The Leeds region extends from the Pennines in the west to the North Sea where it stretches from Whitby in the north to the Humber in the south. It includes the East Riding, part of the North Riding, York, and the West Riding with the exception of the southern part as Sheffield, Rotherham and Barnsley are in the Sheffield region. The northern and eastern parts, with the exception of Hull, are agricultural. To the west we have the Pennine textile area and the industrial cities of the West Riding and to the south the coal fields. The population of the Leeds region is 3,190,170 distributed as shown in the table.

<table>
<thead>
<tr>
<th>Hospital Management Committees</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scarborough, Bridlington, Malton and Whitby</td>
<td>150130</td>
</tr>
<tr>
<td>York</td>
<td>240430</td>
</tr>
<tr>
<td>Hull</td>
<td>354670</td>
</tr>
<tr>
<td>East Riding</td>
<td>93110</td>
</tr>
<tr>
<td>Pontefract, Castleford and Goole</td>
<td>236760</td>
</tr>
<tr>
<td>Wakefield</td>
<td>140280</td>
</tr>
<tr>
<td>Dewsbury, Batley and Mirfield</td>
<td>170890</td>
</tr>
<tr>
<td>Huddersfield</td>
<td>240980</td>
</tr>
<tr>
<td>Halifax</td>
<td>180860</td>
</tr>
<tr>
<td>Bradford</td>
<td>389220</td>
</tr>
<tr>
<td>Bingley, Keighley, Skipton and Settle</td>
<td>148190</td>
</tr>
<tr>
<td>Wharfedale</td>
<td>67430</td>
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<tr>
<td>Leeds</td>
<td>613050</td>
</tr>
<tr>
<td>Harrogate and Rippon</td>
<td>147140</td>
</tr>
</tbody>
</table>
As a specialty dermatology came late to Yorkshire. Both Robert Willan and Jonathan Hutchinson were Yorkshiremen. Willan was born at Sedbergh in 1757 and Hutchinson in 1828 at Selby but neither practised dermatology in the county. Indeed, it was not until 1901 that dermatology was recognized as a specialty at the General Infirmary at Leeds and even then skin disorders were treated by general physicians until the first trained dermatologist was appointed to the staff in 1927.

However Leeds can claim credit for an early and important contribution to industrial dermatology. Although John Darwell wrote a thesis on the diseases of artisans in 1821 for the degree of doctor of medicine of Edinburgh, the first book on occupational diseases in English was written by Charles Turner Thackrah (1795-1833), a general practitioner of Leeds who ran a school of anatomy in the Town for several years and was one of the founders of the Leeds School of Medicine in 1831. In his book, The Effects of Arts, Trades, and Professions . . . on Health and Longevity (1831), he mentions sugar as a cause of eczema in grocers, lime in bricklayers, flour in bakers and sulphuric acid in hatters (Meiklejohn, 1957).

The General Infirmary at Leeds was founded in 1767 the result, it would seem, of three influences: the growing social conscience of the eighteenth century, the needs of local surgeons such as William Hey (1736-1819) for a hospital where they could carry out "capital" operations, and the appreciation by the wealthy employers of labour of the necessity of an institution which could treat their sick and injured employees and get them back to the factories and mills as rapidly as possible. At first a rented house was used but by 1771 an elegant hospital had been built by John Carr, the York architect, who built Harewood House and many other fine buildings. John Howard, the prison and hospital reformer, visited the Leeds Infirmary in 1784 and wrote of it in his Account of the Principal Lazarettes in Europe:- "This is one of the best hospitals in the kingdom. In the wards, which are fifteen feet eight inches high, there is great attention to cleanliness; . . . There are no fixed testers; no bugs in the beds. Many are here cured of compound fractures, who would
lose their limbs in the unventilated and offensive wards of some other hospitals."

Because of the rapid growth of Leeds and the increasing numbers of patients from distant places, it was inevitable that the Infirmary should be enlarged and there were extensions in 1782, 1786 and in 1792. By 1859 the 150 beds were quite inadequate. The present site was bought in 1862 and Mr. (later Sir) George Gilbert Scott, R.A. was appointed architect. He came to Leeds flushed with his recent triumph at St. Pancras’ Station and designed a very similar building. The central hall had a railway-station roof and the same pseudo-Gothic style was used. The new hospital was built on the pavilion plan and in this respect was, with the Blackburn Infirmary and the Herbert Hospital in Woolwich, unique in this country at the time it was completed (1868). It was opened as a hospital in 1869. There have been many extensions since then. (Anning 1963, 1966).

