from patients under the care of Mr. Bryan Brooke, reader in surgery, and Dr. Clifford Hawkins, of the Queen Elizabeth Hospital, Birmingham, whom I thank for their co-operation.

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Photodermatitis from Soaps

In dermatological departments during the last two or three months of 1960 we saw the first of a series of patients who presented with an unusual and uniform dermatitis. Many patients (mostly men) with the same condition were seen in the early summer of 1961, and up to the time of writing we are still seeing new cases.

The appearances are shown in the accompanying photographs. The sharp limitation of the eruption to

the light-exposed areas suggests a photosensitivity. These patients have a confluent itchy dermatitis of the whole of the face, neck, ears, and forehead; and in many cases the backs of the hands and lower parts of the forearms are affected. In the more acute cases the diffuse redness is accompanied by oedema which is most pronounced in the eyelids, and there may be serous exudation, particularly on the ears and chin, and vesication on the fingers. In a less acute phase the diffuse redness is accompanied by scaling, fissuring, and tenderness. Most cases show a sharp line of demarcation where the collar comes or at the hatband margin of the forehead if a hat is worn; the hairy scalp is spared. Although the clinical picture strongly suggests an actinic dermatitis, certain unusual features are seen—namely, the severe involvement of the eyelids, the whole of the pinna and retroauricular fold, and the webs and sides of the fingers.

These patients at first presented a diagnostic problem, but eventually we found that almost every one of them

admitted to having used one of two different brands of soap. We had learnt of Wilkinson's (1961) investigations into the same problem as it affected a group of factory workers, and we received very useful co-operation from the research department of the soap manufacturers as soon as our problem had been brought to their notice. Tetrachlorosalicylanilide, a new germicide believed to have certain advantages, was introduced into these two soaps in the middle of 1960, and we understand that it was withdrawn in October, 1960, because of certain evidence that it was capable of producing skin sensitization; steps have now been taken to withdraw stocks of the two soaps containing this chemical.

Tetrachlorosalicylanilide is a fluorescent substance and is both a photosensitizer and a contact sensitizer. Many patients with this specific soap dermatitis show an ordinary positive reaction to patch testing with 1% (or less) of the chemical dissolved in a suitable solvent, but in a number of cases the patch test must be followed up with exposure to light in order to obtain a positive reaction. So far we have carried out tests on 102 patients (87 men and 15 women) with the clinical picture described above: 90 gave positive patch tests and 12 were negative. Out of a group of 74 patients, 26 had an ordinary positive reaction to a closed patch test with 1% tetrachlorosalicylanilide applied to the back, but in 48 cases a positive reaction could be produced only by additional exposure of the test area to a suberythema dose of ultra-violet light. Control tests on people who had not had previous contact with tetrachlorosalicylanilide were negative.

We have found that the dermatitis usually subsides within a few weeks of avoiding the particular soap; some cases have been persistent, while in several instances there have been acute relapses on further exposure to sunlight, even though there has been no more contact with the soap.

Many general practitioners must have seen this kind of dermatitis over the past nine months, and may have had some difficulty in discovering its exact cause, as indeed we had at first. The fact that a man has used the same brand of soap for many years can mislead unless it is realized that new chemicals may have been added. A full account of our patients will be published elsewhere, but this brief report is presented because sporadic cases are still being seen.

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The International Red Cross is to build a hospital and a nurses' training school at Agadir, Morocco, with money left over from the earthquake relief fund.