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

Mark or sign	Probable cause	Significance	Comment
		Skin, *continued*	
Nail dissolution.	Many industrial keratin solvents; notably alkalies.	Complete destruction of nails rare; typical examples of causes —formalin, cement.	Outstanding feature inflammation of tissues adjacent to nails.
Nail deformities (thickening, curvature, pitting, linear markings, spotting).	Large numbers of industrial contact chemicals.	Common among furriers, dyers, lace makers, packers, cordage makers, thallium workers, auto washers, engravers, etchers, glass makers, miners, sulfide workers, x-ray technicians, string instrument players, tanners, many others.	Apart from infection, condition rarely disabling. White spots and transverse markings may indicate antecedent disease.
Vagabond's skin.	Lice.	Deep, patchy bronzing of skin from irritation of lice bite and possibly lice excreta.	Usually associated with low order of personal hygiene.
Morphea.	Unknown.	Diffused white spots, usually over torso and upper extremities representing a patchy scleroderma.	Startling when present on Negroes or other dark races.
Ichthyosis (fish skin).	Unknown but usually congenital.	Entire skin rough, scaly, thickened. Usually permanent.	Grossly troublesome to owner. Harmless to fellow-workmen.
Milker's nodules.	A virus disease (false cowpox). (Always associated with milking or udder cleaning.) Incubative period 5 to 7 days.	Usually involves exposed parts, chiefly fingers, hands, forearms. The reddish or reddish-blue nodules may be as large as 2 cm. in diameter. Sometimes as many as 40 present at one time. Mild systemic disease with lymphangitis, lymphadenitis may appear.	Self-limiting disease. Requires no treatment, but complications such as secondary infection may require treatment.
Barber's dermatitis (not Barber's Itch).	Mechanical punctures from customers' hair.	Chiefly limited to webs of fingers, or at least to fingers.	Burrowing sinuses made troublesome by secondary infection.
Hives ("Bold Hives" Urticaria).	Usually allergic causes. Many occupational excitants. Some forms related to photosensitivity.	Layman's "Bold Hives" means "giant urticaria." Gross lesions may appear in a few minutes usually accompanied by itching.	Urticaria may involve such tissues as around larynx and pharynx. Extreme edema may lead to prompt fatality.
Prickly Heat (Miliaria).	Related to profuse sweating. Common summer dermatitis. May occur in winter among cooks, bakers, [illegible]	Commonly not an occupational disease but may be.	Common sites chest, back, axillary folds.
Eczema [illegible]	[illegible]	[illegible]	[illegible]
Chloracne.	Exposure to certain chlorinated compounds, chiefly waxes.	Characterized by extraordinary numbers of comedones, sometimes with typical acne pustules.	Systemic involvement may be associated.
Pathological sweating.	Many nonindustrial causes, but sometimes seen in lead poisoning.	Unusual sweating may be localized, odoriferous, colored, excessive. Sometimes found in heart disease, rickets, syphilis, palsy, tuberculosis, goiter, etc.	In arsenic or lead poisoning, abnormal sweating usually local to parts involved in neuritis.
Brick red (warm weather). Plum colored (cold weather).	Polycythemia (pathologic increase in numbers of red blood cells).	May be a manifestation of repeated exposure to carbon monoxide in relatively low concentrations. R. M. I.	Engorgement and congestion of superficial blood vessels. Most prominent on face. May involve conjunctivae.
Paroxysmal face and head flushing.	Chiefly associated with the menopause, this type chiefly limited to women 40 to 50.	May be associated with mental depression, excessive perspiration, weakness, insomnia, emotional instability.	Not occupational.
Lymphangitis.	Infection.	Red streak up arm or leg. Alarming indication of extension of localized pyogenic infection. R. M. I.	Frequently associated with "kernels" such as in axilla or groin.
Keratoses (farmer's warts).	Excessive sunlight, ultraviolet light, etc.	Represent warty, flat, or horny, persistent overgrowth of outer layers of skin. Characteristic of past middle age life; usually limited to exposed parts of skin; characteristic of many trades including farmers, sailors, fishermen, gardeners, trappers.	Rarely become cancerous; readily removed by electrocauterization, by x-ray and by electric needle; less well by keratin solvents. Quite common both in and out of industry.
Asbestos warts.	Mechanical penetration by asbestos fibers; possibly chemical action, akin to production of silicotic nodules.	Condition usually limited to fingers and hands.	Similar condition with glass fiber workers, but in that case always mechanical.
Tumors (on skin).	Several types, both benign and malignant. Commonest variety, epithelioma.	Apart from nongrowing warts and obvious abscesses of skin, any enlarging mass on or in skin should be investigated. R.M.I.	Pigmented moles are prone to become malignant.

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