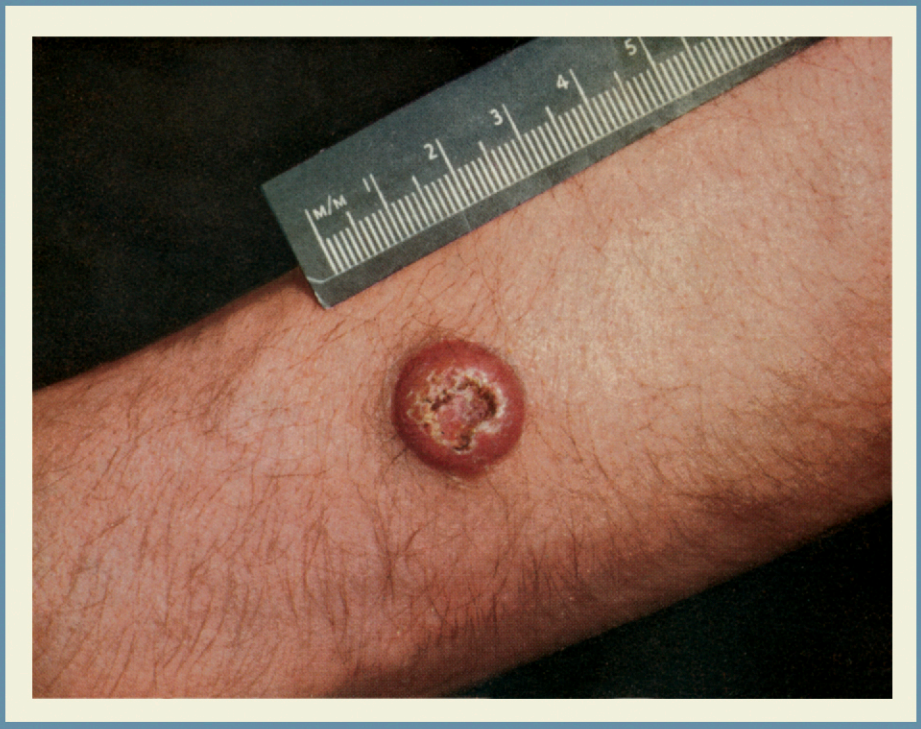
An Atlas of the Commoner Skin Diseases



Semon and Moritz

Assisted by H. T. H. Wilson

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AN ATLAS OF THE COMMONER SKIN DISEASES

WITH 153 PLATES REPRODUCED BY DIRECT COLOUR PHOTOGRAPHY FROM THE LIVING SUBJECT

BY

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PREFACE TO THE FIFTH EDITION

THIS Atlas has now completed the twenty-second year of its existence—a fact which appears to indicate that it has proved a useful addition to the practitioner's library, both in this country, the Commonwealth, and recently in a Spanish translation. There have, of course, been many reviews, some adverse, but the majority favourable. With the object of reducing the former, the author has been fortunate in securing the collaboration of Dr. Harold T. H. Wilson—one of his two successors in the Skin Department of the Royal Northern Hospital. It has been a stimulating experience to work with him, and we trust that we have succeeded in meeting some former criticisms and adequately covering the expanding field of modern therapy and changing nomenclature.

Dr. Stephen Gold was kind enough to correct our proofs and to present us with a colour illustration from his own collection. We are much indebted to him and have adopted most of his valued suggestions.

Sixteen new plates supplement those in the fourth edition, thus increasing their aggregate to 153.

Once again we have to acknowledge the courteous co-operation of my publishers and the high standard of Miss E. Mason's photographic work.

We desire to record our thanks, for permission to reproduce from their photographs in colour to :—

The Royal Northern Hospital, for *Plates XXIV, LXXVII, LXXXI.*

The Central Middlesex Hospital, for *Plates XLIII, L, LII, LIX, LXXX, CXIII, CXXIII,* and *CXXV.*

Also to Dr. F. Ray Bettley for his illustration of Tinea Cruris, *Plate CXVI.*

HENRY C. SEMON

LONDON, W.1
1956

PREFACE TO THE FIRST EDITION

THE purpose of this Atlas is to portray from the living subject, and in natural colour, a collection of the dermatoses most frequently seen in the routine of out-patient practice.

