History of Medicine

Alphonse Loewenthal (1903 - 1983) — the uncrowned king of dermatology in Africa

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Summary

The career and achievements of Dr L. J. A. Loewenthal, M.D., F.R.C.P., as a dermatologist in Africa are sketched. He made notable contributions to local dermatology. Starting in 1931 in Uganda with studies on tropical ulcer and vitamin A deficiency, he ended his career in Johannesburg 40 years later with investigations on the skin of miners. Over this period it is doubtful whether any dermatologist on the African continent equalled his accomplishments.

For 40 years of his life Leonard Joseph Alphonse Loewenthal devoted his energies to the furtherance of dermatology in Africa. Over this period no one else brought the same brilliance or industry to bear on this aspect of African medicine. His achievements began in 1931 when he first arrived in Uganda, and ceased when he left Johannesburg in 1970. Always optimistic, cheerful and forward-looking, Loewenthal gave little hint of the way in which his position at the forefront of his profession had been achieved. With no medical libraries, no expensive equipment, no academic associates and no comfortable appointments he nevertheless possessed the gifts and the discipline to become a cut above all the rest. This impression was also gained from his superior style in speech and bearing, which could at times reach the crazy majesty of a nobleman in comic opera. With this dash of noblesse he readily earned for himself the nickname of King Alphonse.

The Index Medicus lists over one hundred of his papers, but this number represents only a fraction of what he wrote. Many other medical publications exist — reports to the Colonial Medical Service and to mine medical officers, papers contributed to unlisted medical journals, contributions to books, monographs, etc. Noteworthy among these extra publications are The Eczemas (Edinburgh: Livingstone, 1954), three chapters in Mitchell-Heggs' Modern Practice in Dermatology (London: Butterworths, 1950), a WHO monograph on yaws with C. J. Hackett (1960), and a massive chapter on ethnology and dermatology (Jadassohn's Handbuch: Ergänzungsbänd 8, ed. by H. A. Gottron and published by Springer, 1967). He also served on the editorial board of Hautarzt.

Then there are the non-medical papers and books, many of which were written in his 'retirement'. We may never be able to complete the list, since he is not known to have kept a personal bibliography. His foreign-language publications outside the field of medicine are also beyond our present reach.

Loewenthal was very much a man of the moment. With a tremendous inborn wit he banished dullness everywhere about him and, as someone has rightly said, he always 'enjoyed being enjoyed'. Such personalities are little inclined to delve into the past, and one has to put the story of his career together from fragments. When in difficulties, he burnt his boats and kept up signs of good cheer. This could result in some pretty rough going for his family, since the upkeep of Alphonse's public image was independent of cost. An image of gallantry and entertainment was maintained to the last, even in the face of growing and embarrassing disability. Faltering as he was, he saw to it that his companionship remained agreeable.

There were at least two Loewenthals: the dazzling entertainer in the social and medical limelight, and the retiring, asocial and industrious scholar-student. He did not hoard his learning, but allowed it to find an outlet in writing, teaching and conversation. In the end it was his superior intellect and style that won through, and kept him interesting.

Fragmentary as the biographical facts may be, Loewenthal's life falls naturally into five main phases: England and Europe until the age of 28, followed by 10 years in the Colonial Medical Service in Uganda, 5 years during World War II, 25 years in Johannesburg, and finally 11 years in Spain. He returned to Africa for the last 18 months of his life and died in Cape Town in March 1983. Towards the end, his son Richard asked him if he would have preferred another life or career. 'Never. I loved it all', came Alphonse's reply.

Liverpool and Malvern

Alphonse's father had come from Europe and settled in Princes Road, Liverpool, where he practised as a much respected physician. I regret never having met Dr Max Loewenthal, although he eventually did come to Johannesburg. He seems to have belonged to a group of Anglo-German thinkers and writers which included Norman Douglas (the author of South Wind) and Dr Oscar Levy (an interpreter of certain German philosophers). Alphonse was born at the family home in Princes Road, and went to Malvern College in Worcestershire from 1918 to 1920, where he matriculated. He passed all his subjects with distinction, and is said to have won a scholarship in classics to Oxford which he did not take up. The college secretary tells me that he was a 'Scholar' of the college, and was the first holder of the Moore-Bayley Prize for Greek, an award which still exists.

