

## History of Medicine

# The Department of Dermatology, University of Cape Town, 1922-1962

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*In 1962 Dr Richard Lang, then head of the Department of Dermatology at the the University of Cape Town and Groote Schuur Hospital, prepared an account of the development of this Department over the 40-year period 1922-1962. This document has never been published and should be of interest both to dermatologists and to students of South African medical history.*

— Editor

I am indebted to Dr F. Krone, who had been practising as a dermatologist in Cape Town for 3 years before I arrived, and to Dr J. Jacobson, who was an undergraduate student in the mid-1920s and subsequently a houseman in the department for 6 months in 1928, for their reminiscences of the early days of the Department of Dermatology at the University of Cape Town with the New Somerset Hospital as the teaching venue.

Apparently when the first medical students at UCT began their clinical years there were no dermatologists in South Africa. In 1922 Dr Hugh Smith, a physician with a leaning towards dermatology, was the first appointed lecturer in this subject.

Dr Jacobson says: 'The Medical School of UCT was fortunate enough to have available the services of the late Dr Hugh Smith to start the department. He is remembered as highly cultured, a competent lecturer and diagnostician. The profession and the lay public were at that time not dermatologically-minded and hence our clinics were small, rarely exceeding 20 cases per weekly session. The houseman had to be shared with the other specialties — ophthalmology, otorhinolaryngology and orthopaedics. His duties often clashed and at times his chief did not see him for weeks on end. Students attended these outpatients clinics as well as a series of systematic lectures.

'Extensive changes were to take place during the next few years. On my return from Britain in 1932, I found a thriving department headed by the late Dr Moorrees Bosman, assisted by Dr F. Krone and Dr R. Lang, all practising dermatologists. Attendances were increased three- or fourfold. A dark-room, Wood's glass and a microscope were available. Subsidiary clinics were started at the Free Dispensary by Dr F. Krone and at the Woodstock Hospital by Dr R. Lang. The need for dermatological training had become recognized. Our pioneers had successfully paved the way for us.'

### The early days

In 1922 the late Dr Moorrees Bosman was the first dermatologist to settle in Cape Town, followed in 1925 by Dr F. Krone and in 1929 by myself. Unfortunately, at that time there were

no posts on the establishment for any of us and it was only in 1930 that the late Dr Bosman replaced the late Dr Hugh Smith as senior dermatologist at the Somerset Hospital and lecturer in dermatology at UCT. A few months later Dr F. Krone was appointed assistant dermatologist and later in the year I became registrar. This was the establishment until Dr J. Jacobson was appointed additional registrar in 1932.

In those days dermatology was the Cinderella of the profession — the facilities for outpatient and clinical teaching were limited in the extreme. The department had no beds; the outpatient and clinical lectures were held in the Physiotherapy Department which, according to Dr Krone, was divided by curtains with Dr Bosman lecturing to the students on one side, Dr Krone attending to patients on the other and all the while the Physiotherapy Department carrying on its routine functions.

### Acceptance by the establishment

Dermatology had now become established as a definite specialty and it was found necessary (in view of the tremendous increase in the clinics) for more suitable accommodation to be made available. At the end of 1931 we moved to a tin shanty in the Somerset Hospital grounds, which was certainly an improvement as regards space but a veritable inferno in summer.

At the time, the teaching in dermatology consisted of 18 systematic lectures given at the Medical School on Friday afternoons and a clinical demonstration at Somerset Hospital on Wednesday mornings. The ancillary services to the department, such as histology and bacteriology, were quite inadequate for our purposes and great credit must therefore be given to the late Dr Moorrees Bosman and his co-worker, Dr F. Krone, for the sound basic training in dermatology imparted to the undergraduates under such conditions.

When the planning of Groote Schuur Hospital began, Dr Bosman and his colleagues were determined to create a department which would compare favourably with those overseas. The department was, therefore, carefully planned with adequate outpatient and inpatient facilities and, to the best of my knowledge, we are the only dermatological unit in the country to have 30 beds under our control.

At the time, we were still under the control of the Cape Hospital Board, and although we realized that the unit could never be complete without our own laboratory, the stringent financial position made us waive this necessity in view of the many advantages we had gained in the transfer.

### The move to Groote Schuur

In 1938 the department, now as nearly a complete unit as possible, moved to Groote Schuur Hospital. The dermatological staff remained unchanged except that Dr Krone had been promoted to Honorary Senior Dermatologist and I to Honorary Assistant Dermatologist. We were a completely autonomous and independent department in the hospital. Our chief, Dr

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Moorrees Bosman, was a person of strong personality, very experienced in all phases of dermatology, and there was therefore no doubt in the minds of his staff that under such guidance the department could only go from strength to strength.

Although we were dependent on the Department of Pathology for our histological examinations, this service had now reached such a high standard, and the head of that department was so co-operative, that we were quite ready to undertake postgraduate training as well.

