

Mapping the Skin

The Intersection of Medical Imagery, Terminology, and Art History in the Long 19th Century

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The 19th century saw significant shifts in how skin was represented in both medical and artistic contexts, influenced by evolving cultural, social, and scientific perspectives. Medical advances led to the establishment of dermatology as a distinct field, with visual documentation like Hebra's Atlas of Skin Diseases underscoring skin's clinical relevance. Skin began to symbolize more than mere physical boundaries; it was perceived as a social marker articulating health, morality, and class. The introduction of photography further transformed dermatology by enabling more precise documentation. The portrayal of skin as a racial or social indicator cemented colonial biases and fueled visual narratives supporting racial hierarchies. 19th-century representations of skin thus reveal a convergence of scientific and cultural attitudes, demonstrating how dermatology and art were mutually influential in shaping public perceptions of race, health, and identity.

19th-Century Medical Literature on the Pathologization of the Skin

The long 19th century saw a profound transformation in the medical and cultural perspectives on human skin. Whereas in earlier centuries the body's surface was understood primarily as an outer layer not worth further investigation, it now became a central object of interest, in which medical, aesthetic and social meanings converged (cf. Hennepe, 2007, pp. 55-57). Parallel to the institutionalization of new clinics, the internationalization of research, and the differentiation of medical disciplines, dermatology emerged as an independent field (Ferreira et al., 2021, pp. 332-345).

The popularity of scientific visual culture played a significant role in the development of a distinct methodology. In addition, illustrations, atlases, and photographic series not only provided the discipline with tools, but also established the skin as a 'readable surface', a terrain that bore diagnostic signs, made social differences visible, and could be mapped. During this phase, the skin was no longer understood merely as a boundary organ or as a painterly category of "flesh" and "incarnate" (Fend, 2017, p. 21), but also as a projection surface on which diagnostic signs, moral attributions, and cultural differences become visible. The semanticization of the skin into different areas, sections, and regions was not limited to medicine, but was closely intertwined with artistic traditions and social systems of interpretation. As art historian Mechthild Fend has shown, an iconographic shift took place between 1650 and 1850, particularly in the French context: Ingres' painting, for example, celebrated the smooth, hermetic surface as an aesthetic ideal that did not allow any insight into the underlying interior. The depiction of skin marked a new legibility of the body's surface, which is reflected in 19th-century visual culture and medical terminology (cf. Fend, 2013, pp. 17-18).

The increasing specialization of medicine ran parallel to a profound change in its epistemic order. Visual representations became a central medium of knowledge, and images replaced text as the primary form of classification in many areas. This process was particularly evident in the field of dermatology, which emerged as an independent discipline during this period. Illustrations, atlases, and photographic series not only provided isolated visual material, but also constituted the skin as a cartographable area where various scientific discourses converged: sociocultural categorizations and typification of those depicted, their social status, class affiliation, race, and gender overlapped and permeated the emerging dermatological visual culture. The article describes a brief history of dermatological atlases and their publication practices, providing an overview of the genesis of dermatological atlases and compendiums in the long 19th century, emerging from artistic depictions of skin. From an intersectional perspective, the publication history should be understood as a process of transformation in which stigmatization and social classifications have also found their way in. Thus, the article traces the history of skin depictions in the field of