Alphonse's avid grasp of facts, clear understanding and excellent memory assured him a distinguished student career. There was little doubt that his stylistic elegance in writing and speaking was partly attributable to his aptitude for classical studies. In later life he often threw in some Latin during his teaching, usually for humorous effect. 'What are the cardinal signs of inflammation?' he would ask, and would himself answer: 'Rubor, calor, dolor and ISCOR' (the local Iron and Steel Corporation), or, with a difference of opinion, 'Quot homines, tot siemens'. He was apt to ask people to spell 'dermatosis papularis capillitii', or to thunder away at the frightful dermatological
names such as ‘folliculitis et perifolliculitis capitis abscedens et suffodiens’, or ‘erythrocyanosis crurum frigida puerarum’. For the latter he would offer a rough translation which was unflattering to the girls; it was not unlike what he also did with the words of Italian operas, where ‘O, Lola, bianca come fiore di spino’ was returned as ‘O Lola, how like thou art unto a cactus plant’.

**Powerful rebuttal**

Alphonse only once told me an anecdote of his schooldays. We were speaking of the ways in which mothers can embarrass their sons at a boys’ school. ‘The worst I ever saw at school’, said Alphonse, ‘happened to a lad called Kennerley-Rumford. His mother came to the Sunday service and sang so loudly in the hymns that the entire school gasped in silent astonishment. Of course, his mum was none other than Dame Clara Butt (‘Land of Hope and Glory’ in Hyde Park and all that) with a contralto voice reputedly audible across the English Channel.’ Mr George Chesterton confirms the background to this story. ‘You are quite correct’, he writes. ‘W. J. M. Kennerley-Rumford was Loewenthal’s contemporary, but was only at Malvern from January 1920 to July 1921. He then farmed in Rhodesia, dying at the tender age of 28.’

**Spanish circus**

Possibly during the 1920 summer vacation after school, Alphonse paid a significant visit to Spain. He tramped across the country with a friend and learned the language. They say that at this time he urgently needed to get away from both his father’s anger and the Liverpool police. He had crashed his dad’s car (borrowed without permission) into a municipal bus. In Spain he survived by taking odd jobs, the most appealing being in a circus, where he held the flaming hoop for a wild boar to jump through.

**Liverpool University — dermatological beginnings with Mackenna and Unna**

Loewenthal’s undergraduate medical studies were pursued at Liverpool University, where he passed his final examinations with honours in July 1925. From 1926 to 1929 he acted as a clinical assistant at the Royal Infirmary’s Skin Department in Liverpool and as assistant dermatologist at the Liverpool Hospital for Cancer and Skin Diseases. During the 1926 -1927 session he was also occupied with research in pathology. At this time (1927) he visited Unna in Hamburg for further study on the histopathology of the skin.

He was not voluble about this era, but I do remember a few perhaps rather trivial things he told me. R. W. Mackenna, author of a large dermatology textbook, was the dermatology chief in Liverpool and father of R. W. B. Mackenna, later to become the head of the Skin Department at Bart’s in London. When a post came up, Mackenna senior is alleged to have said: ‘I like my son Bob, but I prefer Loewenthal for the job’.

Paul Gerson Unna of Hamburg was one of the really great names in dermatology, under whom Alphonse spent time cutting and staining skin sections. Unna and he must have conversed in English, since Alphonse commented to me on Unna’s curious way of pronouncing ‘sweat glands’ as ‘sweet glands’. Unna also complained about how awkward it was to read the big bound volumes of the German Wochenberichte at night in bed. One day, taking Unna’s arm on a limping walk round the garden (Unna had a war wound in the leg), Alphonse was told that Hebra had told Unna how tired he was of the story that patients suffering from skin complaints never die and never get you up at night.

**British East Africa**

During 1930-1931 Alphonse was registered as a Colonial Office student and acquired the Liverpool diploma in tropical medicine and hygiene. In the Great Depression, and with a young wife to support, he was obviously qualifying himself for a career outside the UK. The destination proved to be Uganda. Those who know how much work in dermatology he accomplished during the next 10 years in the tropics could easily fail to realize that his duties were broad and general. Clearing swamps, lecturing to orderlies, doing midwifery in the bush, making jail inspections, attending to hospital work, practising ophthalmology — all of these tasks were accomplished, but were never once allowed to overwhelm his dermatological responsibility.

