

HISTORY of the BSDS

In July 1982 Rodney Dawber of Oxford, Michael Dahl of Newcastle, Peter Kersey of Plymouth and myself met informally during the Annual Meeting of the British Association of Dermatology at Dundee. Phillip Harrison of Lancaster was also invited but was unable to attend. All of us were interested in the surgical aspects of dermatology and felt the time was ripe for further development of the subject in Great Britain. Whilst working in Philadelphia one of us (JSC) had been strongly influenced by the rapid growth of the subject in the USA and had seen the work of such luminaries as Walter B Shelley, of Philadelphia, Sorrel S Resnik, of Miami, and Norman Orentreich, of New York. We were also very conscious of the great interest in the subject in Europe, especially in France, Spain and Germany. Furthermore, we were painfully aware of an indifferent standard of teaching and practice within UK dermatology centres and yet we knew also that the founders of our speciality in the UK had as often been surgeons as physicians - Erasmus Wilson, Jonathan Paget and Jonathan Hutchinson are names which spring to mind. The first Chair in dermatology had indeed been established by Erasmus Wilson in his own College, the Royal College of Surgeons. It seemed as though the development of dermatology along medical lines could almost be an accident of history and it might easily have gone the other way and become a surgical speciality.

We felt that the time had come for a unified approach to what in our view was an organ speciality corresponding to the situation in our sister specialities, such as ophthalmology or otorhinolaryngology. To achieve this would require a shift in emphasis in training programmes and the development of much greater expertise in surgical procedures. We four agreed to form a British Dermatological Surgery Group (BDSG) whose aims would be: to promote interest, stimulate research and disseminate information on all aspects of dermatological surgery. With the backing of my colleagues and whilst still in Dundee I approached Gerald Levene, Secretary of the BAD, who was warmly receptive to our ideas and to

our request that we should be recognised as a Group officially affiliated to the BAD as already were those of Dermatopathology and Contact Dermatitis. Gerald was as good as his word and I received a letter from him telling us of the approval, on the 21st October 1982, of the Executive Committee of the BAD to our proposals. Considerable work proceeded throughout that year in preparing the ground and laying the foundations of the Group. Gerald was consistently helpful in guiding us through the necessary drafting of our constitution which had to be consistent with that of the BAD, especially so as not to jeopardise its own charitable status.

The Inaugural Meeting of the BDSG was held in London on the 28th June 1983, during the BAD Annual Conference in Kensington Town Hall. Forty-five Dermatologists attended and the first Newsletter was made available for comments. Five papers were presented after an introduction by myself on the nature and aims of the group. A Steering Committee was appointed with myself as the Chairman and Mike Dahl as the Secretary. The next day, 29th June 1983, at the Annual General Meeting of the BAD the proposal by myself, supported by the Executive Committee, for the affiliation to the BAD was accepted unanimously by the Meeting. British dermatological surgery was officially born - though the conception occurred, as indicated above, in Dundee one year earlier.

As a full member of the Executive Committee of the BAD I was well placed to represent the views of the Group during the next three years. Thereafter events began to accelerate. The major decision was taken early to initiate a series of Workshops to encourage and enhance the basic surgical skills of dermatological trainees. Considerable thought and planning were put into this and the first Workshop was held in Newcastle 12-14th April 1984. This was co-sponsored by the International Society for Dermatologic Surgery (ISDS) and the panel of tutors included Perry Robins (founder President of the ISDS), Robert Baran of Cannes - an old and trusted

friend of British Dermatology (and destined to be our first honorary life member) and the current President of the ISDS, George Popkin, of New York, the President elect of the ISDS, together with Michael Nix, of Switzerland and New York. One could hardly have hoped for a stronger and more experienced team to start the ball rolling. The home side included myself, Michael Dahl, Peter Kersey, Rodney Dawber and Clifford Lawrence. This was a significant event in British dermatology. There had never before been a structured, organised attempt on this scale to teach surgical dermatology. To our delight a large proportion of the participants (restricted to 35) were established Consultants who had entered for the Course along with their Registrars and senior registrars - a good omen for the future development of the subject and a great encouragement to their juniors; and confirmation to us that our ideals and ambitions were on the correct lines. The course was an outstanding success and pointed the way forward for regular, annual workshops which have followed since. The hands-on experience of pigs' trotters and virtually individual coaching by experienced operators were especially appreciated. Since then these Workshops have formed the backbone of dermatological surgery teaching in the UK and the majority of Registrars and Senior Registrars have attended one or more in the course of their training. Their success is a reflection of experience in the USA and elsewhere and the format world-wide is very similar. More recently Advanced Workshops have been organised to cater for more enterprising and experienced dermatological surgeons which have also proved both popular and successful.

