LOCAL DISTRIBUTION OF MINERAL OIL CANCERS

Site	Bridge and Henry			Collected Series	Total
	General	Mule-Spinners	Others		
Head and Neck (forehead, temple, nose, cheek, ear, lip, eyelid)	31	25	6	140	171
Upper Limb	44	38	6	30	74
Lower Limb	17	15	2	5	22
Scrotum	303	268	35	150	453
Other Sites (Anus, Penis)	23	15	8	5 (Anus 1, Penis 4)	28
Total	418	361	57	330	748

While both statistics demonstrate the high incidence of scrotal cancers in oil workers, there is a much greater proportion of cancers of the head and neck in the series collected from numerous sources than in that recorded by Bridge and Henry. The reason for this discrepancy is probably referable to the fact that the collected series contains cases from highly diverse occupations, entailing a more intense exposure of the head and neck; while the data contained in the analysis of Bridge and Henry are drawn mainly from a few definite occupations, having a more specific and restricted type of contact. The low incidence of oil cancer of the lower limb among mule spinners deserves special mention, as these operatives work with bare feet on an oily floor and wash these parts of their body not more than once a week. As not a single instance of oil cancer of the sole and only one case of cancer of the anterior surface of the ankle has been recorded, this apparent immunity may be explained by the assumption that the work with bare feet hardens the skin and makes it little permeable to the oil.

A great deal of thought and speculation has been expended to advance plausible reasons for the frequent involvement of the scrotum by cancer in paraffin and oil workers, particularly in mule spinners. The existing evidence suggests that the skin of the scrotal sac must possess a special susceptibility to react with epitheliomatous growth upon contact with certain agents, such as unrefined oils, crude paraffin, soot, pitch, tar, and arsenic. However, it becomes equally clear from an analysis of the conditions of exposure present in those groups of workers, who are preferably affected by occupational scrotal cancer, that this scrotal affinity is not entirely an organ conditioned one, but depends to a marked degree upon the type of contact with the particular