Within the first 2 years he had fully grasped the role of poor nutrition in producing tropical ulcer, and this brought about a new discovery — that distinctive skin lesions result from vitamin A deficiency. By comparing different classes of Blacks with differing eating habits, he saw that the high incidence of tropical ulcer was confined to groups with poor nutrition. If infection was the precipitating cause, predisposition was even more necessary in allowing the disease to occur. Tropical ulcer continued to engage his attention until he produced his last and most comprehensive paper on the subject in 1968.

His other contribution to nutritional dermatology proved to be possibly his most remarkable paper from Uganda. In 1933 he described the follicular signs of vitamin A deficiency from Kampa. He modestly stated that ‘in remote parts it is not easy to be sure whether an observation is original or not’. It was original, and independent of two similar discoveries made in the same year by Lucius Nicholls in Ceylon and Chester Frazier in China. In later studies he extended the circumstances in which the lesion, called ‘phytoderma’ by Nicholls, might be found.

By 1934 he had completed an M.D. thesis for Liverpool University on lymph stasis in the skin. It covered the role of onchocerciasis, bancroftian filariasis, chromoblastomycosis, chronic ulcers and allied conditions in producing ‘mossy foot’. His examiners were Major-General D. Harvey and Professor Warrington Yorke. (In later years his clinical teaching on this subject was lucid and inimitable). In the same year (1934) he also passed the M.R.C.P. (London) examination. He was awarded the Fellowship in 1968.

After these academic and research achievements his pace did not slacken. Between 1936 and 1939 he published, in serial form, a contribution in 15 parts on diseases of the skin in Negroes in the Journal of Tropical Medicine and Hygiene, and also placed Kaposi’s sarcoma and xeroderma pigmentosum firmly on the African dermatological map. Ignorance and the apparent rarity of these diseases, he rightly concluded, ‘may be due to the lack of skilled dermatologists in the greater part of Africa’.

**The Ugandan predicament**

Bringing the benefits of hygiene and tropical medicine to Uganda inevitably brought the human factor into the foreground. Loewenthal was not a crusader or reformer, but he was perfectly capable of cool and shrewd observation. In his reports he noted how the habits of the populace were governed by unseen spirits and hidden enemies, and that many elementary matters were unfavourably determined by rigid custom. ‘The most elementary rules of hygiene are . . . conspicuously absent . . . and curative medicine alone can have no sociological effect on the district’. Patients under treatment often ‘ran away’ (‘absconded’ is the popular term today). These folk were ‘cheerful and industrious up to a point . . . but no provision is made for adverse circumstances’. These ‘adverse circumstances’ usually resulted in ‘chronic semi-starvation’. Loewenthal had one recipe: ‘The African must grasp his duties as a citizen’. If this advice had been
World War II

When war broke out Alphonse would willingly have joined the Imperial Forces, had they not refused to release him from the Colonial Medical Service. So he released himself instead, and came down to South Africa where he registered as a dermatologist with the Medical Council and joined the South African Medical Corps at once. When his Ugandan medical chief eventually died of a rectal carcinoma, Alphonse’s only comment was: ‘Foreign body irritation from my pension’.

The rigours of military service in North Africa and Italy did not prevent him from living life to the full. He rose to the rank of Lieutenant-Colonel, and became Area Dermatologist in Tripolitania. He read Greek, learned Italian, sang operatic arias, wrote dermatological papers and went escapading. He often spoke of Paul Balog, a dermatologist in Cairo, whom he had met — a man of great clinical experience who afterwards came briefly to Johannesburg. Balog and I fancied that Alphonse was over-keen to diagnose the rarities, and when a patient with secondary syphilis walked in one day, we told him that it was a dermatitis herpetiformis with mouth lesions. Balog stopped Loewenthal just in time from prodding his fingers into the patient’s mouth.

While on active service he published three papers which I could trace — one on the causation of lichenification in onchocerciasis, in which the microfilariae were held responsible and not the fly bites by *Simulium*. Another dealt with the relationship between xanthism in Nigerian Negroes and albinism. The last concerned the propylactyc antimalarial in the production of tropical lichenoid dermatitis, a relevant subject with troops in malarious areas.