The late recognition of dermatology as a specialty at the Infirmary is surprising because special out-patient demonstrations of diseases of the skin had been given weekly there by Dr. (later Sir) Clifford Allbutt (1836-1925) from 1867 to 1873 and by Dr. John Eddison (1842-1929) from 1873 until 1876. Allbutt was a physician at the Infirmary from 1864 to 1884 and was Regius Professor of Physic at Cambridge from 1892 until his death. Eddison was on the staff as a physician from 1871 to 1892. A course of lectures on skin disorders was given each winter session from 1880 to 1884 by both these gentlemen. Moreover a hospital for skin diseases had been established in Leeds in 1857. It was known at first as the Leeds Dispensary for Diseases of the Skin and later as the Leeds Hospital for Diseases of the Skin and was situated in Somers Street, Park Lane, behind Park Square West. On its staff in 1888 was Dr. H. A. Allbutt, a cousin of Sir Clifford. He was later struck off the Medical Register on account of his writings on contraception. The hospital is mentioned in the *Medical Directory* of 1888 but not in 1889 or later and presumably was closed.
Clifford Allbutt's interest in dermatology led him to attend the clinics of Bazin and Hardy at the Hopital St. Louis, when he was working in Paris in 1860 (Rolleston, 1929). His paper on "The Significance of Skin Affections in the Classification of Disease" (Allbutt, 1867) was clearly influenced by French teaching. Some years later he published another paper on dermatology on "The Influence of the Nervous System and of Arsenic on the Nutrition of the Skin" (Albutt, 1874).

Alfred George Barrs (1853-1934) was Physician at the Infirmary from 1884-1912 and professor of medicine from 1899-1920. As junior assistant physician he looked after the dermatological patients. In 1891 he wrote an article on Atrophia cutis and morphoea (Barrs 1891) and he looked contributed a further paper to the British Journal of Dermatology, on uraemic bullous dermatitis (Barrs, 1896). In 1899 (Barrs 1900) he sent a series of four water colour drawings for exhibition to the then very exclusive Dermatological Society of London.

Another contribution to this journal was made by J.B. Hellier (1853-1924), Professor of Obstetrics and Gynaecology in the University of Leeds from 1908 to 1918 and the father of Professor F. F. Hellier who wrote a paper on “pemphigus foliaceus” in a baby which died four days after birth (Hellier 1899).

At the Infirmary in February 1885 the Faculty (i.e. the members of the honorary Consulting staff) had recommended the Board of Governors "that it is desirable that a department for the treatment of diseases of the skin arising among the Out-Patients be established". A fortnight later the Board resolved "that it is desirable that a complete and systematic department for the treatment and teaching of skin diseases be established". Nothing, however, came of this though the matter was again discussed in October 1886.

It was the advent of the Finsen lamp used in the treatment of lupus vulgaris that stimulated the establishment of a skin department. The first lamp was bought in 1901 and on May 15th of that year the department was opened in a
room in the basement. Nurse Cockrill was put in charge of the lamp and was sent to the London Hospital for 2 weeks’ training in the department of Dr. Sequeira, a pioneer in this country of this form of therapy. By 1903 a third Finsen lamp was required as the treatment was found successful and the 60 patients being treated daily made 14,401 attendances in the year (Fig. 1).

Until the appointment in 1927 of Dr. John T. Ingram, the first dermatologist at the Infirmary the Skin Department, such as it was, came under the charge of the junior assistant physician, though Dr. Rawdon A. Veale (1873-1954) who first took over the work in this capacity in 1912, continued in charge after his appointment as physician in 1925 until Dr. Ingram's arrival. Rawdon Augustus Veale was educated at Rossall School and Queen’s College, Oxford where he read classics. He was a school master for a time before entering the Leeds School of Medicine in 1901. The assistant physician in charge of the department used to have the task of examining the out-patients with skin disorders and prescribing for them but those requiring light therapy or treatment with x-rays became the responsibility of the director of the electro-therapeutic department.

The question of the appointment of a dermatologist at the Infirmary at Leeds was discussed in 1913 but it was not until May 1926 that it was considered opportune to inaugurate a "real" department under the charge of a specialist and it was not until almost a year later that it was agreed that there should be a dermatological department with 10 beds (later increased to 20) and that the dermatologist to be appointed should control the radiotherapy used on his patients. Dr. Ingram, who had been first assistant to Dr. Sequeira at the London Hospital, soon after his arrival in Leeds in 1927, secured the appointment of Mr. Edgar Varden, also from the London Hospital, as radiotherapist and he continued in this work for 40 years. In 1936 Dr F. F. Hellier was appointed honorary assistant physician to the department. Dr. Ingram remained in charge until his resignation in March 1959 on his appointment to the new chair in dermatology in the University of Durham. During his time, at the Infirmary the work of the department greatly expanded and it became well known in the British Isles and abroad.
In 1928, a year after Dr. Ingram's appointment, 4 large rooms in the basement of the Infirmary were converted for the use of the skin department. Treatment clinics were held there for x-radiation, ultra-violet "baths", the use of Finsen-Lomholt and Kromayer lamps and for the treatment of leg ulcers. It was there that he instituted the routine treatment of psoriasis with tar baths, ultra-violet light and the application of dithranol. The general dermatological clinics and out-patient teaching were carried out in the general medical outpatient department. It was due to Dr. Ingram that there was a considerable increase in the teaching of dermatology in the out-patient department, in the wards and in lectures. Through him there was increased representation of dermatology in the final M.B. examination and Leeds was the first (and possibly the only) British school to appoint external examiners in dermatology. Dr. Ingram also created a good library of water-colour paintings, transparencies, photographs and books. He acquired more dermatological beds: at St. James's Hospital (32) and at the Ida and Robert Arthington Hospital (8), both of these hospitals being in Leeds.