scientific-popular publications as a distinct visual culture. Since the 1960s, historical and cultural studies research has increasingly examined the skin as an interface between medicine, aesthetics, and society. Michel Foucault's *The Birth of the Clinic* (1973) drew attention to the fact that modern medicine is based on the objectification of the body image, opening up a framework of interpretation that understands the skin not only as an organ but as a complex field (Foucault, 1973, p. 164). As a result, skin came to the fore in cultural and art historical studies as a medium of social and aesthetic meanings. Claudia Benthien (*Skin*, 2002) and Steven Connor (*The Book of Skin*, 2004) interpreted skin as a cultural boundary between self and world, whose surface equally marks identity, vulnerability, and difference (Benthien, 2002). David Bindman (*Ape to Apollo*, 2002; *Race Is Everything*, 2023) examined the role of skin in the context of aesthetics and racial theories and showed how artistic and scientific discourses interacted to reinforce ideas of beauty and human difference (Bindman, 2023). Central to the art-historical perspective is the work of Mechthild Fend, who has highlighted the close interconnection between painting, dermatology, and cultural discourses in numerous studies. Her book *Fleshing Out Surfaces* (2017) shows how skin was constituted as a visual medium in art and medicine in France between 1650 and 1850, while essays such as *Skin Portraiture "Painted from Nature"* (2012) or *Images Made by Contagion* (2022) analyze Hebra's Atlas and the practice of wax casts as media between aesthetic representation and scientific evidence. Medical history has simultaneously illuminated the role of images in the genesis of dermatology. Thomas Schnalke (*Diseases in Wax*, 1995) examined the history of moulage, while Domenico Bertoloni Meli (*Visualizing Disease*, 2018) highlighted the significance of pathological illustrations. Lorraine Daston and Peter Galison (*Objectivity*, 2007) shaped the debate by analyzing dermatological atlases as part of a visual culture that produced "mechanical objectivity" as a scientific ideal. Mineke te Hennepe's publication (*Depicting Skin*, 2007) complemented this with a detailed reconstruction of dermatological imaging practices between 1790 and 1870. Further studies situate the skin in an institutional and media context. Daniel Wallach (1994) and Wallach and Bernard Tilles (2002) have described the emergence of the first dermatological journals, while Bernard Cribier (2018) analyzed early

illustrations in the *Annales de dermatologie*. Beatriz Pichel (2024) recently showed how medical photography became institutionalized in Paris in the late 19th century and gained new legitimacy through public funding. Complementing this, Mary Hunter (*The Face of Medicine*, 2016) examined the visualization of medical masculinity and showed that dermatological image practices were also shaped by social role models. These works illustrate that in current research, skin is no longer viewed solely as a medical object, but as a visual and cultural medium in which questions of scientificity, aesthetics, social order, and racialization intersect. The state of research thus reveals a broad interdisciplinary field in which approaches from medical history, art history, and cultural theory intertwine to understand the skin as an interface between the body, knowledge, and society.

Towards a Visual Culture of Skin: The Beginnings of a New Discipline

Early attempts at establishing a visual classification system for skin conditions can be traced back to the late 18th century. In 1776, Joseph Jakob von Plenck presented the first comprehensive system in his *Doctrina de morbis cutaneis*, which classified approximately 115 skin diseases exclusively according to their visible symptoms (cf. Hennepe 2007, p. 30). Plenck's morphological method established a tradition in which the skin surface was no longer understood as a random appearance and served as the methodological foundation for a new system of pathological classification. This focus on visibility was continued by Robert Willan in the British context. His work *Delineations of Cutaneous Diseases* (1817), published by Thomas Bateman, presented elaborately colored copperplate engravings. Spots, papules, pustules, and scales were not only described but also systematized visually (Bateman, 1817). Willan's plates, which were based on clinical observation and artistic precision marked a first threshold in dermatological illustration and demonstrate the close intertwining of science and aesthetics in the genesis of the discipline (cf. Fend, 2013, p. 157).

At the same time, Jean-Louis Alibert was working at the Hôpital Saint-Louis in Paris, a center for skin diseases that early on became a laboratory for visual classification ("Alibert – Altmeyers Enzyklopädie",

