III. Marks from Work and Work Diseases

Manifestly, occupational markings on the body are not the stigmata [illegible] degeneration in the above sense. Almost equally manifest is the fact that work [illegible] signs are directly acquired and are not congenital; yet this statement is not [illegible] cisely true, since some occupational affections of one or both parents may adversely [illegible] influence the offspring. Hence, some children may present stigmata of degeneration [illegible] when one or the other of the parents has suffered from such afflictions as lead [illegible] radium, or phosphorus poisoning. These and other materials constitute race poison [illegible] ing and may, in fact, contribute to the degeneration of offspring.

As under foregoing circumstances, work marks, as observed in those portions of the body of an attired person that may be seen with the eye, may involve [illegible] external portion of the body, such as the skin and its appendages, the eyes, ears, nose, teeth, lips, limbs, and bones. Other signs may derive from posture, gait, mannerisms, or facial expressions. A number of more common ones such as should challenge the attention of nonmedical persons are listed on pages 486–510. For the purpose of differentiation between occupational and nonoccupational affections, some nonoccupational affection signs are included. R. M. I. represents "Recommended Medical Investigation."

IV. Summary

In cursory fashion, numerous signs of disease and near-disease states directly or indirectly related to work are presented in terms designed for nonmedical personnel.[1] Never will any listing of occupational and disease stigmata be complete. New items continually are appearing. By iteration it is observed that the objective here is to take notice of physical peculiarities that readily arouse the curiosity of the layman and at times provoke apprehension lest there exist some state of communicability. Conversely, the point of view is not that of the physician making more nearly exact observations, interpretation, and ultimate diagnoses. Most occupational dermatoses and callosities are far from characteristic of any one or few trades and thus are not revealing. However, a callosity (for example) that characteristically appears on just one or two fingers would possess identifying values and thereby justify inclusion here. Always the emphasis is on the striking as observable through the eyes of the layman. The purpose has been twofold: (*1*) the hope of piquing the interest of nonmedical personnel in medical matters, and (*2*) the hope of bringing to the attention of physicians larger numbers of persons at workplaces genuinely in need of medical care.

In a measure all of this material fits into the precepts of the remarkable

[1] For more extensive and technical medical data, reference is made to: W. E. and [illegible] Robertson, *Diagnostic Signs, Reflexes and Syndromes*. 2nd rev. ed., Davis, Philadelphia, 1942. W. M. Barton and W. M. Yater, *Symptom Diagnosis*. 4th ed., Appleton-Century, New York, 1942. F. Ronchese, *Occupational Marks and Other Physical Signs*, Grune and Stratton, New York, 1948.

[illegible] Bell who wrote: "Nearly every handicraft writes its sign-manual on [illegible] hands. The scars of the miner differ from those of the quarryman. The [illegible] callosities are not those of the mason. . . . The soldier and sailor [illegible] Accent helps you to district and, to an educated ear, almost to [illegible] With a woman, especially, the observant doctor can often tell what [illegible] body she is going to talk about."