disease. These terms evidently had a French origin, as John Le Maire, (11) in his celebrated poem on syphilis, published in 1520, says:

“La nommoit Gorre on la verole grosse
Qui n'espargnoit ne couronne ne crosse.”

Astruc, p.634

The Edinburgh Grangore Act deals with measures for the safety of the lieges from "this contagious seickness callit the Grandgor". All infected persons had to parade on the sands at Leith, from whence they were transported to the island of Inchkeith, where they remained until the symptoms had subsided. Those who undertook the treatment of such cases were isolated along with them on Inchkeith, and failure to comply with these regulations by either party was punished with the branding iron. It is thus obvious that in the sixteenth century syphilologists were not encouraged within the Edinburgh City wall. In 1509 a minute in the Records of the Privy Seal of Scotland

records the punishment of a medical man under whose care a dignitary of the church had died while under secret treatment for syphilis (¹²).

The mode of infection and the existence of a primary sore were not recognized for some years after the appearance of syphilis in Europe. It was considered to be a contagion, which could be acquired by merely touching an infected person, and which could even be borne from person to person by the air. The Aberdeen statute, however, fully maintains the character of the capital of the north for native shrewdness and sagacity, and to the provost, baillies and counsel of that town is due the credit of first officially recognizing the usual channel of infection. The Aberdeen Statute of 1497 states that "all licht women be chargit and ordaint fra thar vices and sine of venerie". That its usual mode of spread was understood by 1500 and its symptoms well recognized is shown in the following verses written by the Scottish poet, Wm. Dunbar (¹³), and addressed to Margaret the Queen of James IV and the sister of Henry VIII:

"Sum that war ryatouss as rammis,
Ar now maid tame lyk ony lammis.
And settin doun lyk scaree crockis,
And lies forsaikin all sic gammis
That men call libbing of the Pockis."
Some thocht thame selffis stark lyk gyandis,
Ar now maid weak lyk willow wandis,
With Schinnis scharp, and small lyk rockis,
And gottin thair bak in bayth thair handis,
For ower oft libbing; of the Pockis."

The poet also deplores the extent to which the disease had by that time already spread in Scotland, observing (¹⁴) -

"Sic losing sarkis, so mony Glengoir markis,
Within this land was nevir hard nor sene"

The first official record of syphilis in Glasgow would seem to be in 1600 when the Kirk Session of Glasgow requested the magistrates "to consult the churgeons how the infectious distemper of Glengore could be removed from the city". When syphilis arrived in Scotland, James IV, a monarch who had medical leanings, occupied the throne, and the accounts of the Lord High Treasurer of Scotland show that the King took a lively interest in the symptoms and spread of the disease (¹⁵).

In addition to the previously mentioned antagonistic attitude adopted by Cromwell towards the therapeutic amenities of Scotland, he is credited with having introduced into the country a disease known as "sibbens" (¹⁶). The word "sibbens" is apparently a direct acquisition from the Gaelic word "subhan", used to denote the wild raspberry. The condition to which this term referred was recognized as a new disease about the middle of the seventeenth century, and it was an acquisition scarcely to be found outside of Scotland. A full contemporary description of the disease is given by Ebenezer Gilchrist, 1771 (¹⁷). It was characterized by ulceration of the throat, glandular enlargement, pustules and cutaneous abscesses, and raspberry-like tumours of

the skin. It was recognized as a disease distinct from syphilis. It was extremely infectious, and rigorous measures, including isolation of cases, were in force to prevent its spread. It was apparently identical with yaws, and it was also known by this name. The last report of a case was published in 1844⁽¹⁸⁾, and the disease appears to have died out after that date. While its appearance in Scotland coincided with the Protector's military activities there, it occurred at a time when there was also considerable trading between Scotland and the West Indies, which included the ill-fated Darien Scheme, and the infection was probably imported from abroad. Sibbens was a disease of country districts rather than of the town, and the conditions existing in rural Scotland at that time were most favourable to its spread.

During the eighteenth century great advances were made in the organization of Scottish medicine and medical teaching. In the year 1741 the Royal Infirmary of Edinburgh was opened for the reception of the sick poor, and with it the Edinburgh Medical School was established. The fame of the Edinburgh clinical teaching was widespread and attracted students from distant parts, amongst whom were numbered Willan and Bateman, who both obtained their medical degrees at Edinburgh. At this time the chief skin-diseases noted in Scotland seem to have been syphilis, sibbens and the itch, the latter disease often assuming alarming proportions owing to the conditions among the poorer classes.