2014). In 1806, Alibert published his *Description des maladies de la peau*, which was innovative in several respects. His plates did not show isolated signs of disease, but entire patients, often in clothing and poses reminiscent of portraits (cf. Alibert, 1806). Thus, the skin was not understood as an isolated organ but was made visible in the context of the social body. Alibert's famous "Arbre des dermatoses", a genealogical tree that classified skin diseases according to the model of natural history, illustrates the attempt to combine medical classification systems with iconographic programs (Ferreira et al., 2021, p. 339). Here, the skin appeared as a projection surface for a classification system that also conveyed cultural meanings. These early atlases illustrate the interdependence of classification and image production. Copperplate engravings and colored plates were not mere illustrations of texts, but representations that made it possible to systematically compare, name, and classify skin diseases. The skin thus became a cartographic object: its signs and surfaces could be recorded, reproduced, and ordered. In this process, medical precision, technical innovation, and cultural semantics combined to produce a new form of knowledge production. Outside of medicine, too, the skin was charged with symbolic meanings in the 19th century. In art, it served as a sign of purity, health, and moral integrity. Portraits and nudes celebrated the smooth, flawless surface as an expression of aesthetic and social ideals. At the same time, the depiction of skin reflected differences between classes and ethnicities. While light, flawless skin was associated with prosperity and virtue, darker or altered skin was often seen as a sign of foreignness, deviance, or disease (Jablonski, 2021, pp. 438-442). These cultural attributions had an impact on medical practice and shaped how skin was viewed and represented in a clinical context. Thus, by the beginning of the 19th century, the foundation had already been laid for a discipline that gained its authority from making the invisible visible. Dermatological atlases were not only valued as teaching materials but also enjoyed great popularity outside of professional circles. They functioned as collections of "cases" that not only conveyed clinical information, but also satisfied a certain curiosity. The skin became the subject of a visual culture in which scientific curiosity, aesthetic interests, and social values were closely intertwined ("The New Fasciculus Of Hebra's Atlas Of Skin-Diseases", 1870).

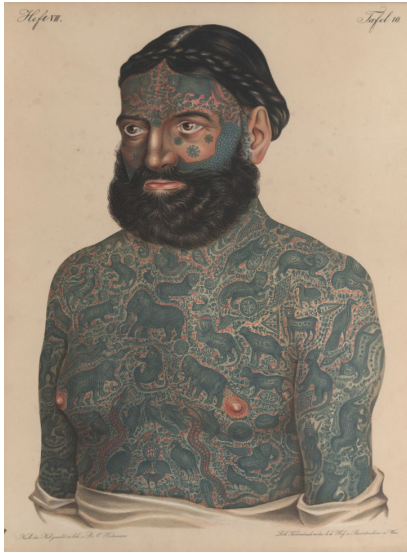
Analysis of the Iconographic Differences in the Depiction of Skin

With Ferdinand von Hebra, dermatological visualization reached a new peak in the second half of the 19th century. Between 1856 and 1876, he published his monumental *Atlas of Skin Diseases*, which is considered a paradigmatic work of a young discipline. Created in the environment of the New Vienna School, the atlas combined clinical research, pathological-anatomical orientation, and state-of-the-art printing techniques into a format that established dermatology internationally.

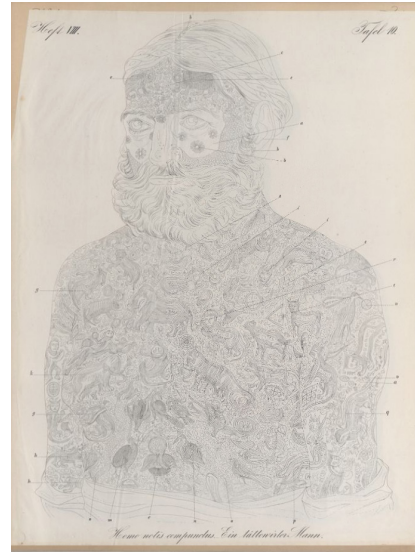
Hebra was born in Brno in 1816 and qualified as a professor at the University of Vienna in 1844. From 1849, he became director of the newly established department for skin diseases at the Vienna General Hospital, one of the first of its kind in the German-speaking world. In this role, he systematically described a large number of clinical pictures for the first time, including lupus erythematosus, lichen ruber, and impetigo herpetiformis. He was supported by students such as Moritz Kaposi, who later became famous for describing the sarcoma named after him, and by artistically trained doctors such as Anton Elfinger and Carl Heitzmann, who contributed significantly to the aesthetic and scientific impact of his atlas as illustrators (“Hebra, Ferdinand Ritter von – Deutsche Biographie”, 1969, p. 172–173).