Abbreviated clinical descriptions, the differential diagnoses where considered essential, and the outlines of treatment are presented in an easily accessible position with regard to each plate. These should be considered as accessory to, and not substitutes for, the detailed study of actual cases, and it is believed that if they are employed with this reservation, they will afford valuable help in diagnosis. The more experienced may utilize them as *aides mémoires*, and will be able at the same time to refresh their recollections of differential diagnosis and the established lines of treatment.

It is confidently claimed that the colour values are superior to any as yet produced by other processes, and for this achievement we have to thank Finlay Colour Ltd., who in the persons of Major E. A. Belcher, C.B.E., M.A. Oxon., the Managing Director, and Mr. John A. Cooper, their photographic expert, have most loyally co-operated towards the result. We have further to acknowledge the painstaking and highly skilled collaboration of the Grout Engraving Co. Ltd., of Bromley. The technical difficulties of their work must be seen to be appreciated. The selection of cases and the preparation of the text have fallen to my share; the elaboration of a new technique, including the standardization of the source of light, the posing of subjects, and the general supervision of the photography, were undertaken by Dr. Arnold Moritz, who in this work has surpassed his former achievements in Sequeira's *Text-book of Dermatology* and D'Arcy Power's *System of Syphilis*.

The omission of a few subjects has been unavoidable for lack of opportunity, and will be remedied if, as we hope, the work earns sufficient commendation for a subsequent edition.

To facilitate rapid reference, the various diseases have been grouped in alphabetical order, with the exception of some of the less common, which are arranged at the end.

For reading proof sheets and some valuable suggestions, we are much indebted to Dr. H. W. Barber.

In conclusion we desire to thank Mr. John Wright, of Messrs. John Wright & Sons Ltd., Bristol, for his invariable courtesy and consideration. By supplying the means he has enabled us to realize a long-cherished ambition.

HENRY C. SEMON

LONDON, W.1

1934

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SOME LESS COMMON SKIN DISEASES

THE COMMONER SKIN DISEASES

ACNE
(Acne Vulgaris)

(PLATE I)

YOUNG persons of both sexes are frequently the victims of acne. Appearing about the time of pubescence it may continue if untreated with varying intensity to the age of 25 or even 30. The commonest localization is the face, and then the presternal and interscapular regions—all of which are rich in sebum-producing glands and their ducts. Acne cannot occur in areas devoid of these, such as the palmar and plantar surfaces. Dry skins are not immune, and greasiness can occur without acne.

Seborrhœa capitis (greasy or dry scurf) is a common association, and both may be the follicular response of circulating irritants derived from: (1) The sex glands; (2) The food; (3) Bromides or iodides; or (4) A combination of two or more of the above, acting directly on the sebaceous follicle or indirectly through the gonads.

The essential lesion is the comedo—a small, raised, usually black point caused by accumulation of keratinized cells in the mouth of the sebaceous duct. Infection of the comedo with staphylococci and the acne bacillus soon produces the reddish papule, and from that it is but a step to the pustule and various cystic and nodular modifications of it. Scars and keloidal transformations may further disfigure or permanently mark the skin in varying degree.

