Abnormal color (yellow jaundice icterus).	Bile in skin; many causes of jaundice, including occupational causes, catarrh, cancer.	Depends upon exact cause, such as carbon tetrachloride. R. M. I.	In the young, commonly catarrhal; in the middle aged, usually gall bladder disease; in the old, usually cancer.
Abnormal color (bronze).	Many causes, such as suprarenal disease, arsenic, pellagra.	May be universal, diffused, or localized. R. M. I.	Important if extensive and persistent.
Abnormal color (coffee color).	Endocarditis.	May resemble Addison's disease or nicotinic acid deficiency except for distribution of latter. R. M. I.	Unrelated to work as cause.
Abnormal color (yellow). Carotinoid.	From the eating of excessive quantities of carrots, squash, oranges.	Harmless; rapidly disappears on correcting diet; resembles jaundice.	Most often found on palms and soles and around nose; unlike jaundice, does not involve eyes.
Abnormal color (yellow). Picric acid.	Picric acid and picrates.	Usually limited to point of contact.	May be associated with dermatitis; some picrates used in the treatment of burns may both discolor skin and induce dermatitis.
Abnormal color (orange). Tetryl.	Munition materials.	Discolored area limited to contact points; may be associated with dermatitis.	Sometimes removed by washing.
Abnormal color (green).	Either from sweat from copper content, or external contact with fine copper.	Clinically not important; at times may be washed away.	Hair may turn either green or blue; disturbing to workers, particularly women.
Abnormal color (bluish-green streak or blotches).	Powder burns or ground-in coal dust; usually limited to miners, and chiefly coal miners.	Not ordinarily disabling, although previous injury may have been disabling.	May resemble chlorosis in appearance.
Abnormal color (hectic flushed cheeks).	Heart disease or tuberculosis.	Represents localized capillary dilatation.	In tuberculosis occurs only in far advanced state. More discernible in men.
Abnormal color (red skin).	Impending sunstroke, high blood pressure; may be natural for some types or races.	R. M. I.	May indicate fever; may be localized as on head, cheeks, or hands.
Abnormal color (leucoderma).	May be caused by external contact with certain rubber antioxidants. Monobenzyl ether of hydroquinone.	Frequently from nonoccupational causes; vitiligo; may be related to avitaminoses.	More prominent in Negroes and other dark races; loss of pigment fairly readily spontaneously replaced in some conditions.
Abnormal color (absence of normal skin sheen in Negro).	May be caused by any organic disease.	In reflected light, normal skin sheen almost invariably present in absence of organic disease.	A possible test for malingering in the Negro.

(*continued*)