The plates in the atlas were produced using chromolithography, a novel process at the time that allowed for the finest color nuances and shading. This technique was of central importance to dermatology, as changes in skin color – redness, pigmentation, or depigmentation were considered diagnostically crucial (cf. Twyman, 2013, p. 63). Contemporary reports emphasized that Hebra’s plates were produced “after nature (nach der Natur)” (Geiges and Burg, 2005, p. 74) and far surpassed the written description in their detail. Each volume of the atlas dealt with a group of diseases and arranged the plates in such a way that a visual system was created that was interlinked with the clinical classification. As a result, the image was no longer understood as a mere illustration, but as an independent medium that made classification and diagnosis possible in the first place (cf. Hebra, 1856).

Hebra’s concept of overlay sheets, on which body regions were segmented and numbered, was particularly innovative. These sheets resembled maps and made it clear that the skin was understood as a



ILL. 1
 Carl Heitzmann: *Atlas der Hautkrankheiten*.
 [Depictions] Lfg. 8: Albinismus, Leucoderma,
 Lentigo, Chloasma, Argyria, Naevus Verrucosus,
 Homo Notis Compunctus, 1872, Vienna: Kaiserl.-
 Königl. Hof- und Staatsdruckerei. [https://
 archiv.ub.uni-marburg.de/ubfind/Record/
 urn:nbn:de:hebis:04-eb2010-0321/Holdings](https://archiv.ub.uni-marburg.de/ubfind/Record/urn:nbn:de:hebis:04-eb2010-0321/Holdings).
 Published by the University Marburg PDM 1.0.



ILL. 2
 Carl Heitzmann: *Atlas der Hautkrankheiten*.
 [Depictions] Lfg. 8: Albinismus, Leucoderma,
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 urn:nbn:de:hebis:04-eb2010-0321/Holdings](https://archiv.ub.uni-marburg.de/ubfind/Record/urn:nbn:de:hebis:04-eb2010-0321/Holdings).
 Published by the University Marburg PDM 1.0.

cartographable surface. An impressive example is the depiction of the tattooed Albanian Georg Constantin, whose body was reproduced not out of medical interest but as an ethnographic curiosity. Here, the skin was literally measured and marked with lines that divided the tattoos into numbered fields (see Ill. 1). This staging shows how closely clinical documentation and cultural attributions were linked in Hebra's atlas. The plates themselves reveal a tension between clinical precision and artistic staging. Elfinger's colored drawings are characterized by portrait-like accuracy, capturing the patient not as an anonymous carrier of a disease, but as an individual figure. Hair, hairstyles, and posture were carefully reproduced, so that the illustrations almost appear like classical portraits. This aestheticization did not mean a departure from medical accuracy, but rather reinforced its effect: the illustrations made the skin visible as

both a scientific and social sign of status. After Elfinger's death in 1864, Heitzmann took over the work. He continued the illustrations with his own lithographic skills and completed the atlas before moving to America and becoming a co-founder of the American Dermatological Association ("Heitzmann, Carl – Deutsche Biographie", 1969, p. 459).

The visual policy of the atlas makes it clear that "accuracy" in the 19th century should not be understood as a neutral reflection of nature. Pose, gaze, lighting, and color choice were selected to make the lesions optimally visible.