Johannesburg

The war over, Loewenthal set up in practice as a dermatologist in Johannesburg. He was given a few sessions at the Hospital’s Skin Department where, as he was apt to say, the ‘specialized equipment consisted of a piece of cotton wool and a bent pin’. I remember his first appearance at the outpatient department very clearly. It was 1945. Some colourless character was mumbling away about lupus erythematosus. Suddenly this well-spoken, loud-voiced man called Loewenthal swaggered in, slender, nattily dressed, bald, with an olive complexion and grey-blue eyes, a blue cloth suit and a golden cigarette case. He soon took over the discussion, digressing freely on H. W. Barber’s views on the value of sulphonamides in lupus erythematosus. What astonishment! At that time no Johannesburg dermatologist ever quoted articles or overseas experts.

Loewenthal was not ashamed of his intellectual superiority. He often spoke of his arrival in Johannesburg as something comparable with the rising of the sun. It was hardly courteous for him to say so, but one had to admit that he was right. Somebody once enquired where a certain senior man in Johannesburg had obtained his dermatological training. ‘Quite simple’, said Alphonse, ‘on the boat between Southampton and Cape Town’.

I once heard an eminent Brazilian dermatologist say to Alphonse: ‘You know, I am entirely self-taught’. To which Alphonse replied: ‘Yes, we can all see that’. Despite all this amusing vanity and bragging, Loewenthal must have been quietly laughing up his sleeve, knowing how much of his own pre-eminence had come about through self-education, which is within everybody’s reach.

Forthwith he began to drag dermatology in Johannesburg out of the shadows. In the outpatient department, in the wards and at his house in Bergvlei, topics of current interest would come under discussion. The result was a significant heightening of general awareness. It was of great use in Johannesburg to have some new method to suggest, and if Alphonse had a number which he championed with great ardour. Few of his entusiasts were lasting, but his latest ideas were most enlivening at the time. Much of his teaching reflected a thorough study of the latest journals, although if we look at those journals today they may not impress us much. When fresh and new, like our journals of today, they definitely seemed to be charged with significance.

Awareness and current relevance — these were Loewenthal’s great offerings. Falsehood, both popular and professional, he detested. If somebody claimed that acne was cured by marriage, he wanted to know if a civil or a religious ceremony was better. ‘Education’, he once said, ‘is impracticable because the charlatan is allowed to advertise’. Of those writers on psychosomatic medicine, he pointed out that ‘plain English is deliberately avoided’. In reply he called himself a perfectionist, ‘who likes to understand what he is reading’. Some people fought battles against ‘acidity’. When they are around, their remedies make ‘another hydrogen ion bite the dust’. To a colleague off to play squash, he remarked ‘it’s always better if you have more than one racket’.

During his Johannesburg period there were two dermatological topics to which I believe he made substantial contributions. My selection would be his account of itching purpura, and his treatment of eczemas resembling dermatis herpetiformis with sulphones. There were hosts of other contributions which kept interest alive. For my own part, I was made aware of agerite alba, the white rubber anti-oxidant, of lipoid proteinosis, and of arbovirus infections. These were all subjects in which I was later able to build upon the foundations laid by him.

Polemics and repartee

Long drawn-out struggles were not in Loewenthal’s line, though he was engaged on two professional battlefronts. These concerned the respective places of skin radiotherapy and skin histopathology in dermatological practice. It was the old story of a claim over a method versus the ability to use it judiciously — a source of much fruitless argumentation which is settled only by changed circumstances and exhaustion on both sides.

Far more memorable, and quoted to this day, are the times when he was humorously disrespectful. Under cover of great mirth he could deliver some sharp truths. He was also capable of being needlessly harsh for the sake of a laugh, and it is hardly desirable even now to quote these occasions. Small wonder that his humour did not appeal to everybody.

A few of his rejoinders may be quoted. Once he was asked ‘why do you always unplug your telephone at home?’, to which he replied: ‘If the phone rings it will only be Mrs Ostrogoth asking if she must put on the ointment before or after meals’. At a meeting where he had almost been pushed off the programme by the other speakers exceeding their time, the chairman said: ‘Now Dr Loewenthal will give you his address’. Alphonse stood up and merely said: ‘1 Smits Road, Dunkeld’, and sat down again.

