

DERMATOLOGY SERVICES IN NORTH CUMBRIA

By Dr W. D. Paterson

In former times, like many other places, the management of skin problems in this county was undertaken by general practitioners and complex problems might be referred to Edinburgh, Glasgow or Newcastle.

Today, the dermatology service for North Cumbria is based at the Cumberland Infirmary in Carlisle and covers a large area of 2,000 square miles, roughly corresponding to natural geographic features, and has a catchment population of 350,000. The Irish Sea and the Pennines define the Western and Eastern boundaries whereas the Scottish Border and Shap form the Northern and Southern limits respectively. North Cumbria has two District General Hospitals, some 40 miles apart, situated in Carlisle and Whitehaven.

The Cumberland Infirmary in Carlisle deals with the Eastern sector of the county, an area of mixed economy and agriculture. The West Cumberland Hospital in Whitehaven draws patients from the neighbouring towns of Workington, Maryport and Cockermouth on the West coast, formerly an area of mining and heavy industry.

The Carlisle Dermatology Department

It appears that the initial hospital provision of care for a patient with a skin problem started in the 1940s and was offered by a general physician, Dr Duncan Cameron. Old hospital records show his excellent handwriting describing sundry dermatoses in case records with charts showing temperature, pulse and blood pressure readings displayed in glorious colour, like works of art. He retired, as a general physician, in 1956 and then became Consultant Dermatologist, remaining in that post until 1961. He would undertake occasional journeys to West Cumberland as required.

1961 saw the appointment of Dr Patrick Mitchell as the first full time Consultant Dermatologist. He had undergone appropriate training and it was he who set the foundations of the modern dermatology service in North Cumbria.

The Dermatology Unit at that time was a separate building in the grounds of the Cumberland Infirmary and contained 18 beds. There were certain advantages of a 'one off' unit. Patients could relax in the nearby gardens. Bed provision was generous and helpful in a rural area and was supervised by the experienced Sister Slinger who was a strict disciplinarian! The Unit offered excellent facilities with large treatment rooms facilitating the application of topical and ultraviolet radiation therapy, the latter controlled by physiotherapists. Dermatological surgery at that time was rudimentary; it entailed occasional sessions in a small theatre borrowed from the casualty department and amounted to little more than the curettage of refractory warts.

Patrick Mitchell established weekly clinics in the west of the county, visiting Workington Infirmary and Whitehaven respectively on a Wednesday and Thursday. The only treatment facility in Whitehaven was an ancient machine to administer superficial radiotherapy, at a time when it was used to treat a variety of non-cancerous dermatoses. Patients requiring intensive topical or ultra violet radiation therapy were admitted to Carlisle, necessitating tedious journeys for relatives as admissions at that time were relatively protracted. During this time close ties were forged with the Newcastle department which still exist.

Dr Mitchell retired in 1976 and was replaced by Dr W. D. Paterson. He saw the need to integrate Dermatology into the main body of the hospital, to enhance its reputation as an acute specialty and to convince his peers that it merited adequate facilities. A new Infirmary had been built on the existing site and opened in 1972. One floor was designated for Paediatrics but the space was found to be excessive and, in 1978, Dermatology moved into an area of the underused paediatric unit. It provided 12 beds and generous treatment rooms and a room for skin surgery. Outpatient treatment numbers grew considerably and dermatological surgery quickly developed, with less need to involve the help of visiting plastic surgeons. Ultraviolet radiation therapy was no longer the province of the physiotherapist but was administered by trained nurses of the unit and PUVA became established. The nursing services were stimulated by the

appointment of an enthusiastic Sister who recognised the need to second staff to centres of excellence for training; this quickly enhanced the reputation of nursing skills outwith the department.

Education of general practitioners became a regular commitment resulting in the department having a better standing, akin to other hospital services. Additional services such as eczema education, cosmetic camouflage and meetings for the lay public were established. The service was greatly supported at this time by Dr Nancy Britton, a highly competent staff grade dermatologist. The AGM of the Scottish Dermatological Society took place in Carlisle in 1982. A clinical meeting with colleagues from the North East is now an annual event and The North of England Dermatology Society has visited Carlisle on several occasions.

In 1990 Dr Neil Cox joined the Department and there was an increase in clinic provision. Existing services such as patch testing were expanded, the number and complexity of surgical procedures enhanced and combined clinics were established with histopathology and plastic surgery. Monthly outpatient clinics were established in Penrith. The standing of the Department was recognised in 1999 with the *Dermatology Team of the Year Award*, sponsored by Hospital Doctor.

An erosion of beds slowly occurred and, around 1987, it was decided by Management that designated dermatological beds were no longer required. As part of the hospital reconfiguration the dermatology beds were moved to a ward of the Nightingale configuration, in the old original hospital building. Facilities were far from satisfactory, with little recognition that day treatment is not feasible for patients living a great distance from Carlisle. Elective admission for intensive topical therapy was accomplished by using hostel provision for the young and ambulant. The elderly and disabled, needing nursing supervision, were admitted to a general medical bed but this could not always be achieved speedily, depending on bed occupancy.