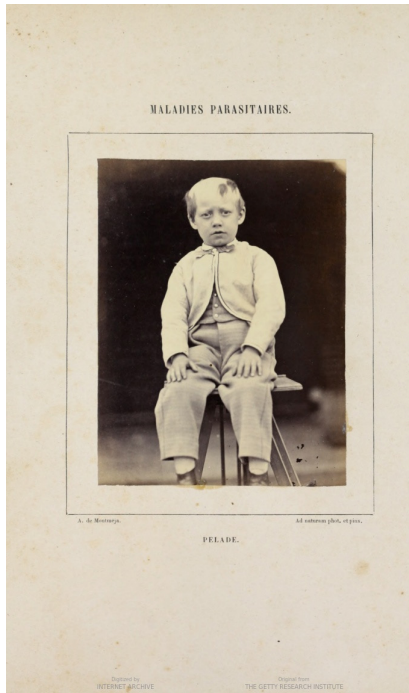
The impact of the atlas was enormous. Shortly after its publication, individual plates were adopted by the London-based *New Sydenham Society* and incorporated into their *Atlas of Portraits of Diseases of the Skin*. In France, Great Britain, and the USA, Hebra's work served as a model for new atlases (cf. Hennepe, 2007, 129-134). George Henry Fox in New York directly followed Hebra's system, but transformed it into photographic formats. Kaposi also published atlases based on hand-colored lithographs – an indication that artistic illustration was not immediately supplanted despite photographic innovations. Alongside Hebra, it was Paul Gerson Unna who placed dermatology on a new footing. With his *Histopathology of Skin Diseases* (1894), he anchored microscopic preparations in text and images. This meant that the surface continued to be understood as a diagnostic field, but at the same time it was embedded in a more complex system that included cross-sectional images and histological evidence. Unna also used images to establish a new epistemic order: the skin was now visible not only as a surface, but as tissue that could be read from the inside (Unna, 1894). Parallel to these developments, photography established itself as a new medium. In 1868, Alfred Hardy and A. de Montméja published the *Clinique photographique de l'Hôpital Saint-Louis*, a work containing fifty photographs that were subsequently hand-colored. Standardized rules for taking photographs – neutral backgrounds, frontal and side views, uniform lighting – established a visual vocabulary that claimed objectivity. As Daston and Galison argue, objectivity is not the elimination of subjectivity but a historically and culturally constituted practice of representation (cf. Daston and Galison, *Objectivity*, 2007, pp. 36–37). The photographs in *the Clinique photographique* demonstrate this impressively: the technical

neutrality of the camera was complemented by coloring to reveal diagnostically relevant color nuances. Accuracy here did not mean fidelity to nature, but the highlighting of medically relevant signs. George Henry Fox also made use of photography in the USA. His *Photographic Illustrations of Skin Diseases* (1879) and the *Photographic Atlas of the Diseases of the Skin* (1905) combined scientific precision with artistic post-processing. The photographs were intended to make clinical signs serially comparable, but their aesthetics reveal that staging was also a central component of the production of objectivity here. Some plates show the patients almost in the manner of bourgeois portraits, while the disease comes to the fore (Fox, 1879, p. 28). The ambivalence between documentary evidence and aesthetic staging thus becomes particularly clear. Hebra's atlas marks a turning point in this field. It stands at the end of a tradition that began with Willan's and Alibert's colored copperplate engravings of their genealogical dermatosis tree and at the same time opens the way to photographic and histological atlases. His plates turned the skin into a cartographable terrain whose signs became reproducible and classifiable. At the same time, they remained imbued with aesthetic conventions and cultural attributions that gave scientific dermatology a social and symbolic foundation.

The Ambivalence Between Scientific Documentation and Social Stigma

The increasing precision of medical imagery in the 19th century not only meant advances in diagnosis and classification, but also reinforced social attributions and cultural hierarchies. Skin became a readable surface on which not only diseases could be identified, but also moral, social, and ethnic differences. This dual function made dermatological illustrations ambivalent media that linked scientific knowledge with social value systems. Even in the early atlases of Alibert or Willan, patients were not anonymized, but depicted as whole persons. Clothing, pose, and surroundings played a decisive role in interpretation. A woman in simple clothing could indicate modest circumstances, while a man in an elegant pose signaled bourgeois status. These stagings illustrate that depictions of skin always conveyed social codes as well. The body was not only recorded medically,