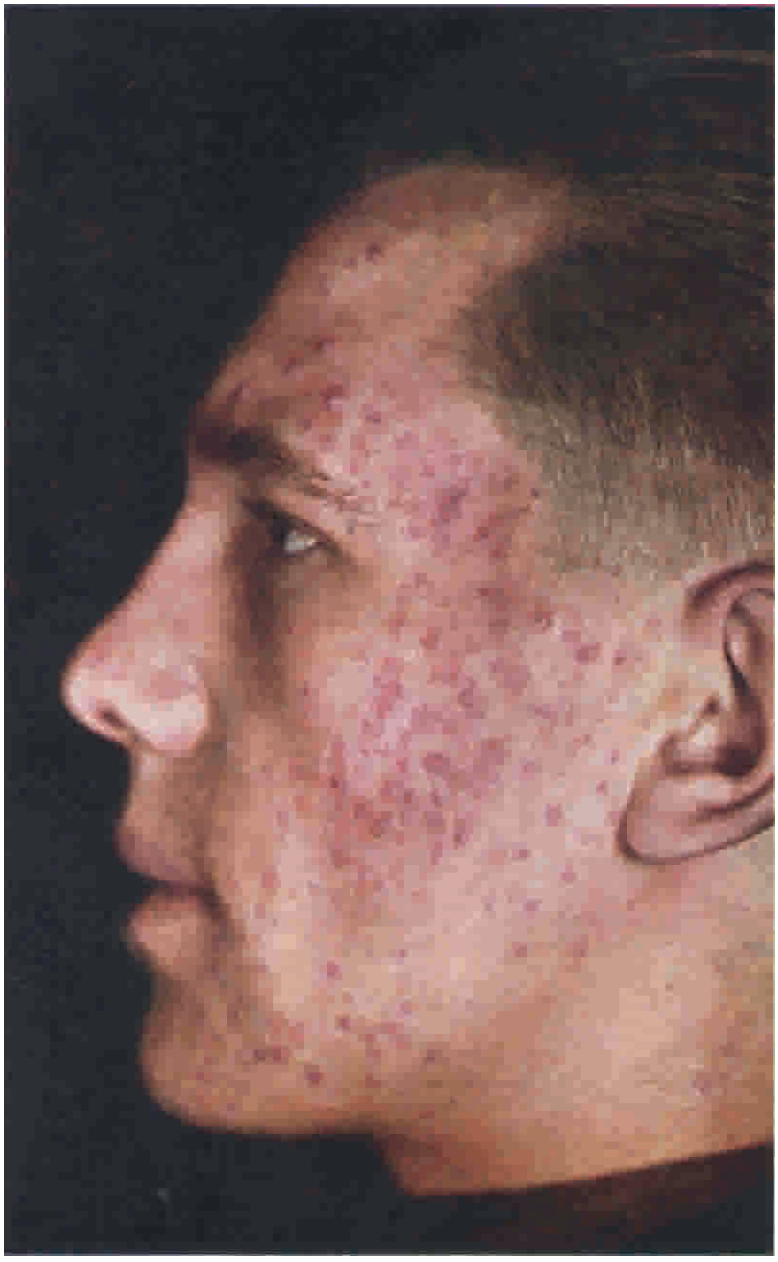
The plate illustrates the prevailing form of acne vulgaris in its papulo-pustular stage in a young man of 22. Inflamed papules and pustules abound on the forehead, temporal and malar areas, and to a considerable degree on the chin. Comedones were not very evident in this case owing to previous treatment, but the minute pitted scars of old healed lesions are easily recognized.

Differential Diagnosis.—In cases diverging from this, the commonest type of the disease, and in others unduly resisting treatment, we should bear in mind the possibility of causation by drugs, especially the *bromides* (*Plate XXVII*) and iodides. They can be conveyed to nurslings in their mothers' milk, and a bromide appears to be used occasionally in baking powders, in the form of potassium bromate, as an 'improver'. The cutaneous lesions so caused closely resemble acne vulgaris, occur in similar situations, but are devoid of comedones—a valuable point in differentiation. It follows that administration of bromides and iodides in cases of acne is best avoided.

Lubricating oils and camphor (in liniments) may give rise to atypical forms of the eruption, but the localization—usually the anterior surfaces of the thighs in the former, and the chest in the latter (especially in infants)—will arouse suspicion of the cause and lead to inquiry in the history.

Tar is another cause of acne, and is seen in road workers and others handling pitch in sprays, etc. Comedones are usually plentiful, and the associated dermatitis on exposed parts is aggravated by sunlight and may be later associated with the development of epitheliomata. (*See Plate XXII.*) Finally there is a type of acne

PLATE I



ACNE
(Acne Vulgaris)
3

following repeated exposure to the fumes of chlorinated naphthalene—used increasingly as a protective and insulating wax in the manufacture of electric cables, condensers, etc. (*See Plate IV.*)

Both syphilis and tuberculosis may initiate cutaneous lesions resembling acne. Comedones are absent, the lesions may occur anywhere on the body surface, and are not therefore necessarily connected with the presence of sebaceous glands, a most important point in the differential diagnosis, which is further assisted by a pronounced cicatricial and occasional pigmentary tendency, especially in the syphilitic cases.

Treatment.—Dietary and medicinal treatment are not so important as the local applications, which must be conscientiously continued until all comedones are eliminated by exfoliation. This is best achieved by lotions containing sulphur in a finely divided, nascent, or colloidal form. From 10 to 20 gr. each of potassium sulphurata and zinc sulphate in an ounce of lotio calaminæ should be applied nightly after lathering with an ichthyol or sulphur soap and plenty of hot water. The desired branny desquamation is usually attained with some discomfort to the patient in about ten days. Disinfection of papulo-pustules and elimination of the comedones proceed *pari passu.* Much soreness can be counteracted with 1 per cent salicylic acid in cold cream. The same result can be obtained by carefully graded doses of ultra-violet light, while the X rays should be reserved for cases in which the above methods have failed and in which persistent scarring threatens to ruin a complexion permanently. In experienced hands it is usually effective. Rich food should not be allowed, and it is usual to forbid sweets, chocolate, cheese, white bread, and cooked fats. Drugs, other than laxatives, do not appear to be of much service. Treatment of associated seborrhœa capitis should not be neglected. It can be controlled by the daily application and brushing in of the following hair lotion :—

