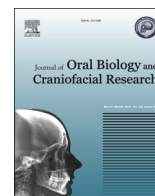




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## Editorial

### Clinical photography



Documentation of clinical presentation of patients, medical and surgical procedures, medical devices and specimens, requires clinicians to be trained in Medical Photography. These clinical photographs are not just the “point and shoot”, but require a high level of technical skill to present the photograph clear and sharp avoiding any misleading information and thus misinterpretation.

The nature of the environment, the small sizes and distances involved, the difficulty of access makes clinical photography an art as well as science. Choice of equipment, conventional or digital camera, their image quality, use of special lenses and flash, consistent lighting, patient positioning, linear scale, perspective, depth of field, and background drastically effect the outcome. Focus, exposure, composition and camera stability: particularly in low light conditions are important to ensure that the image is not blurred. Disposable paper rulers must be used to give an impression of scale. Although results also improve with practice and experience, additional skills may be required to provide different types of pictures or videos, fine art and graphic design, images for treatment planning, surgical audit or design and layout of annual reports. The resulting image must be of sufficient quality to access the clinical condition being reviewed, to allow the clinician to monitor healing progress or deterioration; provide a record of the healing process; and to be used as a method of gaining specialist advice regarding the patients condition and wound status.

Good photography brings rewards such as a sense of satisfaction in a job well done, the ability to share one's work with colleagues and patients, and a great opportunity to advance your dental practice. The first application of photography in medicine appeared in 1840 when Donné in Paris photographed sections of

bones and teeth. He published engravings made from photographs by his student Foucault. Later, in 1852, Diamond HW, a physician and founding member of the Royal Photographic Society, used photography as a tool to create a catalog of visual signs of insanity by photographing his patients and organizing the photographs by symptom. Boulogne in Paris devised a method for activating individual muscles of the face through electronic stimulation to photograph facial expressions. However, attempts to publish medical photographs in textbooks were met with limited success in the early years of photography because of the lack of textural and tonal variation. Stereophotography added a three-dimensional quality to show the spatial relationships. Other aids like carbon arc lamp, lenses and reflectors have been used to photograph inside the body at exposures of  $\frac{1}{4}$  second since 1883.

These photographs are used in clinical documentation, research, publication as well as teaching and hence requires certain rules to be obeyed. With an upsurge in the usage of mobile phones for taking pictures, certain guidelines have been issued by medical associations to outline the key ethical and legal issues to be aware of before using a personal mobile device to take or transmit clinical images for the purpose of providing clinical care. It is the healthcare professional's responsibility to undertake clinical photographs only after patient's consent, and consideration must be given to protect the patient's identity within the photograph itself. Care must be taken to respect patient's dignity, ethnicity and religious beliefs. The patient's modesty must also be maintained by ensuring minimal patient skin exposure. The digital camera should be pre set to record the date and time so that this is correctly recorded when the image is taken.