but also embedded in a visual framework that suggested conclusions about class, morality, or lifestyle. With the increasing spread of photographic techniques, this double coding became more pronounced. The Book *Clinique photographique de l'Hôpital Saint-Louis*, published by Alfred Hardy and A. de Montméja in 1868, is a prime example of this. Patients were photographed frontally and in profile, against neutral backgrounds, with uniform lighting. The images followed clear standards in order to make clinical signs visible, but their aesthetic staging remained unmistakable. The photographs were subsequently colored to accurately reproduce skin tones – a hybrid form that combined documentary neutrality with artistic processing. In many cases, the images show not only the lesion, but also the gestures, posture, and facial expressions of the patients, giving the images a portrait character (see Ill. 3 and Ill. 4). Anonymization was only partially carried out: the faces are often clearly recognizable, so that the disease forms the main visual feature of the portrait. This reduction to the pathological reflects the ambivalence of medical objectification: what was intended as neutral documentation could reinforce the social devaluation of patients. At the same time, racist attributions intensified, making skin color the central marker of cultural and biological difference. Since the 18th century, theories had been circulating in anthropology that classified people according to external characteristics such as skull shape or pigmentation. Scholars such as Petrus Camper and Christoph Meiners developed typologies that placed white Europeans at the top of a hierarchy of human varieties (cf. Bindman, 2023, pp. 190-196). These ideas found their way into medical imagery: in dermatological atlases, dark skin was often depicted as a deviation from the white norm, either through black contrasting in drawings or through pathologizing captions. The pictorial representation of skin was thus never neutral. Hebra's atlas also contains examples in which skin color and ethnic origin were explicitly addressed. This is particularly evident in the depiction of the tattooed Albanian Georg Constantin (see Ill. 1), which did not serve to diagnose a disease, but rather to present a culturally 'exotic' body. Here, the skin was shown as a cartographic landscape, with the tattoos numbered and systematized. Ethnographic curiosity, scientific classification, and cultural attribution thus intertwined to create an image that emphasized the foreignness of the subject. Parallel tendencies can



ILL. 3
 A. de Montméja: Pelade, A. Hardy and A. de Montméja, *Clinique Photographique de l'Hôpital Saint-Louis* (Libraire Chamerot et Lauwereyns, 1868), <https://catalog.hathitrust.org/Record/100951903>. Published by Hathitrust as Public Domain.



ILL. 4
 A. de Montméja, Syphilide Vésiculeuse, A. Hardy and A. de Montméja, *Clinique Photographique de l'Hôpital Saint-Louis* (Paris: Libraire Chamerot et Lauwereyns, 1868), <https://catalog.hathitrust.org/Record/100951903>. Published by Hathitrust as Public Domain.

be found in art. Marie-Guillemine Benoist's *Portrait d'une négresse* from 1800 is an example of the ambivalence of artistic representations of black skin (Bishop, 2019). The work emphasizes difference, while at the same time staging the skin as a carrier of symbolic meanings: as an expression of colonial hierarchies, as a marker of social otherness, as a projection surface for moral and aesthetic judgments. Art and medicine moved in similar directions: both used skin as a visible medium to mark differences and stabilize cultural orders. American dermatology also contributed to racialization. George Henry Fox, who was a student of Hebra, published atlases with photographs of patients of different origins. While his inten-

tion was to document variations in disease across different skin colors, this also gave rise to a pictorial practice that visualized and fixed ethnic differences. In a scientific environment in the USA that was still heavily influenced by debates about “racial pathology” (cf. Kenny, 2020, 75–83), such images could easily be embedded in discriminatory interpretations. The connection between skin, morality, and class also remained virulent. In the 19th century, flawless skin was considered a symbol of social purity, while visible skin diseases were often associated with moral failure. This was reflected in subtle visual strategies: women were depicted with attributes that referred to their supposed lifestyle, men in poses that hinted at their profession or status. In this way, a skin condition could be implicitly linked to vice, poverty, or an “immoral lifestyle”. Dermatological illustrations were thus not only medical documents, but also carriers of social judgments. The colonial dimension of this image policy should not be underestimated. European atlases repeatedly featured illustrations of patients from Africa, Asia, or the colonies whose illnesses were associated with their origins. Exotic cases received special attention because they were rare and considered scientifically interesting. At the same time, however, these images reproduced a colonial gaze: skin became a marker of cultural difference, and clinical pictures were linked to “foreign” bodies. Illustrations and photographs thus created a repertoire that visually reinforced colonial hierarchies. The 19th century thus gave rise to a new visual culture of the skin in which medical precision and social attribution were inextricably intertwined. Dermatological atlases, photographs, and artistic representations made the skin a carrier of diagnostic signs, but also a medium for moral and racist interpretations. The skin appeared as a projection surface on which not only diseases, but also social ideas of purity, deviation, and foreignness became visible.