That Dermatology was not behind the times in Scotland during the early part of the nineteenth century is evidenced by the lively interest shown by Scottish medical men in the work of Willan and Bateman, both Edinburgh graduates, and of the Baron Alibert. Further evidence that there was no lack of interest in dermatology is forthcoming in papers on "The Function of the Skin" by Dr. Kellie of Leith⁽¹⁹⁾, and on mercurial eruptions by Dr. Spens⁽²⁰⁾.

In 1806 a critical review of Willan's work shows that the unknown writer was thoroughly conversant with the prevalent dermatological opinions, and that he fully appreciated the value of Willan's publication. A minute and highly critical review of Alibert's *Atlas* in 1806⁽²¹⁾ further demonstrates this interest. Written at a time when the two nations were at war, this review is somewhat acrimonious in its criticism and damning in its praise, but it nevertheless shows the reviewer to be thoroughly grounded in the intricacies of two classifications.

Thomas Morrison, M.D.⁽²²⁾, comments in 1820 on Willan and Bateman's admirable classification, but deplors the fact that "very little has been added to our stock of knowledge regarding the cure of these most troublesome and vexatious complaints".

In the year 1824 an attempt was made by Edward Duffin, M.D., to organize and maintain a Skin Dispensary in Edinburgh. On February 1st, 1824, he established a skin clinic in the Lawnmarket in the rooms of the Eye Institution, and here patients were seen twice weekly. At the same time he established vapour, medicated, and hot-water baths at his own residence, and at his own expense, for the treatment of skin-diseases. During the first two

months he administered 500 baths to the suffering poor, and 300 new cases were seen at the dispensary. In June, 1824, Duffin issued a memorial on the establishment of a dispensary for diseases of the skin, which was circulated in Edinburgh in an attempt to raise public funds for this purpose (copy in Library of the Royal College of Physicians, Edinburgh). In this memorial he put forward exactly those arguments which are put forward to further a similar project to-day. Unfortunately his endeavours did not bear fruit, and the clinic which, he had already organized appears to have been discontinued, as no further mention of it or of Dr. Duffin's activities can be found. Thus the first of several efforts to establish Dermatology in Edinburgh met with failure.

From 1826 to 1831 John Paget studied medicine at Edinburgh University. In 1831 he graduated M.D., but he did not commence the practice of medicine, nor did he ever assume the title of Doctor. After graduation he proceeded to Paris, where he seems to have devoted himself to the study of Dermatology at the St. Louis Hospital. In 1832 he gained a prize offered by the Baron Alibert for an essay on the comparative merits of the artificial and natural classification as applied to skin-diseases⁽²³⁾. His essay was fortunate enough to succeed against considerable competition, both French, German and Italian. The essay is extremely well written, and naturally it upholds Alibert's views. Here, then, was a man who might have been expected to foster the development of dermatology in Scotland, but this was not to be. Paget, after leaving Paris, travelled in Italy, met the Baroness Wesselanyi, whom he married, "and thereafter devoted himself to the development of his wife's estates, gaining a high reputation as an agriculturist and a beneficent landlord, introducing an improved breed of cattle, and paying special attention to viniculture.

One of the earliest clinical and histological descriptions of molluscum contagiosum was given by Prof. Thomson, of Edinburgh University, who observed a series of cases which occurred in the Canongate in 1821. Bateman had directed Thomson's attention to the disease, which had been described by Willan although he had not seen the condition, the first cases observed in this country having been published in Bateman's second edition of his *Synopsis of Cutaneous Diseases* in 1814. Thomson's series of cases was described by Cazenave⁽²⁴⁾ and H. E. Schedel in their *Pratique des Maladies de la Peau*, published in 1834. Cases were subsequently described in 1841 by Dr. Henderson⁽²⁵⁾, Physician to the Royal Infirmary, and Dr. Paterson of Leith.

The development of the infirmary and dispensary marked the foundation of the system of clinical teaching for which the Edinburgh Medical School was famous in the nineteenth century. Although many years were yet to pass before dermatology was taught separately as a special subject, skin cases were from time to time demonstrated and made the subject of clinical lectures. Hughes Bennett was especially interested in diseases of the skin. He was elected Professor of Physiology in 1848, and shared in rotation with Laycock, Professor of Medicine, the charge of wards in the Infirmary. Here he found his opportunity to teach Dermatology. In 1850 special beds were allotted to skin cases. These cases were under the alternate charge of the two professors, and the free criticism which each made of his predecessor's treatment at the

three monthly change-over was a source of unfailing delight to their students, of whom Allan Jamieson was one.

