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SIMULATION AND SELF INFLICTION AS ENCOUNTERED IN INDUSTRIAL DERMATOLOGY

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IN INDUSTRIAL dermatology, simulation and dissimulation are complementary; that is, the applicant for work pretends that his skin is normal and conceals his cutaneous disease. The aftermath of this concealment may be a claim for compensation. Such a fraudulent claim, a deliberate aggravation of an alleged industrial injury or the seeking of employment which an applicant knows is dermatopathogenic to him should be considered malingering.

Human beings early learn the advantages of malingering. The infant realizes that a timely outburst of crying will arouse attention and solicitude on the part of his parents. The child, the youth or the adult may feign illness in order to invoke sympathy or to free himself from the performance of undesirable tasks. Various forms of deception, fraud, simulation and malingering are seen in everyday life. In fact, few persons can honestly say that they have not practiced it in some form in their private or public life.

Simulation of good health is practiced in many ways. Those who examine applicants for employment, insurance or military service must always be on the alert for those who are concealing physical defects. It is important that deception be exposed in occupational medicine, especially when the factors of compensation and safety of other workers are involved. The largest group of offenders are those who have suffered an occupational dermatitis at one plant, have been treated and have obtained compensation, often a lump sum settlement. They then secure employment at the same type of work, deliberately expose themselves to irritants that will cause a recurrence or a new injury, and seek compensation from the second employer. Some of these workers have received large sums of money over a period of years.

The next largest group is constituted of those suffering from chronic diseases such as psoriasis, seborrheal eczema and atopic dermatitis. They secure employment and are able to work, but if they sense a layoff they immediately report an eruption, claiming that it is due to the occupation and denying that there was any disturbance prior to employment. If, however, the eruption was noted at the time of employment,

Occupational inflammations of the skin occur which are due to parasites, such as animal ringworm in farmers, grooms and kennelmen. Mites constitute a definite occupational hazard, as, for instance, the causal mite of grain itch in a wheat cargo ship.

INDUSTRIAL DERMATITIS. E. ROSANOVE, M. J. Australia **2**:194 (Aug. 6) 1949.

RESPIRATORY DISEASE: AN INDUSTRIAL HAZARD. A. T. DOIG, Glasgow M. J. **30**:235 (July) 1949.

Doig reviews the present status of knowledge of the respiratory disorders caused by industrial dusts, pointing out that dusts met with in industry may produce a wide variety of reactions in the respiratory tract. Mineral dusts may give rise to pneumonoconiosis, which exists in three main forms, distinguished from the pathologic point of view by fibrosis or by focal emphysema or by an absence of any tissue reaction. The fibrotic pneumonoconioses exist in two main forms, one in which the fibrosis is dense and nodular, as in silicosis, and one in which the fibrosis is diffuse, as in asbestosis. Other conditions resulting from the inhalation of mineral dusts include pneumonitis, immediate or delayed, cancer of the lung and, rarely, asthma.

Vegetable dusts are in general less irritant than mineral dusts, but considerable further research is required to elucidate their toxic potentialities. Similar conditions, which may be grouped under five main headings—mill fever, acute and subacute infections, Monday fever, chronic bronchitis and emphysema, and acute (allergic) asthma—are caused by a large number of the vegetable dusts. Some of these, especially those in the chronic bronchitis and emphysema group, have no features which distinguish them clinically or pathologically from similar nonoccupational illness.

Animal dusts comparatively rarely produce diseases of the respiratory tract, although asthma or hay fever may occur in sensitive persons, and infections of the respiratory tract—for example, pulmonary anthrax—may be produced.

ETIOLOGIC STUDY OF SILICOSIS DUE TO DUST OF DIATOMACEOUS EARTH. E. C. VIGLIANI and L. PECCHIAI, Med. d. lavoro **40**:33 (Feb.) 1949.

The authors experimented on two different lots of guinea pigs, giving each lot single intraperitoneal injections of a dust of diatomaceous earth, crude in the case of one lot and calcined for three hours at 1250 C., as for filter candles, in the case of the other. The animals were killed one month after the administration of the diatomite dust. No macroscopic changes were encountered in the peritoneum and the intraperitoneal organs of the animals which had received the injection of crude diatomite dust, whereas diffuse epitheloid granulomatous and fibrotic reaction was encountered in the peritoneum, the spleen, the liver, the mesentery and the lower aspect of the diaphragm of the animals which received the injection of calcined diatomite dust. The authors show by means of illustrations the histologic aspect of the granuloma produced by intraperitoneal injection of calcined diatomite dust. The results of this experiment confirm the report of Vigliani and Mottura (*Brit. J. Indust. Med.*, July 1948) on the definite role of ignited diatomite in causing malignant silicosis among makers of filter candles. The reason for the different results from the contact with crude and with ignited diatomite lies in the fact that ignition transforms crude diatomite into microcrystalline cristobalite, which has potent silicotic properties.

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