℞	Hydrarg. perchlor.	gr. ¼
	Liquor picis carb.	℥ 20
	Ol. ricin.	℥ 5–10
	Tinct. lavand.	℥ 15
	Surgical spirit	ʒ 1

After a week or two the applications can be reduced to suit the individual case.

A recently introduced proprietary preparation—Eskamel (Menley and James Ltd.), containing resorcinol 2 per cent, sulphur 8 per cent, with alcohol 11 per cent, in a flesh-tinted non-greasy base has fully justified the claims of the manufacturers, and is much preferred by patients to the older and rather objectionable-smelling (H_2S) lotion indicated above. The same directions for application should be observed.

Hormone Treatment.—The common incidence at puberty and the experimental production of acne in eunuchs—who do not otherwise exhibit the lesions—by the injection of testosterone, support the modern view that the disease is the result of a hormone imbalance, " a shift in the ratio between androgenic and œstrogenic substances " in favour of the male hormone. Further evidence is afforded by the occurrence of acne in women " with hyperplasia or tumour of the adrenal glands " due to an over-production of androgenic substance, which these glands produce normally (Macgregor, T. N., *Brit. J. Derm.*, 1951, **63**, 52). Whatever the explanation there is no doubt that the oral or parenteral administration of œstrogen in both sexes often results in

improvement and even in a cure in the occasional case. The dose advised is 0·5 to 1·0 mg. of a diethylstilbœstrol given daily by the mouth (Sulzberger, M. B., and Baer, R. L., *Year Book of Dermatology and Syphilis*, 1949, 13). Injections are unnecessary and implants of the crystals should be reserved for severe cases that cannot be regularly supervised. One such, a colonial civil servant (male, aged 28), with repellent lesions on the face, chest, and back, was greatly benefited for nearly a year by an implant into the rectus sheath. He requested a second on his return from Nigeria, despite a marked enlargement of his mammary glands, a common sequel, together with sexual frigidity (lack of libido), which, as he is a bachelor, was ignored. Overdosage always leads to trouble and should be particularly avoided in girls, whose menstrual cycles are inevitably disturbed by excess of the hormone. It has therefore been my practice to interdict administration during and immediately before a period is expected, and to restrict medication to the ten days following cessation of the flow.

Antibiotic treatment is useful in combating the secondary infection in severe pustular cases. Ideally it should be preceded by laboratory investigations to determine the sensitivity of the infecting organisms.

Residual Scarring.—Local application of pure phenol, or latterly, the abrasive effect of motor-driven rotary steel brushes or sandpaper burrs, is claimed to produce improvement in experienced hands.