Bennett's most important contribution to Dermatology was his work on favus, and he was one of the first, if not the first, successfully to inoculate the disease. Ringworm was unknown to him, and he wrote that he had never seen a case in Edinburgh. As he was an expert microscopist, it can only be concluded that ringworm could not then have existed in that city to any great extent.

At this time all the professors of the Medical Faculty of Edinburgh had the right to teach medicine clinically in the wards allotted by the managers of the Infirmary to the University. In virtue of this Sir Douglas Maclagan, whose fame as a medical jurist and toxicologist was world-wide, lectured in rotation with Laycock and Hughes Bennett, and later with their successors. When the new Infirmary was opened in 1870 he had a ward of his own and devoted a great part of it to skin cases. After some years in general practice in the country, Allan Jamieson returned to Edinburgh in 1876 and not long afterwards it was suggested to him by Maclagan and Argyll Robertson a former assistant of Bennett that he should devote himself to Dermatology. This he decided to do, and went to Vienna, to study the subject under Hebra. Returning to Edinburgh in 1878 he was appointed one of the Physicians to the Royal Public Dispensary, where he naturally encouraged the attendance of skin cases.

In 1884 Jamieson was appointed Extraordinary Physician for Diseases of the Skin to the Infirmary, an appointment which he attributed to the fact that he had successfully treated one of the managers, Daniel Rutherford Haldane, uncle of the late Lord Haldane, for a persistent eczema of the leg.

An out-patient department was opened for skin cases. Clinical instruction on these was given once weekly. The number of students rapidly grew, and for some years Jamieson taught the greatest number of English-speaking students that have anywhere assembled to learn Dermatology. It was obvious that a regular course should be included in the University curriculum, and in 1899 Jamieson was appointed University Lecturer in Skin Diseases. Thus the teaching of Dermatology in Edinburgh, which had originally depended on the particular hobbies of individual professors, was now, thanks to Jamieson, placed on a sure foundation. Jamieson constantly insisted on the need for a skin-department with wards in the Infirmary, and in 1891 he and Dr. McBride, of the Ear and Throat Department began to share, two small wards each containing six beds and a crib. The opening of the existing Skin-Department did not take place until just after his retirement from office in 1906.

In Glasgow Sir Thomas McCall Anderson was responsible for the first organization of Dermatology as a specialty. He was one of the founders of the Skin Clinic in John Street, to which he was appointed Physician in 1861. In 1874 he was given charge of the skin cases at Glasgow Western Infirmary, and in 1878 the skin hospital moved to Elmbank Street. In 1909 this dispensary was incorporated with the Western Infirmary, and in that year Dr. J. Wylie

Nicol was appointed Visiting Physician in Charge of the Skin Beds in that Institution.

The Glasgow Royal Infirmary soon followed the example set by the Western. In 1882 Dr. Napier submitted a recommendation to the managers that a regular dispensary service for skin-diseases should be opened at the hospital. The managers approved of this suggestion in the following year, and Napier and James Provan both applied for the post of Physician for Skin Diseases, when Provan's candidature was successful by 8 votes to 4. In the first year of its activities 18 patients were treated at the Dispensary, and in the third year 1436. In 1891 his request for beds was refused, but in 1909 beds were set aside for skin cases in medical wards pending the organization of a complete special department. In 1914 Dr. Morton, who succeeded Provan, retired and his place was taken by Dr. McIntyre, who in turn was succeeded in 1922 by Dr. Ferguson Smith.

The Skin-Department of the Victoria Infirmary developed from Tradeston Dispensary, which was opened in 1892 for the treatment of diseases of the eye, ear, nose and throat, and skin. Dr. David Couper was in charge of skin-diseases, and in 1896, when the Dispensary for Skin Diseases was opened in the Infirmary, he was put in charge of it. In 1905 Dr. Couper's name appears for the first time on the list of specialists on the Infirmary Staff.

At Aberdeen the first appointment of Physician for Diseases of the Skin to the Infirmary was made in 1903, when this post was held by Dr. J. F. Christie. Later, in 1918, Dr. Christie was appointed Lecturer on Diseases of the Skin in the University.

Dr. W. E. Fuggie was the first Physician for Diseases of the Skin in Dundee Royal Infirmary, and the first Lecturer in Diseases of the Skin in the University of St. Andrews, appointments which were made in November, 1907. He held these posts till October, 1919, with a period of absence during the war years when his work was undertaken by the Professor of Materia Medica. His military career was a distinguished one. He was Colonel of the 3rd Highland Field Ambulance, and was awarded the *D.S.O.* In 1919 Dr. F. M. Milne succeeded him as Physician and Lecturer in Dermatology.

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