

## A Brief History of Dermatology – Portsmouth Area, written 2021-2

With content (personal accounts) supplied by Richard Ashton, John Cook and Bronwyn Hughes, compiled by Alexa Shipman and with input from all current colleagues

Portsmouth is an island city which was built and developed by the artificial joining together of many of small harbour islands and is the only Island City in the world (figure 1). As a consequence, a lot of its medical history has been based around the navy and naval hospitals. The city's population saw a major boom in the First World War to supply the dockyards, but the workforce dropped sharply in peacetime. Similarly, during the Second World War Portsmouth grew in size, but was the target of multiple bombing raids (63 raids in total) and suffered major damage. Patients were hosted in multiple sites across Portsmouth (figure 2) during the worst of the hostilities. Below is an account of what we can find and remember, from multiple sources, about the local dermatology provisions.



Figure 1 – Map from the 1950s of the protected port of Portsmouth Harbour and Portsmouth Island. Hayling Island is on the East, a collection of small villages and a holiday destination. Gosport is to the West with Haslar Hospital on its Southern coast, where patients in the past used to be loaded straight off naval ships and were kept confined as they were often press ganged and been known to wander off if given the opportunity. Portsdown at the northern most aspect of this image holds a large fortification.

Figure 2 – Oatlands Auxiliary Hospital, Kingston Crescent, Portsmouth, during 1<sup>st</sup> World War – photographs from the Portsmouth Dermatology centre, now given to the local history department of the council/library services



## Dermatology Departments

**From R Ashton:** *In the 1970s the dermatology department was based at Queen Alexandra's Hospital Cosham. The clinics were carried out in medical outpatients, but there was a dedicated dermatology ward situated down the hill in one of the older blocks to the south of the main hospital.*

*Around 198? this area was redeveloped, and the department moved to the St Mary's site on the eastern side (this is now Milton Cross School). The department was situated in two wards joined. The side nearest the road was outpatients while the dedicated ward was in the other block.*

*When it was decided to close the eastern site, dermatology was offered a new build. The present site was identified as an ideal place to build the new department. Richard Ashton, who had had the benefit in designing the new department at Haslar, offered suggestions and a draft plan for a new build. His concept was to have the outpatients on the first floor reached by a lift, and on the lower floor the day treatment centre. To make it possible if required to do one-stop surgery, he designed five operating rooms to be in the centre, together with a Mohs lab attached to two of these. Around the outside was a circular corridor and consulting rooms at each corner and between these two joining exam rooms and between these a third consulting room. Downstairs the central area was taken up with a treatment area around a central dressing station. The UV light machines were at the other end, linked by bathrooms. Around the outside were offices, a seminar room, and entrance waiting area. The architect changes the original plan (for the better) by designing an attached block for the admin staff downstairs and waiting room and toilets upstairs. The big advantage of putting the outpatient upstairs is that it keeps the clinical side away from the offices.*

**From L John Cook** was appointed in 1980 to help two other dermatologists and he recalls: *We were supported by clinical assistants in all clinics. The main unit was located at QAH. There were two wards, male and female, housed in what were referred to as 'The Slopes'. This was a single storey structure which was built during WW1 as a Canadian Red Cross Hospital. It was located on the eastern side of the QA site approximately where the main entrance and access road now are. The UVB treatment unit was also located at the top end of the building and was run by Physiotherapy. The secretaries' and consultant desks were housed in a wooden building between the slopes and South block.*

*At a later date (mid 80s) inpatients moved to South Block together with the consultants' office and a separate office for the secretary.*

*Outpatients clinics were held in the main outpatients and ran alongside medical and surgical clinics which allowed for immediate efficient consultations and benefit all round. There was also a minor op theatre and a day treatment centre adjacent to the clinics. The PUVA unit, set up by LJ Cook, and UVB were housed there also and run by the nursing staff. We had clinics at St Mary's Hospital Milton in the main OPD again with the advantage of other specialities adjacent.*

*At St Mary's Hospital at Isle of Wight, clinics were held on one day a week by LJ Cook in the main OPD, where he set up a PUVA unit and patch testing run by the nurses. D. Barrett had clinics in Ryde, Gosport War Memorial, Coldeast and Petersfield. IN 1990 the Isle of Wight created a new consultant post and Mike Hazell was appointed, enabling the Portsmouth Dermatologists to withdraw from the Isle of Wight.*