Whilst forging ahead with the practical development of dermatological surgery technique and principles the political and public relations aspects of our enterprise could not be neglected. At all times we felt it vital that our plastic surgery colleagues should be aware of our activities and I was especially scrupulous with regard to this in Newcastle. Our own senior plastic surgeon had been President of the British Association of Plastic Surgery and of the Hand Society and was a surgeon to the Queen - and by a marathon stroke of luck had also trained with Fred Mohs in Wisconsin along with, of all people Perry Robins of New York! We made sure that

he and his colleagues were invited to our celebratory dinner at the first Workshop, where we were pleased to re-introduce these two stalwarts of the early days of Mohs' surgery. At all times we were at pains to emphasise that the work we were doing we and our forefathers had done over many years. But we were trying to do it better and to train our juniors to do it better still. From long before the days even of Robert Willan in the 18th century, dermatologists had cut out skin cancers and other tumours. We had great experience of the behaviour of skin tumours and the healing of wounds and this was a proper, and indeed core part, of our speciality. We were quite aware that the territorial instinct is strong in all walks of life but rigid demarcation between specialities can be harmful to development and ultimately self-defeating. It is precisely at boundaries that there are the conditions for greatest growth and development. Plastic surgeons themselves have contributed greatly to small joint surgery of the hand and to microvascular surgery, as with limb and digit re-implantation. Furthermore, if dermatologists ceased from treating rodent ulcers and the like, plastic surgeons and radiotherapists would be overwhelmed by the flood of cases coming through their doors. We felt strongly then and now that there was every reason for dermatologists to see skin malignancies, diagnose and treat them and follow them up and thus offer a unified service to General Practitioners and patients alike. Taking on such a responsibility involved devotion to honing our skills of diagnosis and treatment, which are the basis and the *raison d'être* of the BDSG.

In 1984 three of the BDSG committee were delegates to the Vth International Congress of the ISDS in Jerusalem and at that meeting Rodney Dawber and myself were appointed to the Board of Directors. This was a signal honour for us and for the as yet embryonic British School of Dermatological Surgery. In March 1985 the opportunity to further wet our feet in the political waters came with the setting up of a debate at Oxford during a Dowling Club educational weekend on the role of dermatological surgery in Britain. Mr AF Wallace, senior plastic surgeon at St Bartholomew's Hospital in London and I were the main speakers and the motion was "Dermatological surgery is not just plastic surgery by

another name and as such should be practised by dermatologists and not left solely to plastic surgeons". John Wilkinson, of Amersham, was in the Chair and steered a lively and good-humoured discussion both from the platform and the floor. One misunderstanding at least was corrected, namely that to practise any kind of surgery an individual had to be a fully qualified surgeon with an FRCS diploma. It was pointed out that was neither an absolute nor a legal requirement and that many distinguished surgeons, for example in otorhinolaryngology, ophthalmology and gynaecology, were not FRCS holders and yet successfully practised major surgery throughout their professional lives. Most felt that this was a timely discussion which Richard Meyrick Thomas and Michael Klaber had done well to organise at this point in the development of the subject.

After this preliminary joust an even more significant encounter took place at the Royal Society of Medicine on the 19th December 1984, when a joint meeting of the Sections of Dermatology and Plastic Surgery took place. This was a spirited and well attended meeting and five papers were presented, including one by Dr Clifford Lawrence, of Newcastle, who ventured to put his head into the lion's mouth with his title of "Excision of Skin Malignancies without Suturing or Grafting". Somewhat analogous to Nature and its well known abhorrence of a vacuum, plastic surgeons in general simply cannot abide gaps between skin edges. And yet dermatologists, especially those who have studied Mohs' surgery and practised it know perfectly well how beautifully some such wounds heal, providing they are appropriately chosen, and do not encroach on free edges such as eyelids or lips. The first discussant commented, nevertheless, that such techniques might be appropriate in the wilds of some jungle, where skilled plastic surgery was not available, but were quite unacceptable in a developed country such as the UK. I then read out an excerpt from an American Journal of Surgery extolling both the simplicity and excellent cosmetic results achievable by such a technique and regretting that it was so little understood and practised by professional surgeons. The message was driven home by remarking that this paper did not emanate from some jungle clinic but from the Department of Surgery of

Harvard University Medical School. This information went down very well with the dermatologists but was treated with a thoughtful silence by the surgeons!