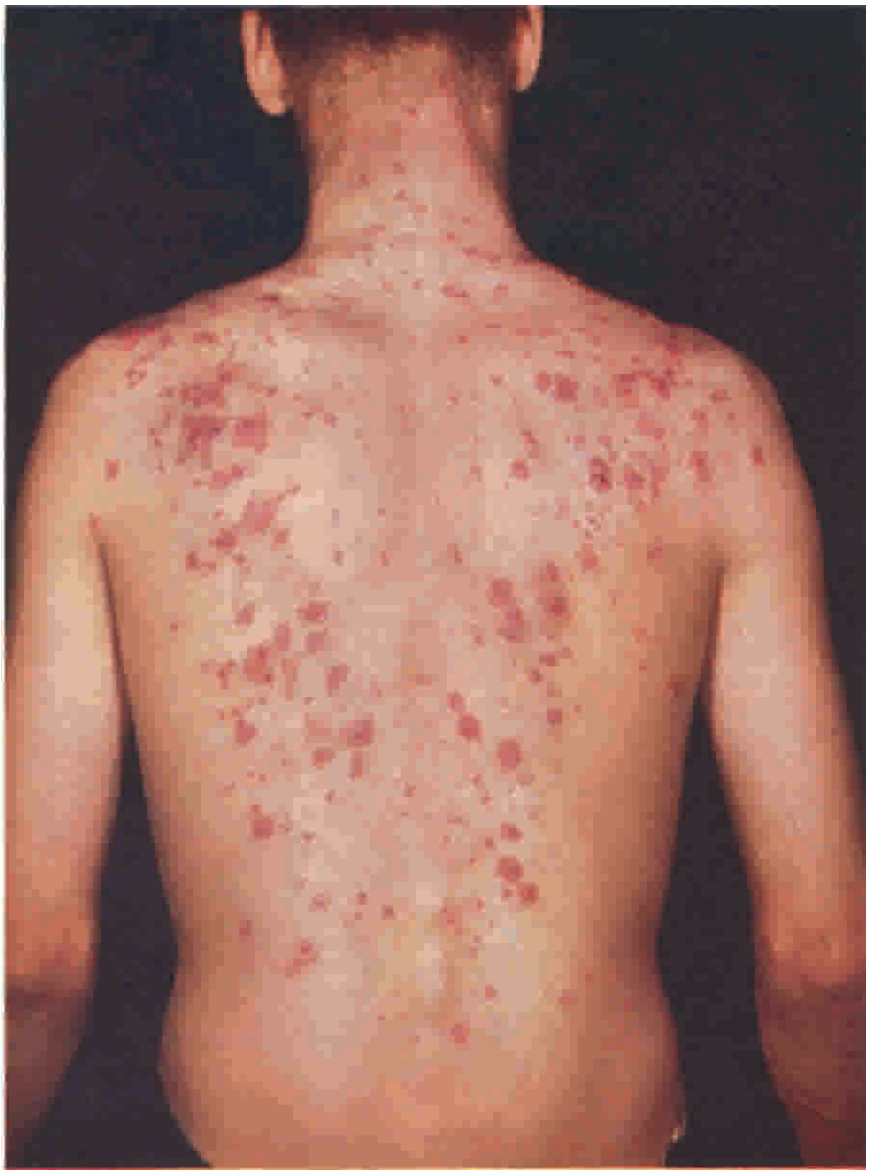
ACNE, PUSTULAR

(PLATE II)

IN this case—a man of 23—comedones were few but pustules were pronounced both on the face and trunk. It may be regarded as a further stage of that illustrated in *Plate I.*

A still more severe and intractable form is the so-called Acne Conglobata, in which comedones, pustules, scars, and infiltrations combine to plague the victim and frustrate treatment. Confluence of two or more adjacent lesions may lead to chronic sinuses which usually require surgical intervention.

PLATE II



ACNE, PUSTULAR

ACNÉ EXCORIÉE DES JEUNES FILLES

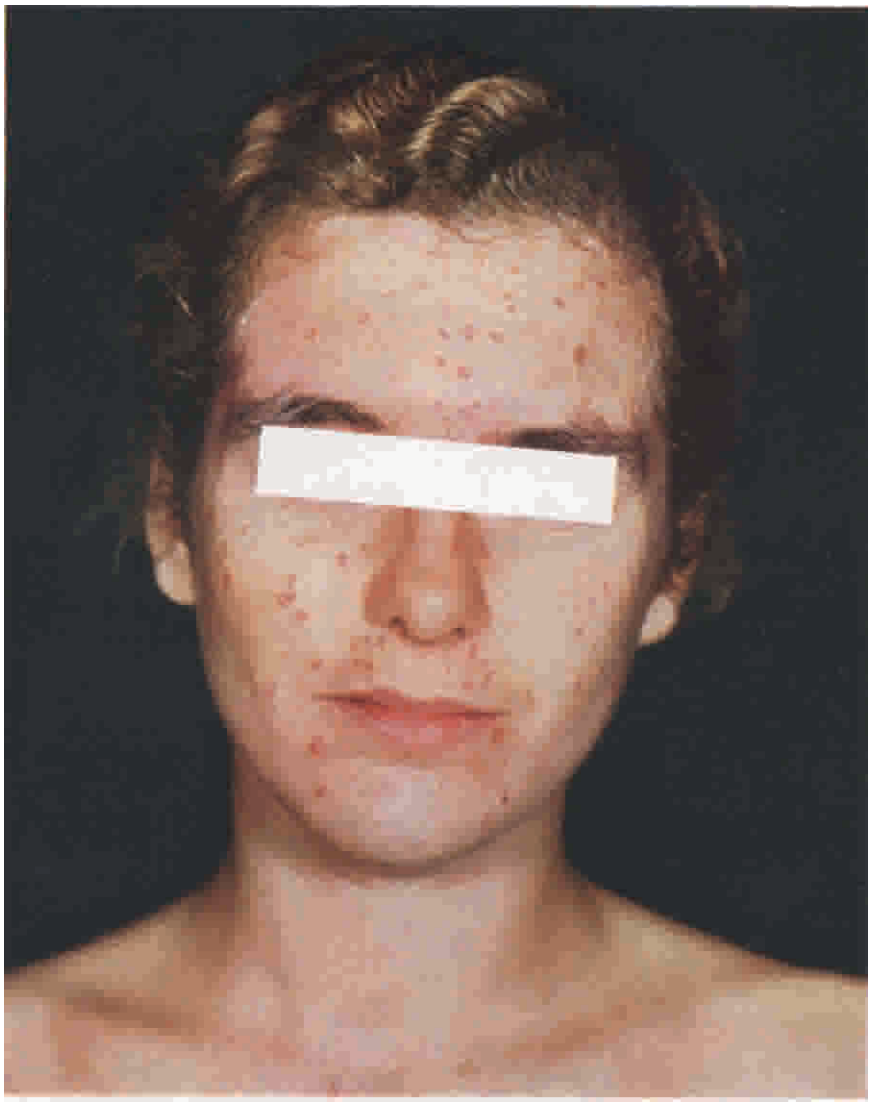
(PLATE III)

