

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

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Mark or sign	Probable cause	Significance	Comment
General and Miscellaneous, <i>continued</i>			
Facial paralysis.	Nerve damage such as from toxic agents or trauma.	A common variety reveals mouth drawn to one side, drooping eyelids, impaired articulation.	Can arise as manifestation of occupational disease.
Paroxysmal asthma.	Commonly spasmodic asthma is an allergic disease unrelated to industry.	As one manifestation of occupational diseases, paroxysmal asthma occasionally may arise in such conditions as trichloroethylene poisoning, chlorine bronchitis, etc.	R. M. I.
Effeminization of males.	Stilbestrol and similar agents.	Limited chiefly to pharmaceutical workers processing hormone-like chemicals. May be characterized by enlarged breast in males, production of feminine type of body, sexual impotency.	Legally held to constitute an occupational disease. Manifestations may subside after elimination of exposure.

Mark or sign	Characteristics
Abnormalities of gait.	The manner of walking, together with the carriage of the entire body, may afford a true insight into precise disease states, or at least may indicate abnormality to the point that a medical investigation should be carried out. It is difficult to describe in a few words the peculiarities of gait, even though on observation abnormality be quite obvious. For this reason, resort to tabular presentation is for the moment abandoned. Many peculiarities of gait call for no description since the provoking cause is at once evident. Such, for example, are the waddling gait of the woman in advanced pregnancy, the worker with an artificial leg, the victim of a stiff knee, the many types of gait abnormality following infantile paralysis, the gait occasioned by shortening of one limb, the tottering, generally unstable gait characteristic of senility or convalescence from disease. In other states, some of which are clearly occupational, gaits, while characteristic, may be less obvious as to cause. In any peripheral neuritis of the lower limb, e.g., from <i>lead</i> or <i>arsenic</i>, the resulting ankle drop or weakness may lead to a revealing gait. In such instances the leg is lifted high with exaggerated knee action, the foot is thrown forward, and the ground or floor is slapped at each step. The shoe is worn at the toe. Although the condition is commonly bilateral, when unilateral an obvious variation is induced. The gait of the worker under the influence of <i>alcohol</i> exposes his condition. The gait is staggering, tottering, reeling. Alternately the body may be leaned forward, backward, or sideward with purposeless lurching. The drunk, apparently about to fall with each step, rarely does so. The gait in <i>manganese</i> poisoning is called the "rooster gait." There is propulsion with ever-increasing rapidity, until the victim may catch himself on some support; otherwise he may fall. If he starts backward, retropulsion becomes the obvious counterpart of propulsion.

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