

The skin is the body's largest organ, and though it may seem at first glance to be no more than a covering for bone and tissues, it is in fact an extremely complex structure which not only repairs itself when breached, but also acts as a huge sensory receptor, perceiving heat, cold, pain, light touch and pressure.¹

Like any other organ it is subject to disease, and its afflictions take many forms, from the simple unsightliness and painlessness of a mole to the invasion of the body's entire covering by an itchy rash such as is found in chronic eczema. Skin conditions can result from an endless variety of causes ranging from heredity, allergy and fungal growth to bacterial, viral and parasitic infections; these may come from agents which reach the skin from outside, from the blood, or from an inherent instability of the epidermal cells present since birth or acquired later in life.² History-taking is therefore of vital importance in establishing an accurate diagnosis, together with careful observation, since skin lesions take many forms, from the fine papules of, say, lichen nitidus through the flat plaques of psoriasis and the blistering of pemphigus vulgaris to the sometimes cavernous ulceration of pyoderma gangrenosum.

The wide variety of anatomical location, distribution, form and texture of skin lesions presents the medical photographer with many challenges, but nevertheless offers many opportunities to demonstrate his or her skills, arguably more than in any other medical specialty. In addition to using the full range of conventional techniques, with dermatological subject matter the medical photographer will often be engaged in macrophotography to record minute detail in lesions, and possibly the use of ultraviolet radiations in such conditions as ringworm or pigmentary disorders.


The illustration of dermatological conditions has long been a major component of the medical illustrator's workload. A hundred years ago, before the days of high-quality colour photography, skilled artists and modellers produced superbly realistic representations of clinical conditions both on paper and in wax and plaster. These were reproduced in printed form as 'Dermochromes', lithographic creations that often had to be printed separately and pasted or 'tipped in' to a publication.³

Since the advent of high-quality photographic reproduction, especially in colour, photographs have provided an important aid to diagnosis, as well as an accurate visual record of a condition whose appearance may alter rapidly within hours or days, or imperceptibly over several years. Series records therefore fulfil a useful role as an aide-memoire to the clinician. Reproducible positioning of the patient, camera viewpoint, ratio of reproduction and attention to lighting are essential if comparisons are to be made over time. Careful record-keeping and rapid access to earlier pictures of the patient, if taken, are equally important.

It is clear from some of the contributions contained in this issue that many changes are taking place within the specialty of Dermatology; it is also clear in this issue that dermatologists continue to value the services of the professional medical illustrator, whether they be diagrammatic illustrations of the skin's structure and physiology or photographs of skin disorders in all their vast variety. Modern technology is permitting dermatologists to work in new and different ways, to the ultimate benefit of their patients. Teledermatology allows clinicians to diagnose conditions via a monitor/screen without the necessity of seeing the patient face-to-face. Dermatoscopy, though still in the early stages of development, offers the opportunity to see and record lesions at high magnifications and in greater and unobstructed detail.

The instant availability of pictures taken by the digital camera permits a patient to leave the medical photography department with a picture of, say, his moles, thereby enabling him to make his own assessment of any changes that might occur over time and thus participate in his own care programme. In these times of blatant sun-worship and the year-round artificially-created tan, this could be vital in the detection of conditions such as melanoma, whose frequency is on the increase.

Some skin conditions carry a psychological element – for example, a severe case of acne vulgaris can make a teenager's life a misery. Other family members might be affected, too; a congenital melanocytic naevus, or even a small haemangioma, for example, could cause a parent to be embarrassed at showing



off their baby. Any lesion on the face, whether it be a wart on the nose or an invasive port-wine stain (capillary naevus) is likely to prove an embarrassment to the sufferer and may well affect their confidence or self-esteem. A request for a clinical photograph might exacerbate these feelings, so the photographer needs to be alert to this possibility and be able to deal sensitively with the patient.

Medical illustration staff also play a part in the treatment of disease, via the production of advice and information leaflets, posters and brochures, while in addition to routine clinical images, the photographer may also be asked to record therapeutic procedures and clinical practice: all of this aids the clinician in management of the patient and assists the patient in understanding and dealing with their condition.

In conclusion, Dermatology is a specialty that has always benefited from the services and skills of the medical illustrator, and will continue to do so as technology and treatment advance; the necessity for high-quality images and well-produced information is clear, as is the need for readily-accessible records over time. Only the professional can offer both.

Garry Swann
Copy Editor

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2. Sneddon IB, Church RE. *Practical dermatology* (4th ed). Edward Arnold, 1983.
3. Pringle JJ. *Jacobi's atlas of diseases of the skin*. Urban & Schwarzenberg (Supplement). Rebman Limited, 1906.

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