*The East wing of St Mary's Hospital Milton had been built as an infectious diseases hospital (Priorsdea) and in part still functioned as such in the 1980s. Part of the site was sld for redevelopment and Dermatology moved to one of the ward blocks. The right had wing housed the inpatients with outpatient clinics and offices in the left wing. THE new department was opened in 1993 by the Lord Mayor of Portsmouth at the time Alex Bentley.*

*The Solent Skin Society started in Portsmouth. LJ Cook felt there was a need for a more immediate format than SWEDS (South Wales and England Dermatology Society) or RSM and mooted the idea to colleagues. He organised the first meeting in Portsmouth at Queen Alexandra Hospital (mid to late 80s).*

*It would be incomplete not to mention the richness and variety of clinical cases which made (makes) Portsmouth such a rewarding place to work. Fundholding came in 1991 which incentivised the Trust into agreeing that an expansion of consultant posts was necessary.*

**From B Hughes:**

*I was appointed in Dec 1994 to join 2 other consultants John Cook & David Barratt.*

*Then the Department had just moved to a dedicated unit with an outpatient area and a ward of 32 beds in 1993*

*I had a timetable with some clinics at St Mary's but also one session for fundholding practices which were the political flavour at the time. I went to a different clinic each Tuesday of the month - 2 in Chichester and 2 in Southampton. There was some negotiating to do with the Southampton Dermatology Department but we convinced them we were not encroaching on their territory. In both Chichester clinics the GP's sat in with me in rotation and they found it helpful and I felt I was contributing to their expertise. Overall it was not efficient in terms of travelling. Otherwise I had the opportunity to develop whatever interests I wished.*

*John Cook was an excellent clinician and always been an innovative clinician with regard to treatments. He was also a great fan of brilliant green as an antiseptic. As a new Consultant he was a great colleague to learn from.*

*The main pressure then was loss of beds (and maintaining a full compliment of ward nurses) and we fought hard to keep them – hard to believe now. We argued for the day treatment that was done there – and the need for those patients who needed daily care. The weekend nurses were taken initially from us – and our patients were moved to medical beds over the weekend.*

*The bed numbers were cut over time until it was not cost effective to run. The patients went off to the medical wards at St Mary's and our ward became a day treatment centre run by the outpatient nurses.*

*As a new consultant I was keen to develop registrar posts. Southampton at that point had 2 senior registrars. They managed to acquire 2 new SpR's in 1994. We managed to persuade them to allow one to spend a day a week with us in 1995 and the first recruit was Tony Bewley. He reminded me that he did 2 clinics with John and I and a pathology meeting. From then on we gradually persuaded Southampton to give us a whole SpR and then we negotiated funding for our own to join the Wessex rotation. We now have 4.*

*My own interest was melanoma and health education. I had done studies in schools in London and Melbourne Australia and when I moved to Portsmouth I worked with local schools to carry on the work. Our 2 sisters Val Ormond Dobbin and Jackie Lang helped me to set up sun awareness days in Portsmouth and to get as much press coverage as possible. We hired a bus which stopped at many sites including Southsea beach where the nurses examined skin at patients request and talked to them about sensible sun behaviour. One summer we had an advert for sensible sun behaviour on the back of the local buses.*

*John Cook and I started a multidisciplinary clinic for skin cancer with Paul Weaver, an Oncology surgeon. My remembrance of him was if you have a big hole especially in the scalp put a 2/0 silk suture – pull tight and go and have a cup of coffee & will come together in time.*

*When the ward closed we managed to retain a number of staff including the ward sister, Val Ormond – Dobbin who became the Paediatric Dermatology sister. She helped me to set up the Paediatric Dermatology service and we liaised with Dr Hannah Buckley, Consultant Paediatrician to set up the Joint Paediatric Dermatology Service. I also set up a vulval clinic with Dr Jean Tobin, Consultant GU Physician. The Solent skin was also a source of support and we discussed any challenging patients at the clinical meetings.*