A hospital outpatient once complained: ‘It seems you are treating me as a guinea-pig’, ‘Come to my office in town’, he replied, ‘and I will treat you as a four-guinea pig’. In another city, a little-admired colleague asked at a meeting: ‘What is your experience of griseofulvin, Loewenthal?’ ‘A very good ointment’, he replied. ‘No, no! Griseofulvin, the tablets!’ ‘Sorry, I thought you were talking about Germolene’.

Chairing a discussion on the tuberculides, a Jewish dermatologist asked Alphonse: ‘Why do we hear nothing these days about the rosacea-like tuberculide of Lewandowsky?’ ‘Pure anti-semitism’, he answered.
Alphonse meets his cousin Harry at a medical meeting. ‘Want to hear a good lecture, Harry?’ ‘Well, it depends who’s giving it.’ ‘I am, of course.’ ‘In that case I don’t think I’ll come.’ Alphonse leaps back in mock horror. ‘Who would think that the blood of the Loewenthals coursed through his varicocele’.

**Sweating miners and Companion Guides**

In the 1960s, during Alphonse’s last decade in Johannesburg, he was invited to study the skin rashes of miners in relation to acclimatization. This was perhaps the only piece of sponsored skin research he ever did. A number of studies appeared on the difficult subject of sweat gland function and eczema, and he came up with a number of interesting answers.

In the meantime, during each period of leave he was rebuilding his association with Spain, and had already begun preparing the *Companion Guide to Southern Spain* for the London publisher William Collins. He and his wife Stella would explore remote Spanish villages, and would invariably attract groups of small children who were full of curiosity and questions. When these children heard ‘South Africa’ they always asked: ‘Do you know Chris Barnard?’ Alphonse was finding this a little monotonous, when at last he was relieved by a solitary lad who asked: ‘Do you know Tarzan?’

**Exit L.J.A.L., enter Alfonso Lowe**

People did not really believe that Loewenthal would retire to Spain for the purpose of writing books. How wrong they were. He no doubt longed to exercise his polished style on topics beyond the sphere of medicine that interested him. He dropped his titles, stopped practising dermatology, and took up residence at San Pedro de Ribas (Barcelona), where he became known as a writer — ‘Alfonso Lowe, Correspondent of the Royal Academy of Córdoba’. Some cultural papers still appeared under his own name, and there were also various unfinished manuscripts among his last possessions. However, a remarkable series of smoothly written and fastidiously prepared volumes on Spain and Italy mark the last decade of his life.

In 1972 *The Catalan Vengeance* appeared (London: Routledge). This was the first detailed account in English of a piece of dreadful 14th century Spanish history, gleaned from Spanish and Catalan sources. It is a record of early barbarities, in which the pitiless and destructive spirit of the Catalan was let loose in Greece. It was a tale of ‘adventure’, if by that you include butchery, ferocity and slavery bred of a warlike temperament. In the same year an elegant historical guidebook to Sicily appeared. This was *The Barrier and the Bridge* (London: Geoffrey Bles). It is illustrated by the most beautiful photographs taken by Alfonso himself.

Then, in 1973, came a book which will probably be regarded as his most successful. This is the 445-page *Companion Guide to Southern Spain*. Reviewing this book, Cyril Connolly writes: ‘How good is the moment when one discovers that the author can write, and that one is really going to learn something’. The text is full but never cluttered. Only those who knew Alphonse well may be able to catch glimpses of the man we knew in the smoothly flowing narrative.

Next followed Cassell’s publication in 1974 of *La Serenissima: The Last Flowering of the Venetian Republic*. It is the 18th century story of a culture in decline, told with all the care and taste that one by one expected of him. His last published book was *The Culture and History of the Spanish* (London: Gordon and Cremonesi, 1975). To pass judgement on Spanish history was not easy. Recent events were too close, and remote happenings are hard to picture. Cruelty and injustices are hard to assess in either case.

In the middle of 1981 misfortune struck the retired couple. Stella was killed in a motor accident, and Alphonse was badly shaken and rapidly declined to become a near-total invalid.

**African finale**

Alphonse was flown to Cape Town where he revived considerably. His witty and uncomplaining personality was still there, but his powers and stamina became progressively impaired. In a mood of equanimity after increasing misery, he passed away in March 1983 in the Wynberg Hospital, Cape Town.

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