In 1940 I went on active service, and unfortunately in 1941 Dr Bosman had to be granted sick leave and thus the burden of carrying on rested on the shoulders of Drs Krone and Jacobson. The work had increased considerably and, fortunately for everyone concerned, two of our graduates, Dr Jean Walker and Dr Doris Hersman, had decided to specialize in dermatology and were duly appointed clinical assistants in the department. After working in the department for 3 years, they were duly registered as dermatologists in 1942 and subsequently appointed registrars. Dr Doris Hersman has remained on the staff ever since, and Dr Jean Walker, after a break when she practised dermatology in Port Elizabeth, returned to us later in a full-time capacity. Thus the careful planning and vision of our former chief bore fruit, in that we were able to train two such excellent candidates.

In 1944 Dr Krone resigned on account of ill-health, followed the next year by the resignation of Dr Bosman for the same reason. In 1945 I was appointed head of the teaching department of the University as well as head of the department at Groote Schuur Hospital.

The resignation of Drs Bosman and Krone was a great loss to us. As we were now very short-staffed, we were only too pleased to retain the services of Drs Rebecca Katz, J. Selkon and I. Woolfsohn, general practitioners who had rendered great help to Dr Bosman and his colleagues during the war years.

In 1947 the late Dr H. Krafchik, who had in the meantime specialized in dermatology, joined the department, and I need hardly say that this was a welcome addition to our establishment. However, the great need for younger people to specialize in the subject was forever foremost in our minds and as head of the department I therefore eagerly welcomed a younger man in the person of Dr Sidney Stein who became a postgraduate student in dermatology in 1948 and registrar in the department in 1949, completing his training in Britain and finally joining our staff as a specialist dermatologist in 1952.

## The new system

In 1950 revolutionary changes took place in all departments of the hospital. The honorary system was abolished and a joint agreement was drawn up between the University and the Provincial Administration whereby the departments were now paid on a sessional basis. We lost our complete autonomy and were now made part of the medical division. We were given an establishment consisting of one G post, one E post and one C post.

Dermatology, like all other branches of medicine, has advanced tremendously over the past decade, and if we are to

maintain our standards we must be given scope for advancement. This cannot be done under the present rigid establishment. Wherein lies the fault that so few young candidates have come forward to be trained in dermatology? Never had we had closer relationships with our parent subject, medicine, and the head of our division has given us every opportunity to improve our standard of general medicine, so essential to the complete dermatologist. Yet this does not alter the fact that great controversy still exists in medical schools, not only in Britain but also in the Americas and on the Continent, that dermatology has now grown to vigorous manhood and should be sufficiently independent to develop its own line of research. To do this needs finance, which can never be adequately supplied while we are a small section of a large group. Once we reach this stage, I am sure the department could attract young men who have received prior training in general medicine.

At the time of reorganization no member of our staff had any desire to take up a full-time post, and the existing sessions were therefore divided among them, leaving only the C post vacant. The result was that I had to persuade Dr Jean Walker, who had previously resigned as honorary assistant dermatologist, to occupy this lowly post. There were, however, many advantages attached to this, since the medical library had expanded tremendously and she was thus in a position to devote herself to extensive study of dermatological literature. In addition, she had ample opportunity to keep abreast of general medicine by attending various seminars in that subject.

No candidate could hold the registrar's post for longer than 3 years and at the end of the period when her promotion was due, we struck a snag in our rigid establishment; it was only through the generosity of the part-time staff in sacrificing some of their pay that we were in the position to clear the post as a full-time one. That this was a necessity was amply justified subsequently by the research instituted, and the great assistance given to me in our joint publications on some of the rarer dermatoses. Dr Jean Walker was our first graduate to receive an M.D. with dermatology as a major subject, the title of her thesis being 'Skin and tuberculosis'.

In 1950 the late Dr J. Lipshitz was appointed to the department as a part-time dermatologist and remained with us until his premature death in 1957. In 1958 Dr Krafchik passed away.

In the meantime, Dr Jean Walker had resigned her full-time post to start in private practice, and with 3 vacancies on our staff we were indeed fortunate to obtain the services of Dr C. K. O'Malley, whose presence added colour to our department and whose death in 1961 left a void. Subsequently, Dr H. van de Meulen, who had been assistant to the professor of dermatology in Batavia, was appointed to one of the still-vacant posts.

In October 1958 Dr R. Kooij, who had been chief assistant to Professor Prakken in Amsterdam and subsequently research officer at the Westford Leprosy Institution in Pretoria, was appointed to the vacant full-time post. In him we have a research worker of the first flight, and I am sure that as soon as our laboratory, which has been promised to us for so long by the University and the Provincial Administration, comes into existence, the necessary research to keep the department alive will finally bring us up to international standard; particularly in view of the fact that in the past few years we have had to train 3 postgraduate students in dermatology.