Table 2. Demographics of Patients With Laboratory Monitoring[a]

Characteristic	Overall	Normal Laboratory Results or Laboratory Abnormality Prior to Therapy	Laboratory Abnormality During Therapy	*P* Value
Patients with laboratory monitoring, No. (%)	144 (54)	138 (96)	6 (4)	
Sex, No. (%)				
Female	68 (47)	65 (96)	3 (4)	.89
Male	76 (53)	73 (96)	3 (4)	
Age, No. (%), y				
<12	71 (49)	68 (96)	3 (4)	.97
≥12	73 (51)	70 (96)	3 (4)	

[a] Demographics of the study population and patients who underwent laboratory monitoring. χ^2 tests were performed to evaluate covariates of sex and age assuming a .05 significance level.

mild liver enzyme elevations are common postinfection. Clinically apparent liver injury from terbinafine treatment occurs in 1 per 50 000 to 120 000 cases.[6] Asymptomatic elevations in serum aminotransferases are found in less than 1% of patients, which typically self-resolve without discontinuing therapy.

We recommend baseline transaminase monitoring. However, routine laboratory monitoring during systemic therapy (12 weeks or less) for onychomycosis in healthy children may be unnecessary owing to low incidence of clinically significant adverse effects, costs of laboratory tests, workup of spurious laboratory abnormalities, and patient discomfort. This study is limited by its generalizability, small sample size, and retrospective nature. Larger, prospective studies evaluating the safety profile in pediatric patients are needed to detect the rare but serious adverse effects that could occur during therapy and work toward FDA label changes for a pediatric onychomycosis indication.

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The Most Beautiful People: Evolving Standards of Beauty

Not merely an aberration of modern culture, societal obsession with beauty is deeply engrained in the past, with the appreciation of human aesthetics dating back to early Greek civilization. Although ideas on beauty vary with personal preferences and cultural standards, in a society at any given time, there is substantial agreement as to what constitutes human beauty.[1] This study uses *People* magazine to compare standards of beauty in 1990 with present day standards.

Methods | Published by Time Inc, *People* has the largest audience of any US magazine, with a readership of 43.6 million adults.[2] We compared *People* magazine's World's Most Beautiful (WMB) list in the first issue (1990) with that in the 2017 issue, hypothesizing that beauty standards have not changed. From the 1990 (50 celebrities) and 2017 (135 celebrities) issues of *People* magazine's WMB list, we extracted the following information: age at the time of the specific issue, sex, race, skin type, hair color, eye color, and visible dermatologic conditions. Characteristics with dichotomous and categorical variables were reported as numbers (percentages) and continuous variables as means (SDs). Between-group differences were assessed using the Fisher exact text or χ^2 tests for categorical variables and *t* tests for continuous variables. Results were considered to be significant at $P<.05$ in the 2-sided hypothesis. Institutional review board approval was waived by the Boston University Institutional Review Board. Because no patients were involved in this study, informed consent was not required.

Table 1. Characteristics of the Celebrities Featured in *People*'s 1990 and 2017 World's Most Beautiful Lists

Characteristic	No. (%) of Celebrities (N = 185)
Age, y	
18-24	19 (10.3)
25-34	63 (34.1)
35-44	60 (32.4)
45-54	28 (15.1)
≥55	15 (8.1)
Sex	
Male	40 (21.6)
Female	145 (78.4)
Race	
White	119 (64.3)
Black	29 (15.7)
Asian	8 (4.3)
Hispanic	14 (7.6)
Mixed	15 (8.1)
Fitzpatrick skin type	
I	39 (21.1)
II	67 (36.2)
III	33 (17.8)
IV	14 (7.6)
V	28 (15.1)
VI	4 (2.2)
Hair color	
Blonde	37 (20.0)
Brown	143 (77.3)
Red	5 (2.7)
Eye color	
Blue	50 (27.0)
Brown	98 (53.0)
Green	19 (10.3)
Hazel	18 (9.7)
Visible skin condition	
Yes	5 (2.7)
No	180 (97.3)

Table 2. Comparison of Characteristics of the Celebrities Featured in *People*'s 1990 and 2017 World's Most Beautiful Lists

Characteristic	No. (%) of Celebrities		*P* Value[a]
	1990 (n = 50)	2017 (n = 135)	
Age, y			
18-24	8 (16.0)	11 (8.1)	.004
25-34	25 (50.0)	38 (28.1)	
35-44	12 (24.0)	48 (35.6)	
45-54	2 (4.0)	26 (19.3)	
≥55	3 (6.0)	12 (8.9)	
Sex			
Male	24 (48.0)	16 (11.9)	<.001
Female	26 (52.0)	119 (88.1)	
Race			
White	38 (76.0)	81 (60.0)	.04
Other	12 (24.0)	54 (40.0)	
Fitzpatrick skin type			
I-III	44 (88.0)	95 (70.4)	.01
IV-VI	6 (12.0)	40 (29.6)	
Hair color			
Blonde	6 (12.0)	31 (23.0)	.21
Brown	43 (86.0)	100 (74.1)	
Red	1 (2.0)	4 (3.0)	
Eye color			
Blue	14 (28.0)	36 (26.7)	.17
Brown	24 (48.0)	74 (54.8)	
Green	9 (18.0)	10 (7.4)	
Hazel	3 (6.0)	15 (11.1)	

[a] *P* values were generated using χ^2 or Fisher exact tests where appropriate.

