

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

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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.

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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