*David Barrett retired in 1998. He was an old school Consultant and treated his patients holistically – so would arrange care for their pets if a patient had to come into hospital. He had an interest in leg ulcers and many were managed as inpatients. He was a pipe smoker and he did so on the ward – one day a nurse accompanying him on the ward round asked him to put the pipe away – he put it in his pocket but failed to put it out and later started smoking from his pocket – a story he was never allowed to forget. Steve Keohane was appointed to replace him (figure 3).*

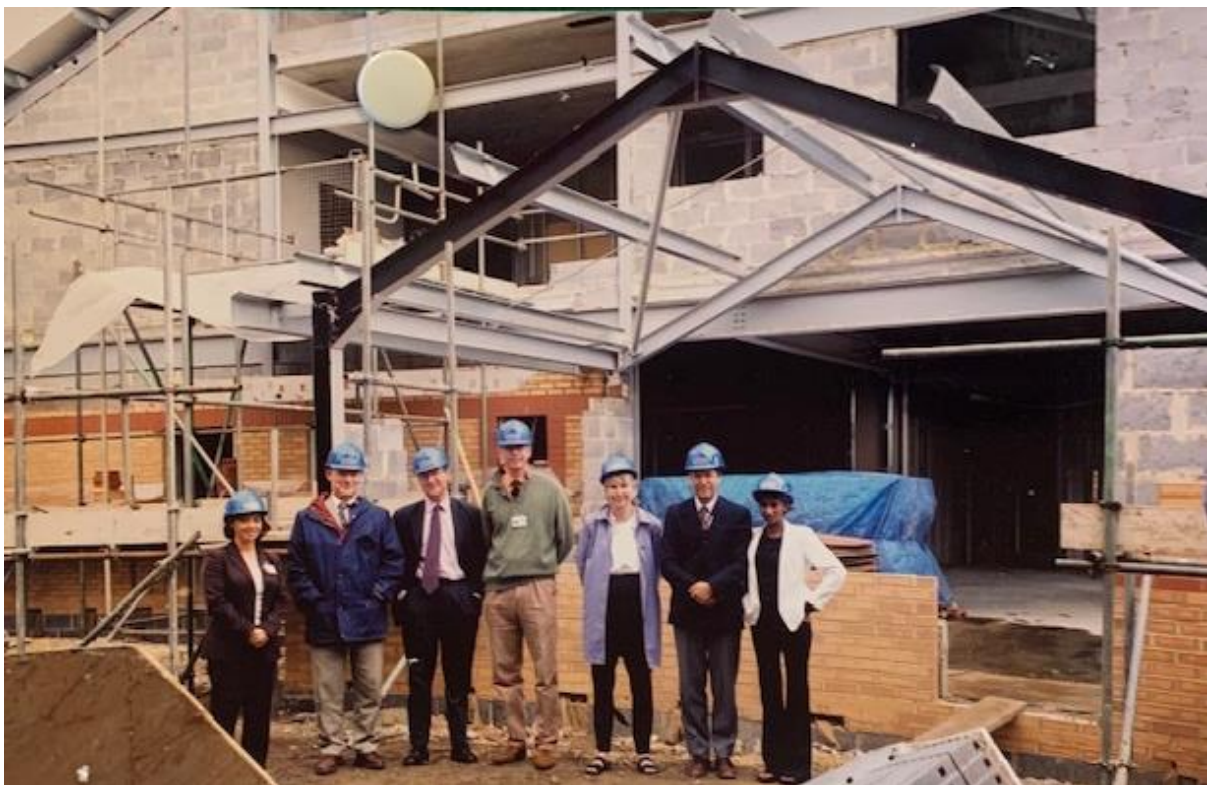


**Figure 3 – Dermatology away day, 2000, Steve Keohane back row**

*Adam Haworth was our trainee and started in 1996. We subsequently persuaded him to join us as a Consultant in a new post. We were starting to outgrow our Department. Also our site was being sold for NHS savings. At the time the CCG were very keen for us to go into the community and do our clinics back in GP surgeries. Many meetings occurred with ongoing negotiation. As a team we met many of the management team at the trust and the community and tried to listen to their views but agreed our case for efficiency on a single site for supervision and crossover cover. The president of the BAD (Andrew Finlay) visited for a day to meet with the Trust and the Community to help us argue our case.*

