

Common External Marks of Occupation or Occupational Diseases or Other Diseases (continued)

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Mark or sign	Probable cause	Significance	Comment
Lips, Mouth, Teeth, Tongue, Neck, continued			
"Beefy" tongue.	Vitamin B deficiency.	One manifestation of vitamin B lack. R. M. I.	Enlarged tongue, roughened, rugose and red; somewhat resembles raw beef.
Herpes (labial)—"cold sores."	Action of a virus, allergy.	Virus probably always present but only becomes active under unfavorable conditions such as infection.	Not to be confused with labial chancre.
Occupational fungal disease around mouth.	Condition limited to Mediterranean countries. Involves chiefly quail force-feeders.	Organism transferred by quail pecking feeders' faces.	Condition not known in United States.
Discolored gums.	Various metal or mineral deposits, tobacco stain, etc.	The purple gum line of lead absorption, the similar line from bismuth, the blue line following trinitrotoluene exposure or poisoning, purple line from copper, bluish line from mercury or zinc, purple gums from scurvy. R. M. I.	Lines or discoloration of gums are not conclusive proof of any occupational disease.
Burton line (lead line).	Bright purple line at gum margin. Common after exposure to lead.	Not diagnostic of lead poisoning.	Not readily visible as a sign of abnormality. R. M. I.
Acute multiple dental caries.	Specific form attributed to work with citric acid, chiefly bakers and confectioners.	Well recognized in European countries. Uncommon in exaggerated form in United States.	All sugars as used in bakeries and confectionaries may produce some excess of dental caries.
Dental erosions.	Erosion from chemicals, such as from acids or mechanical erosion such as from glass blowers' pipes; numerous variations, specific variations for many trades, such as battery makers from acid, sewers from thread biting, wind instrument players, "tack spitters," brush makers who trim bristles by biting, pencil chewers in offices.	Profoundly eroded teeth of acid workers seldom decayed and are not painful.	Apart from dental erosion constituting a sign of occupational damage in many trades, the premature loss of teeth may possibly be related to work as a contributory cause.
"Mulberry molars."	Congenital syphilis.	Dome-shaped, stunted first molars due to overgrowth of enamel.	Various other dental defects suggest congenital syphilis.
Hutchinson's teeth.	Congenital syphilis.	Notched incisors with narrow edges and beveled corners.	May be associated with impaired hearing and barked corners.
Discolored and mottled teeth.	Discoloration from many causes, such as copper and iron from about diffused coloration.	Apparently no great harm, but discolored by many forms of staining.	Smoking and tea drinking, and staining may lead to this disposition of teeth.
Speech defects (not visible defects).	Highly varied causes—brain tumors, syphilis, neuroses, fatigue, etc.	Stammering, slurred speech, monotony, speech explosive, speech aphonia, etc. R. M. I.	Stammering may be related to improper management in childhood or left-handedness.
Goiter (hyperthyroidism).	Enlarged thyroid gland.	Common as simple goiter due to iodine deficiency. Also toxic goiter from hyperthyroidism. R. M. I.	More common in women.
Salivation.	Industrial causes—mercury, potassium chlorate, phosphorus, copper, bromides.	Excessive formation of saliva. R. M. I.	Scores of nonindustrial causes, such as Vincent's angina, mumps, cancer, syphilis, scurvy, etc.
Mouth breathing (open mouth).	Numerous causes unrelated to work, such as adenoids. If associated with dyspnea, may be caused by silicosis, which is rare.	Mouth breathing may be caused by nasal obstruction. R. M. I.	If related to recent injury to face, suspect dislocation of jaw.
Breath (garlic odor).	If not garlic, then possibly tellurium, selenium, or arsenic.	Persists months after termination of exposure.	Disappears after increased intake of ascorbic acid. Odor will return unless use of ascorbic acid is long continued.
"Phossy Jaw."	Yellow phosphorus.	Deformity from necrosis of facial bones, chiefly lower maxillary.	Condition now rare. Formerly common among match makers, fireworks manufacturers, rarely fertilizer operatives.
Chest			
Bulging of breast bone (sternum).	If associated with pulsation, suspect aneurysm; if chicken-breast-like, suspect rickets; if series of knobs on either side at rib section, suspect rickets.	Any marked external protrusion should lead to medical observation.	Converse picture that of depressed sternum frequently called "cobbler's chest" associated with shoemakers' trade as cause. Now rare.
Extremities Apart from Skin			
Ganglion (ganglia).	Cysts in the region of joint capsules and tendon sheaths.	May occur along any tendon sheath or about many joints but more common on hands and feet; may be either industrial or nonindustrial.	Frequently attributed to coarse vibration as from pneumatic tools.

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VISIBLE MARKS OF OCCUPATIONAL DISEASES

(continued)

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