WITH this title the eminent dermatologist Brocq labelled the self-inflicted stigmata here presented in an otherwise normal and intelligent young lady of 20. She admitted to both conscious and subconscious interference by " picking and squeezing " with her finger-nails of more or less non-existent acne pustules on her face and forehead. True, there were small pitted scars of acne on her back but no active signs either of comedones or other evidence of the dyscrasia in either situation. Her mother informed me that her fingers were always more " active " when she was worried, e.g., before an examination.

A brief inspection of the plate will arouse the suspicion that most of the lesions are excoriations. Some of them in the right nasolabial fold and below the left orbit have a linear tendency, and there is a well-defined group on the upper lip—a rare situation for the manifestations of acne vulgaris, for which it is usually mistaken.

Treatment.—A serious warning that such practices might lead to permanent disfigurement, and the application of remedies of a soothing type—sunlight or ultra violet ray exposures, etc.—should, in my opinion, precede attempts at psychiatric therapy. Marriage does not always lead to a cure, and Brocq relates the case of a mother and daughter who were observed to be " excoriating " themselves simultaneously.

PLATE III



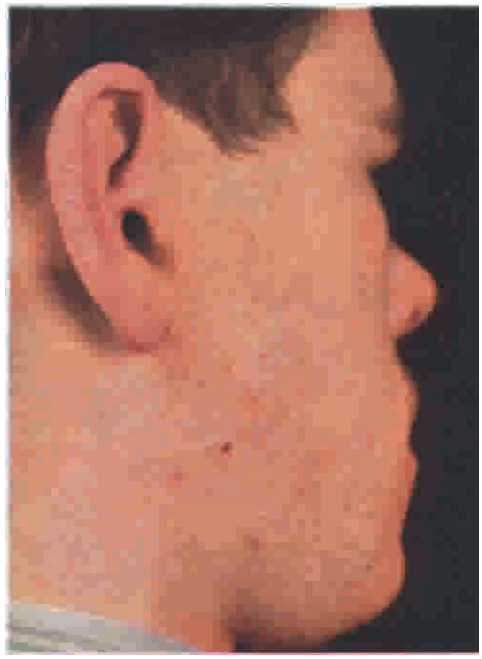
ACNÉ EXCORIÉE DES JEUNES FILLES

TAR ACNE

(PLATE IV)

CERTAIN coal-tar distillates, of which chlornaphthalene is an outstanding example, are follicular irritants and not infrequently cause acne and acneiform eruptions in situations not usually affected in the pubescent type. The illustration depicts the case of a young workman (aged 26) who, having never previously developed the stigmata, attended my out-patients for an irritable eruption on the forearms and acne on the face and ears. He had been handling an insulating wax and applying it to certain metal parts which were not to be plated in the anodizing bath. The wax contained chlornaphthalene and was doubtless the cause of the comedones which can be clearly seen on the posterior margin of the pinna, where, so far as I know, they never occur in acne vulgaris. A certificate gained him employment on another job, and three months later the symptoms had almost cleared up.

PLATE IV



TAR ACNE