*Money was another issue and the budget we were given was not sufficient to run our service. Only when we had an interim chief executive were we able to persuade the board that we needed £2,000,000 to build a Unit which would be fit for purpose. The money miraculously appeared.*

*Richard Ashton our Naval colleague worked at Haslar Hospital. We met at Tuesday meetings to discuss challenging cases. He went off on holiday that year and put together some building plans. An architect was appointed with such short notice that he ended up using Richard's plans which were almost identical with day treatment areas, 6 consulting suites, 5 theatres and admin and clinician office space (figure 4). It was the time that Action on Dermatology was giving financial support. We were successful in our bids for the equipment to furnish the Department. The building was opened to service in October 2002 – exciting times.*



**Figure 4 – building of dermatology block, St Mary's Hospital Site, Portsmouth. Adam Haworth third from left, Bronwyn Hughes third from right, Richard Ashton second from right.**

## **Current Circumstances**

Currently (as of 2021) the dermatology department is based at St Mary's Hospital, in its own purpose-built site, but the department does community clinics in various other locations. It is an established training centre, catering for dermatology trainees, Mohs fellows and medical students. It has a good research profile with a research fellow and research nurse. Portsmouth dermatology is a Mohs specialist centre, with patch testing, tertiary vulval pain clinics and paediatric clinics running regularly. Joint clinics are held with paediatricians, rheumatologists, gynae oncologists, physiotherapists, plastic surgeons, oncologists and genitourinary physicians (joint gynae onc and vulval pain clinics). It has a busy biologic prescribing service.

### **1. St Mary's Hospital, Milton Road, Portsmouth**

At the time of writing dermatology services are based at St Mary's Hospital campus, on the Milton road in Portsmouth. The main bulk of the Portsmouth Hospital NHS Trust services are based at the Queen Alexandra Hospital (QAH) in Fratton, on the mainland below Portsdown Hill. St Mary's began as an infirmary in 1898 in Milton village replacing the Milton Workhouse (Portsdown Island Union Workhouse built 1845), just North of the St James' lunatic asylum (1879 -2019; St James' departments moved onto St Mary's site in 2019) and was next to an infectious diseases hospital, Priorsdean Hospital (1884 – 1967).<sup>i</sup> St Mary's has been called Portsea Island Union Infirmary (1889-1927), then St Mary's Infirmary (1928-1930), then St Mary's Hospital (1930-1969) then St Mary's General Hospital (1969-1980's – figure 5). In 2009 acute services were moved from the site to the present Queen Alexandra Hospital site, and St Mary's became a community hospital. At some point it was then sold to provide funds for the NHS and it is now known as St Mary's Treatment Centre. Our dermatology department is now in a newer, purpose-build building on the same site, but the rest of the original Victorian hospital buildings surrounding the area have been converted to flats and housing.



**Figure 5 – St Mary's Hospital**

### **2. Royal Hospital Haslar**

Haslar Farm was acquired by the admiralty in 1745 and a hospital, designed by Theodore Jacobsen, was built on its site. It was a grand brick building, costing nearly twice more than the Admiralty headquarters in London (figure 6). Work was completed in 1753. It was called the Royal Hospital Haslar, and patients arrived by boat, the bridge to Gosport not being built until 1795. It was partly built to keep press ganged patients from leaving without permission. Amongst its luminaries include Dr James Lind (1716-1794), a naval physician who is thought to have conducted the first ever randomised controlled trial and suggested eating limes to prevent scurvy. NHS staff worked there from 2000 until 2009, when the site closed down, and it is now being turned into housing.



**Figure 6 a) Haslar Hospital before it is turned into a housing complex, b) Haslar Royal Hospital in 1842, c) Mohs suite opening in Haslar in 2000, R Ashton on right.**

### 3. Gosport War Memorial

Gosport War Memorial Hospital (fig 7), like many other hospital's with similar names, was built after the First World War, as during the war so many people gave money regularly to charitable bodies whose aim was to try and provide care for injured soldiers and also support

local health care needs. The GWMH was built in 1923 and was subsumed into the NHS when it opened in 1948. Dermatologists have been running clinics from its premises for many years.