Finally, in 2002, a new hospital was opened under the Private Finance Initiative. After little or no consultation with the dermatologists a completely inadequate area was allotted to Dermatology. This was little more than a small corridor with

facilities unsuited for the clinical needs. Here nursing staff continue to struggle to apply treatment in confined and inadequate small rooms; there is no waiting room and office space for secretarial and medical staff is unsatisfactory.

Dr Paterson retired in 2003 and there have been several changes in consultant staff since then; they are detailed in the appendix. Outpatient clinics are no longer held at Workington Infirmary. There are consultant led clinics at the West Cumberland Hospital. In addition, senior nursing staff from Carlisle offer a weekly clinic here to educate and assist patients with management of predominantly eczema and psoriasis and there are facilities for ultraviolet radiation therapy.

North Cumbrian Dermatology, as in many other areas, is perceived by Management as a specialty which should be community based. Discussions must be ongoing, at local and national level, to convince Management that a hospital base is necessary to maintain high clinical standards and to make it an attractive career pathway for future graduates.

Summary of work of the Senior Staff

Dr **Duncan Cameron** M.D. F.R.C.P. a Glasgow graduate came to Carlisle to work in General Practice. He was appointed Honorary Assistant Physician to the Cumberland Infirmary in 1922. He had a special interest in diseases of the skin which led to his opinion being sought on this topic as well as in general medicine. When he retired as a Physician in 1956 he was appointed as Physician in Dermatology and continued in this capacity until a new unit had been completed and a Consultant Dermatologist appointed in 1961.

Dr (Colonel) Patrick C. Mitchell, RAMC, MC, TD, FRCPEdin (1914-2006) was born into a medical family and was a distinguished undergraduate at Aberdeen. He had an illustrious military career as summarised in an obituary in the Journal of the Royal College Physicians of Edinburgh. After the war he trained in Edinburgh and London and held a number of specialist advisory posts, both in this country and abroad. He retired from his military role in 1961 and was appointed Consultant Dermatologist in the same year.

He quickly established a reputation as a competent Dermatologist with a vast knowledge of the specialty and, having travelled extensively, was a useful reference point when occasional tropical exotica presented in Cumbria.

For many patients he appeared formidable; the combination of deafness and his striking appearance made him appear unapproachable but his concern for the welfare of patients was paramount.

Patrick Mitchell was respected by his consultant peers and general practitioners; he increased the number of referrals to the unit which necessitated the appointment of junior staff to cope with the demand.

He was a man of many parts. He owned a small holding and was a keen breeder of livestock. He was a member of a local hunt and was occasionally seen on Saturday morning ward rounds sporting his full hunting livery. He retired to Devon to farm for some years before returning to his native Aberdeenshire.

Dr William “Bill” Paterson, F.R.C.P., FR.C.P.Edin., D.Obst. R.C.O.G., following graduation from Edinburgh, envisaged a career in General Practice but was persuaded to apply for an SHO post in Dermatology. He found the clinical diversity fascinating and, after securing the MRCP, he returned to the Edinburgh unit as registrar. He considered himself fortunate to work alongside Dr John Savin who was a major influence, not only as a superb clinical teacher but in suggesting techniques to examine the patho-physiology of the itch/scratch cycle. Dr Paterson was appointed to the consultant post in Carlisle in 1976 and his prime interest was to deliver a first class clinical service and develop good rapport with local general practitioners. He established rapid access, nurse-led clinics and confirmed by audit the usefulness of eczema education. At this time the surgical repertoire was enhanced, PUVA introduced and he increased the profile of the department with regular clinical meetings for both fellow consultants and general practitioners.

He took part in management and was Chairman of the Medical Staff Committee, the Regional Dermatologists Committee and was President of both the Carlisle Medical Society and the local branch of the BMA.

Having coped with an enormous workload single-handed for 14 years he was joined by Neil Cox in 1990. He retired in 2003 but has helped out in the Department since then owing to staffing problems.

Dr Paterson has many extra-mural interests. He has a keen interest in organ and choral music and enjoys sailing off the West Coast of Scotland.

Dr Neil Cox, B.Sc(Hons), F.R.C.P., F.R.C.P.Edin., graduated from the University of Liverpool and, after deciding upon a career in dermatology, trained with Rona MacKie and Sam Shuster at Glasgow and Newcastle respectively. This background of questioning and research left its mark and he has continued to pursue many avenues of clinical investigation. He was appointed Consultant in the Carlisle Department in 1990 and quickly demonstrated his flair in medical writing, becoming co-editor of the *British Journal of Dermatology*. He is currently editor of *Dermatology in Practice*. He was co-author of *Physical Signs in Dermatology* and a co-editor and co-author of the *Rook Textbook of Dermatology*. He has been President of the Dermatology section of the RSM and has lectured at a number of venues.

His main hobby is salmon fishing.

Dr Leo Barco M.D. locum 2003.

Dr Goutam Dawn, M.D.,F.R.C.P. qualified in India with subsequent training in Glasgow. He was appointed to Carlisle in 2003 but resigned in 2007 to return to Monklands Hospital in Lanarkshire.