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

Mark or sign	Probable cause	Significance	Comment
		Extremities Apart from Skin, *continued*	
"Red Hands."	Often purely psychogenic. At times specific chemical cause, such as oxalic acid.	Patch tests usually negative.	Barrier creams sometimes effective, possibly constituting only psychotherapy.
Seal finger, Spekk-finger, Blubber finger.	Infection.	Chiefly limited to Arctic sealers.	May arise among seal furriers anywhere.
		General and Miscellaneous	
Edema.	Immediate cause—increased fluid in tissue.	Edema may occur in any tissue, organ, or system from ankles to eyelids. Ordinarily not a disease in itself. R. M. I.	Edema around ankles after long standing in the absence of known disease may not be important.
Pathologic sleepiness (somnolence).	If organic, may be related to pituitary disease or other glandular disorders. Commoner in obese or giant-sized persons. Sometimes appears in early pregnancy.	May only represent lack of proper sleep. May be associated with alcoholism. May be a symptom of various occupational diseases. R. M. I.	Many workers, particularly on late night shifts, now indulge in drug stimulation, chiefly caffein. Many proprietary preparations available. Caffein poisoning in industry is a ready possibility.
Sunstroke.	Chiefly direct exposure to sun's heat. Less frequently artificial heat.	Represents derangement of heat-regulating system of body. R. M. I.	Chief characteristics—high body temperature, hot dry skin, loud breathing, unconsciousness; in early stage eye pupils dilated, later contracted.
Myxedema (hypothyroidism).	Lowered functioning of thyroid gland.	More frequent among women. R. M. I.	Characterized by dull, heavy features, thickened, swollen skin, some loss of hair, subnormal temperature, sleepiness, joint pains, constipation.
Shaking palsy, Parkinson's disease.	Unknown.	Rare before middle age. R. M. I.	Chief features—shaking of head, tremors of hand and arms, muscular rigidity, masklike facies, propulsive gait; some similarity to manganese poisoning.
Barrel-shaped chest.	Common among asthmatics, fairly common among glass blowers, less frequent among musicians, i.e. singers, wind instrument players.	Associated with pulmonary emphysema (dilation of lung sacs). R. M. I.	During asthmatic attack, there may be either skin pallor or cyanosis, anxious facies, violent respiratory movement, short inspiration, long, wheezy expiration.
Tics.	Spasmodic contraction of any portion of body, such as cheek, tongue, eyelids, fingers. Not directly related to industry.	Common among neurotics.	Tics are frequently called "habit spasms."
X-ray gangrene.	Improper x-ray exposure.	Begins like common skin burn but advances to deep ulceration and sloughing. Usually involves fingers and hands. R. M. I.	Common among older x-ray workers and technicians. Frequently seen among factory workers and industrial workers as a result of poor x-ray treatment for dermatoses.
Phenol gangrene.	Extensive or prolonged contact with concentrated carbolic acid (phenol).	Following accidental and painless contact with carbolic acid, fingers, hands or other parts become brown, dry, shriveled, and finally black, with possible eventual spontaneous amputation. R. M. I.	May arise apart from industry from accident or poor medication.
Scurvy (sailors' scourge). Chiefly manifest by bruised appearance of legs, edema (chiefly of ankles) profound, weakness, loss of weight, loss of teeth, bluish, reddish, blackish spongy gums, heavily coated and brownish tongue.	Vitamin C deficiency.	As occupational disease now rare. Term "scurvy" chiefly has disappeared although vitamin C deficiency of mild degree is highly common.	Still might arise occupationally among explorers, seamen, remote mining and lumber camps, dietary cranks, etc.
Erethism (pathologic shyness).	In industry chiefly seen as manifestation of mercury poisoning.	In mercury poisoning many patients are extraordinarily bashful, awkward, assume rigid poses.	Seen in other conditions unrelated to industry.
Enlarged glands (lymphadenitis).	Chiefly in infections but may indicate malignancy.	Often occurs on sides of neck, under arms, and in inguinal regions. "Scrofula," now rare, represents TB of glands, chiefly of neck.	Head lice may be accompanied by enlarged glands. R. M. I.
Hernia (inguinal). Enlarged mass in inguinal region.	Condition usually represents congenital defection. Trauma as ultimate cause rare but possible.	Usually unilateral. May be bilateral.	Common cause of partial or temporary disability.
Hernia (umbilical).	Protruding mass from abdomen around navel.	More common among women than men.	Rarer than inguinal hernia.
Hydrocele (water in scrotum).	Relates to inflammation. Specific cause uncertain.	May be unilateral or bilateral.	May be associated with inguinal hernia.

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