**Figure 7 – Gosport War Memorial Hospital**

#### 4. Coldeast Hospital



**Figure 8 - Image of the Meadows – the outpatient block**

Coldeast Hospital was a large psychiatric hospital for chronic cases. One of the units near the main hospital building was converted as an outpatient department. It consisted of three clinic rooms, a treatment room, waiting area and office as well as secretarial space. Outpatient clinics were run there by the Haslar team on a regular Wednesday morning until Haslar's closure and work was transferred to Fareham Community Hospital. Whilst R Ashton worked there Susie Gillibrand and Susie Wade-West both worked as clinical assistants.

#### 5. Fareham Community Hospital

Fareham Community Hospital (figure 9) opened in Sarisbury in 2010 and dermatology clinics and surgery lists have been run there for several years.



**Figure 9 - Fareham Community Hospital**

## 6. Petersfield Hospital

Petersfield community hospital (figure 10) started as a cottage hospital in 1871. It was subsumed by the NHS in 1948 and was rebuilt in 1992 as a modern community hospital. Dermatology clinics are held there on a weekly basis.



**Figure 10 – Petersfield Hospital**

## Other Providers

Care UK, recently changing its name to Practice Plus, have run a community dermatology service out of the St Mary's Treatment Centre building, on the St Mary's Hospital campus, for several years, and as they are only 50 yards away from the NHS secondary care dermatology

service it did cause some confusion for patients. They were only commissioned to see the more basic level of patients with no need for follow up, and operated on low risk lesions below the neck. Currently there is no one else competing for the contracts and as of June 2021 the Commissioners have ended their contract with this private provider and are now directing all work back to the Portsmouth Hospitals Trust secondary care NHS service.

### **Training**

Specialist trainees come from the Wessex Deanery. Southampton medical students come to Portsmouth for dermatology training. The department also supports nurse, pharmacist, Mohs fellows and GP training amongst other educational activity.

### **Substantive Medical Staff Members who are worked at Portsmouth at one point or another – incomplete**

Brackets for the years they were appointed to the dermatology department.

Aitkin Ross

David Barrett

John Cook - retired

Richard Ashton – Naval dermatologist, Consultant Mohs surgeon; currently consultant on Isle of Wight

Bronwyn Hughes (current) - Specialist interests in paediatric dermatology and vulval dermatology. Deanery Training Programme director.

Stephen Keohane (1998 - current) - Consultant Mohs surgeon

Adam Haworth (-- current) – Consultant, with specialist interests in contact allergy

Cathy Christie (2006 - current) – Consultant, with specialist interests in paediatric and vulval dermatology

Hywel Cooper (--Current) - Consultant, with specialist interests in connective tissue disease and research lead

Sam Hunt (2005 - to 2015) Consultant; now consultant at Winchester

Nicola Huntington – Associate Specialist, also works as a GP in Bognor Regis

Navara Anjum – Consultant; now working in Chelsea and Westminster Hospital

Geraldine Segal Hall (2010 - current) - Consultant Mohs surgeon

Christopher Heaton (2016 - current) Consultant and phototherapy lead

Ann Lonsdale Eccles (2016 - current). Consultant Mohs surgeon; previously Consultant at Southampton University Trust.

Alexa Shipman (2016 - current). Consultant with specialist interests in psoriasis, paediatrics; previously worked as Consultant at Warwick Hospital. Editor of Clinical and Experimental Dermatology 2019-2024.

Charles Mitchell (2019 - current) Consultant

### **Publications Relevant to Portsmouth Departmental History**

Two-week skin cancer referrals C Morgan, H Robertshaw, H Cooper, S Keohane . 2002 Mar;27(2):164. doi: 10.1046/j.1365-2230.2002.09794.x.

A targeted response to the COVID-19 pandemic: analysing effectiveness of remote consultations for triage and management of routine dermatology referrals. **Corden E**, Rogers AK, Woo WA, Simmonds R, Mitchell CD. **Corden E**, et al. **Clin Exp Dermatol**. 2020 Dec;45(8):1047-1050. doi: 10.1111/ced.14289. Epub 2020 Aug 29. **Clin Exp Dermatol**. 2020. PMID: 32416014 Free PMC article.

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<sup>i</sup> <http://www.localhistories.org/milton.html>