Judgments and Representations in 19th-Century Dermatological Atlases

By the end of the 19th century, dermatological atlases had established themselves as indispensable tools in medical practice. They were used to train students, standardize diagnoses, and facilitate international com-

munication between specialists. But their influence extended far beyond the boundaries of clinical dermatology. They shaped a visual culture in which the human body, its surface, and its deviations were systematically documented, classified, and evaluated. These images are therefore not only scientific sources, but also testimonies to the social and cultural imaginations of an era. The history of skin atlases cannot be written solely as a history of medical progress. Rather, it reveals a complex network in which technical innovations, artistic traditions, and cultural attributions intertwined. Copperplate engravings, chromolithographs, and photographs were not only media of varying accuracy, but also expressions of different image policies. Each technique brought with it its own possibilities, but also its own limitations and meanings. The transition from artistic to medical imagery was not a linear break, but a convergence: aesthetic strategies and scientific demands complemented and permeated each other. Hebra's *Atlas of Skin Diseases* marks a paradigmatic turning point in this context. It represents an attempt to constitute the skin as a cartographable terrain on which diseases could be localized, numbered, and classified. His overlay sheets (see Ill. 2) are exemplary in this regard: they present the body like a map whose surface is divided into segments. Here, skin no longer appears as a random phenomenon, but as an orderly terrain that can be scientifically measured. The atlas combines images of clinical precision with artistic virtuosity, turning the surface of the body into an epistemic field where science, art, and culture intersect. The reception of this work shows how deeply medical image production was embedded in global knowledge systems. Shortly after its publication, Hebra's plates were received and adapted in London, Paris, and New York. Fox's photographic atlases in the USA and Kaposi's popular hand atlases in Vienna built on Hebra's system and transformed it into new media formats. Dermatology established itself as a modern science whose epistemic authority was based largely on the visual serialization of clinical pictures. But it is precisely in this authority that the ambivalence of image practice lies. The claim to "accuracy" and "objectivity" was always the result of aesthetic decisions. Pose, coloration, and printing technique determined how a clinical picture was visualized and which signs were emphasized. Flawless skin was set as the norm, while deviations were pathologized and stigmatized.

Images served not only diagnostic purposes, but also confirmed social value systems. This is particularly striking in the sociocultural dimensions of the atlases. Dermatological atlases were thus also media of social order in which differences between normality and deviation, the familiar and the foreign, health and illness were made visible and fixed. This ambivalence constitutes the historical significance of skin atlases. They are archives of a discipline that defined itself through images and, at the same time, mirrors of cultural patterns of interpretation that extend far beyond medicine. They provide an exemplary study of how science and society intertwined in the 19th century: images not only created knowledge, but also social realities. Skin was not only mapped, but also symbolically charged – as a medium that seemed to provide insight into the body, character, status, and origin. Interdisciplinary research into these visual worlds therefore opens up far-reaching perspectives. Historians of medicine gain insights into the genesis of a young discipline and its methodological foundations. Art historians recognize the transformation of aesthetic traditions into medical imaging practices. From a cultural studies perspective, the atlases are documents of an era in which visibility itself became a central medium of truth and order. An international comparison shows that although the development of dermatology was based on common technical innovations, it took different forms in different countries. In Paris, the Hôpital Saint-Louis was a center of visual order, where Alibert and later Hardy/Montméja developed image policies that staged the patient as a social body. In Vienna, a school emerged around Hebra and Kaposi that was characterized by systematic classification and lithographic precision. In the USA, Fox combined photographic techniques with European tradition, creating a hybrid that brought dermatology into the modern age. These differences illustrate that medical imaging practices were not only determined by technology, but also by institutional, cultural, and political conditions. At the turn of the 20th century, the skin was finally inscribed in a visual science. Atlases, photographs, and histological preparations turned it into a terrain that could be mapped, segmented, and reproduced. However, the images conveyed not only medical knowledge, but also the social, moral, and racist patterns of interpretation of their time. This ambivalence remains a central feature of dermatological imaging practice: it stands simultaneously for

progress and stigma, for precision and prejudice, for science and society. In retrospect, it can be said that during the long 19th century, the skin became a key epistemic and cultural medium. Its mapping through atlases and photographs established modern dermatology, but it also made the skin a mirror of social ideas about order, difference, and normality. Thus, the history of skin images is not just a medical episode, but a chapter in European cultural history as a whole.

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