In September 1986 we were honoured to act as hosts to the VIIth ISDS Congress held at the City University in London. This really was an accolade to our young but flourishing group and entailed a tremendous amount of organisation and hard work by the President of the Congress, Rodney Dawber, Co-Presidents myself and Michael Dahl, and the Organising Committee (Bill Bowers, Peter Kersey, Peter Holt, Cliff Lawrence and Tim Sonnex). We were honoured by the presence of the President of the General Medical Council, Sir John (later Lord) Walton (also President of the Royal Society of Medicine), an indication of our "arrival" as an acceptable member of the established medical scene. We were delighted also that Dr Patrick Hall-Smith, immediate past president of the Section of Dermatology of the RSM and Professor Neville Rowell, President of the BAD were also able to attend and welcome the delegates. The programme was comprehensive and practical and papers were presented by a number of distinguished UK dermatologists, amongst them Professor Rona MacKie of Glasgow, the late Dr Neil Smith, Professor Terence Ryan of Oxford and Sam Shuster, of Newcastle, to name only the non-surgeons! Sam Shuster took part later in a memorable debate with Perry Robins of New York on the value and validity of Mohs' surgery. Good knockabout, verbal fisticuffs were enjoyed by all but there was a clear message which came through that more and better research was needed in this area.

One hundred and fifty-eight papers were presented, amongst them one by Dr R Doherty of the Medical Defence Union (MDU) - representatives of which we had been careful to invite to all of our Workshops in the UK so far. We found their appraisal and comments on our surgical enterprises of great value and the advice and guidance of the Joint Co-ordinating Committee of all the Defence Unions of Great Britain was summarised in our second newsletter of April 1984 as follows: "As far as the law goes, there is no reason why a registered medical practitioner should not carry out any procedure provided he has

sufficient experience and is competent to do so " (Dr JW Brooke-Barnett). The Newsletter goes on: "This, though reassuring, in no way gives any of us carte blanche in this area and we must emphasise that in the interests of their patients, the subject, and themselves (in that order) dermatologists must:

- a) Work carefully and scrupulously within their limitations
- b) Work in the best conditions possible
- c) Constantly strive to train themselves and their juniors so as to achieve even higher standards by reading the relevant literature (especially the Journal of Dermatologic Surgery and Oncology), attending conferences and Workshops
- d) Develop and maintain friendly and close relations with their local plastic surgeons."

The social as well as the professional aspects of the Congress went smoothly and well, ending with a magnificent Banquet in the Guild Hall.

We must have made a good impression because in September 1988, only two years later we were yet again honoured by hosting the IXth Congress of the ISDS in Edinburgh. This was John Hunter country and he very kindly made us welcome and even persuaded one of his plastic surgery colleagues to give an opening address and was himself a Guest Lecturer, giving a presentation on malignant melanoma and the Scottish Melanoma Group. The President of the Congress was Michael Dahl of Newcastle and the whole meeting was ably orchestrated by Graham Colver (then of Edinburgh, now of Chesterfield) as Secretary and "general fixer". This was a wonderful meeting, dermatologically and socially. It was quite amazing to see how many of the delegates, British, American and others laid claim to Scottish ancestry and appeared at the final, festive Banquet and Ball (at the Edinburgh Sheraton) in full Highland regalia - including one well known San Franciscan sporting solid silver buckles and dirk and a mink sporran!

Meanwhile at national level, less pleasant events were unfolding. A formal complaint was laid before the President of the Royal College of Surgeons by the plastic surgeons that dermatologists were attempting surgical procedures beyond their ability and training. A meeting was called by the President, Sir Terence English to discuss this and he asked Professor John Alexander-

Williams, Professor of Gastrointestinal Surgery at Birmingham, to take the Chair, although the P.R.C.S. himself was also present. Dr Harvey Baker (President of the BAD) led the dermatologists' team of three (versus six surgeons). Prior to this meeting I had written a long and detailed briefing letter to Sir Terence English describing the history, aims and current status of the BDSG. Perhaps (I hope) influenced by this and certainly by the diplomatic skills and the good sense of Harvey Baker and his team, this attack on the integrity and behaviour of the BDS members fizzled out there and then. However, smouldering embers may suddenly and surprisingly burst into flame. It would only need a few "gung-ho" exploits of some over-ambitious or maverick dermatological surgeon to set off a very nasty conflagration once more. It is vital that we should be responsible and scrupulous in our dealings with patients and colleagues. Even so we must be vigilant and on continual guard against any depredations or denials of our skills and expertise in this integral part of our speciality. A brief study of the scene in the USA gives no cause for complacency, for there restrictive legal action has been taken in some States against dermatological surgeons by other specialities. The price of clinical freedom has always been high and the privilege to practise our hard-won skills is to be guarded and cherished throughout our professional lives. If we do this as individuals and as a body (now the British Society for Dermatological Surgery) I believe the future is bright and we shall continue to flourish and expand to the benefit of our patients and the whole of dermatology.

"Change is inevitable. In a progressive country change is constant." Benjamin Disraeli, Edinburgh 29th October, 1867.

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