

SKIN DISEASES AND BURNS

- 38 Study of Skin Temperatures. H. V. Malin. Texas State J. Med. 60, 376-378 (April, 1964).

Skin temperatures of various body areas were measured and evaluated. Forehead temperature readings were also compared with rectal readings. Results of these studies show the following: (1) complex or expensive equipment is unnecessary for the determination of surface skin temperatures; (2) there is no appreciable variation of surface skin temperatures under normal conditions on symmetrical sides of the body or its extremities; (3) average skin temperatures were established as norms for comparative use; (4) deviations from these established norms may be anticipated in circulatory disturbances; (5) there is no statistically significant correlation between rectal and skin temperatures; and (6) the presence of a temperature gradient was demonstrated both internally and externally. -- Aerospace Med. Absts.

- 39 Epidemiology of Skin Disease in an Automobile Factory. Muriel L. Newhouse. Brit. J. Ind. Med. 21, 287-293 (Oct. 1964).

A survey was made of a random sample of workers from the machine shops, assembly lines, and stock and store departments of an automobile factory. Among the 1,223 men seen, representing 97% of the sample, the prevalence of non-infective skin diseases was 14.5%. Skin diseases were classified into 4 groups: "dermatitis" and "folliculitis" of occupational origin, endogenous "eczemas", and miscellaneous skin diseases. Slightly more than half of all skin diseases seen were considered to be occupational in origin. In this population the prevalence of skin disease was more than four times that based on patients attending the factory medical department. An unsuspected cause of allergic dermatitis was found on the assembly lines, where the incidence of dermatitis was significantly higher than among the non-production workers. The prevalence of folliculitis was significantly higher among production than non-production workers. There was no significant difference in the prevalence of "eczema" or the miscellaneous skin diseases in the various occupational groups. Among European workers fair men were more prone to skin disease than darker men. In another factory, a West Indian and Asiatic group of workers had a significantly lower prevalence of skin diseases than a group of Europeans doing similar work. Folliculitis was more prevalent among the younger workers and those recently employed in the factory; there was no obvious association between age and length of service and the occurrence of other types of skin disease. -- Author's abst.

- 40 Textile Finishing Materials as Source of Contact Dermatitis. K. E. Malten. Ned. Tijdschr. Geneesk. 108, 1626-1629 (Aug. 22, 1964).

In 66 patients who were treated at a skin clinic for eczematous lesions, the localization (in women: axillae, arms, upper part of thorax, neck, face, and popliteal region; in men: wrists, crena ani, medial side of thighs, and popliteal region) made the author suspect that allergy to contact with textile finishing materials might be the cause of these skin lesions. Patch tests were made in 27 of the patients with textile samples and with various substances used in the finishing of textiles. A total of 66 substances were tested. The author gained the impression that many patients with hypersensitivity to textile finishing materials apparently have multiple hypersensitivities to such substances as dimethyloltriazone, dimethylolurea, ethyleneurea, melanineformaldehyde, and to some non-specified softeners. Formaldehyde hypersensitivity is found only in combination with hypersensitivity to the first four substances mentioned. In these instances, formaldehyde is probably not the primary sensitizing agent. The author emphasizes the importance of proper labeling of finished textiles.

-- J. Am. Med. Assn. References & Reviews

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