They never affect the palms of the hands and the soles of feet. Upon cessation of exposure to irritating oils or often spontaneously, when a sort of tolerance develops, these papules pale within a few days, dry out, and disappear, leaving scaly and crusty lesions of psoriatic character, white, cicatricial spots, or brown pigmented foci.

In addition to these papulous efflorescences, there develop a varying number of comedones, resulting from the mechanical obstruction of the sebaceous ducts by oil, paraffin, and dirt. They are found mainly on the extensor sides of the arms and legs. As secondary infections in these obstructed glands are common, folliculitis and furunculosis ("wax-boils") are frequent occurrences. A pustulous dermatitis is rarely seen (Scott; and Ullmann).

While the majority of oil and paraffin workers seems to become immune to the injurious influences of crude and semi-refined minerals, some of them exhibit a progressive course. With continued contact to these agents the skin becomes dry, scaly, parchment or leathery-like, and covered with enlarged pores. The skin color assumes a dirty grey hue with dark brown spotting, and occasionally, with leucodermic areas (Eckardt). While a spotty melanosis usually accompanies the development of the chronic changes, pigmentary disturbances may be absent in the seborrhoeic skin (O'Donovan). Telangiectases are rarely seen (Wise; and Müller). Some of the papules develop, during the chronic stage, into hyperkeratotic thickenings, which appear in the form of small, pointed, pinhead-sized horns, larger, circumscribed, pea-sized, flat, greyish white, crusty or waxy elevations, rugose, yellowish-brown, thickened patches, or diffuse, ichthyosis-like thickenings of the skin. Some papules grow into warty structures of hard consistency and great permanency, unless a central necrosis develops, which causes a regression of the wart and the formation of a white scar at its former site. This chronic, hyperplastic stage of oil skin may persist for many years or for the rest of the life of these workers. It has been likened in its general appearance with the precancerous stage present in chronic radiodermatitis or xeroderma pigmentosum (Müller; and Wise). It can be distinguished from these conditions by the more extensive development of hyperkeratoses, in addition to the difference in the location of the lesions.

Neoplastic and malignant developments may start in such a skin from various sources. Some of the epitheliomata originate directly from papulous and verrucous lesions which are transformed into ulcerative or cauliflower-like, cancerous manifestations. Scott rendered the following description of the changes accompanying the cancerization of a papulous lesion: A central necrosis may be combined with a gradual growth of the lesion, ultimately resulting in an ulcer with surrounding elevated and indurated edges. The indurated edges become undermined. The ulcer surface is covered by red, easily bleeding granulations. The epithelial tissue in the edges forms cauliflower-like excrescences.