Conditions of work were immeasurably improved when the department moved early in 1940 into almost the whole of a floor in the new out-patient block. This provided consulting rooms, treatment rooms, bathrooms, x-ray rooms, light therapy rooms, and laboratories (3) as well as good administrative accommodation. With the opening of the new department in 1940 an appointment system for dermatological out-patients was arranged, an innovation in hospital practice. A mention must be made of Sister Irene Gray who was for 24 years in nursing charge of the department. Much valuable help in the care of patients in the department has come over the years from a succession of whole time almoners (now medical social workers) who have interviewed selected patients or their relatives in the privacy of their own office. In 1950 a third dermatologist (the author) was appointed as the work load had become heavy: since the Second World War clinics have been held twice daily throughout a five and a half day week and new attendances are around 7000 a year. In 1961 Dr. N. R. Rowell became the third dermatologist.
The practice of dermatology in York started in 1930 with the arrival of Dr. C. W. Mackenzie, another “London” man. To quote his own words: "I was appointed Honorary Assistant Physician to the York County Hospital in 1930 and from then was unofficially recognized as a dermatologist although there was no special dermatology department. Early in the war when the York City General Hospital was opened, I was appointed dermatologist to the Corporation, the job being mainly concerned with dealing with the scabies epidemic. Some rooms were allotted for the purpose in a building attached to the York City Hospital and this was gradually expanded into a skin department with baths, ultra-violet light and later superficial x-rays, but I continued to do my consulting clinics at the County Hospital until 1954, when a proper skin out-patient department with two consulting rooms, a minor operations theatre and U.V.L. room was opened at the City Hospital. At the same time a ward in the old E.M.S. hospital at Fulford was allocated to dermatology having 24 beds, 12 for each sex."

In 1951 Dr. Mackenzie was appointed, in addition to his work in York, as consultant dermatologist in Scarborough (where he had 14 beds) and he held clinics in Whitby and Bridlington also. In 1964 Dr. H. K. El-Rhamy was appointed in place of Dr. Mackenzie.

In Bradford Dr. Allan Bigham was appointed as the first dermatologist at the Royal Infirmary in November 1937, having trained at the Manchester and Salford Skin Hospital, at St. Bartholomew's under Dr. A.C. Roxburgh and at St John's. Some dermatology had previously been practised by Professor F. W. Eurich, a general physician who held the chair of forensic medicine at Leeds University from 1908 to 1932. He was an expert on anthrax, both cutaneous and as “wool-sorters’ disease”. From 1947 Dr. W. E. Alderson worked with Dr. Bigham in Bradford and later at the General Hospital, Otley in addition.

Soon after his appointment in Leeds Dr. Ingram was appointed dermatologist to the Dewsbury Infirmary and held regular clinics until his work there was taken over by Dr. Hellier about 1936. Dr. Clifford Stuart
became clinical assistant in this department in 1942 and honorary
dermatologist in 1945. He had also been dermatologist at Staincliffe General
Hospital, Dewsbury from 1944 and, in addition, dermatologist at the Royal
Halifax Infirmary from 1949. Dr. Hellier had worked in Dewshury from 1939
to 1942.

At the Huddersfield Royal Infirmary Dr. A. J. E. Barlow was
dermatologist from 1945 but in 1954 there was a rearrangement of the work in
this area. Dr. Barlow continued at Huddersfield but took over Halifax in
addition and Dr. Stuart took over the work at Clayton Hospital and
Pinderfields General Hospital, both situated in Wakefield, from Dr. Hellier
who had been in charge since 1938. Dr. Stuart also opened a clinic at
Pontefract. Dr. Hellier then started a weekly clinic at the Harrogate and
District General Hospital but in 1959 this work was taken over by Dr. Bigham.

Although Dr. E. 0. Halliwell, a general physician, had treated some
dermatological patients at the Hull Royal Infirmary from the middle 1930's,
Dr. K. Keczkes appointed in 1965, was the first consultant dermatologist
there.

I am grateful to several colleagues for supplying me with information.

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3, 152.
8, 9.