Results | We compared 50 celebrities from the 1990 WMB list with 135 celebrities from the 2017 WMB list. Fitzpatrick skin types I to III represented 88.0% and Fitzpatrick skin types IV to VI represented 12.0% of the WMB list in 1990, whereas in 2017, Fitzpatrick skin types I to III represented 70.4% and Fitzpatrick skin types IV to VI represented 29.6% ($P = .01$). Mean age increased; mean (SD) age was 33.2 (11.5) years in 1990 vs 38.9 (11.6) years in 2017 ($P = .003$). The proportion of females also increased (26 [52.0%] in 1990 vs 119 [88.1%] in 2017; $P < .001$), as did that of nonwhite races (12 [24.0%] in 1990 vs 54 [40.0%] in 2017; $P = .04$). Those of mixed race were represented by 1 person (2.0%) in 1990 and 14 persons (10.4%) in 2017 ($P = .07$). Only 5 of 185 (2.7%) had any visible skin condition or lesion that marred the even distribution of texture and/or color (**Table 1** and **Table 2**).

Discussion | Human beauty is partially determined by a function of physical features, such as facial averageness, symmetry, skin homogeneity, and sexual dimorphism.[3] However, the perception of attractiveness is also influenced by more than these static physical characteristics. Ideals of beauty are often particular to the beholder and determined by the norms of a society, culture, or historical period.

As evidenced by our data and contrary to our hypothesis, at present, a wider variety of skin colors and inclusion of older age groups are represented among those deemed to be the most beautiful. Humans are a colorful species of primates, with the genetic palette allowing for wide variation in human skin, hair, and eye color.[4] In our study, skin types IV to VI were significantly more represented in 2017 than in 1990. The cosmetic industry has embraced this wide variety of complexions, producing varying hues of colors to complement rather than mask and hide inherent tone. The increase in mean age of the people featured in the WMB issue of *People*, with a significant increase in percentage of those 35 years and older, is significant in the present aging society.[5] According to the American Society for Dermatologic Surgery 2016 consumer report, 60% were considering a cosmetic procedure, and the top 3 reasons were to increase confidence, increase attractiveness, and look as young as they feel.[6]

The classic notion of beauty is a matter of mathematical conceptions and instantiating definite proportions. However, with the advent of the highly connected world that has

exposed individuals to many forms of beauty, we still strive to understand what beauty entails. The mass media platform has for years introduced certain criteria for what constitutes beauty. Through an examination of the WMB issue of *People*, we found that these beauty standards are evolving as people learn how to integrate the effects of media with exposure to new cultures and different norms.

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Addressing Minority Representation in Dermatology: Answering a Call to Action Through Structured Mentorship and Instruction

Recent attention has been called to the insufficient representation in dermatology of African American and Hispanic individuals, which comprise the major populations underrepresented in medicine (UIM).[1,2] There have been 2 recent calls to action to increase UIM populations in dermatology, a task that necessitates action.[1,2]

Among the numerous approaches previously suggested, mentoring and tutoring have been cited as some of the best to increase diversity.[1,2] We present the instructional and mentoring program we used to encourage UIM students in our community to consider dermatology careers in an attempt to show that even brief outreach programs can make a difference.

Table. Outline of Lectures, Activities, and Discussions in 4 Lessons

Session	Content
Lesson 1	
Introduction	Precurriculum survey
Discussion	What is a dermatologist?
Activity	Celebrities with dermatological conditions
Discussion	Resident Q&A
Lesson 2	
Lecture	Layers of the skin
	Epidermis: layers, functions, Fitzpatrick skin types
	Dermis: functions, hair growth
	Subcutaneous fat: functions
Lecture	Common skin, hair, and nail conditions
	Acne vulgaris: types, pathogenesis, treatments, postinflammatory hyperpigmentation
	Vitiligo: pathogenesis
	Atopic dermatitis: pathogenesis, atopic triad
	Cutaneous T-cell lymphoma: mycosis fungoides, Sézary syndrome
	Traction alopecia: pathogenesis, prevention
	Pseudofolliculitis barbae: pathogenesis, risk factors, prevention
	Nail signs: pitting, clubbing, spoon shape, Hutchinson sign
Activity	Classroom response system
Lesson 3	
Lecture	Skin cancer
	Basal cell carcinoma: risk factors, types, dermoscopy, management
	Squamous cell carcinoma: risk factors, types
	Melanoma: risk factors, ABCDEs, types, management
	Sun protection: how to read sunscreen bottles, UV-A vs UV-B, sun-protective clothing
Activity	Classroom response system
Activity	Biopsies and suturing
	Videos: shave biopsy, punch biopsy, simple interrupted sutures
	Hands-on practice with biopsy and suture equipment
Lesson 4	
Lecture	Vitamin D
	Sun-induced synthesis
	Guidelines for supplementation
	How to maintain adequate stores
Activity	Jeopardy
	Categories: images, hair and nails, skin layers, sun and cancer, miscellaneous
Wrap-up	Resident Q&A
	Postcurriculum evaluation

Abbreviations: ABCDEs, asymmetry, border, color, diameter, and evolution; Q&A, question and answer.