OCCUPATIONAL DISEASES: A Syllabus of SIGNS and SYMPTOMS

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PREFACE

A number of texts are available for general medicine and surgery using signs and symptoms as a guide to diagnosis, but nothing similar exists in the field of occupational health. It is hoped that this modest approach will be of help not only to the occupational physician, but to the primary care physician, nurse, physician's aid, and others who comprise the occupational health team. It is confined to those conditions which occur during the course of employment and is intended as a quick reference source for aid in evaluating the occupational cause of a particular symptom. Brief descriptions of occupational diseases now known are included. Infectious diseases are limited to those which classically relate to work exposure. Pathology, treatment, and prognosis are not dealt with.

The guide is imperfect. Discrepancies in the literature on both signs and symptoms point to a need for refinement and clarification of reporting terminology. In some instances, our medical knowledge is limited by the few human exposures which have occurred. We are fortunate that not all occupational diseases have run an uninterrupted course, but this fact limits documentation of adverse effects.

In preparing this information, the author was particularly impressed with our need for better reporting and recording systems in the field of occupational health. Perhaps the present interest among legislators, managers, labor leaders, and other interested groups will bring about the required changes.

It has also been interesting to observe the occurrence of terms of common parlance applied to occupational diseases. Perhaps no other field of medicine has such a rich lore of folk names for diseases. A small glossary of these names is included, with brief descriptive phrases,

Ramazzini's De Morbis Artificum Diatriba, first published in 1700, constituted the first systematic approach in relating work conditions to occupational diseases. He discussed the

risks of over 75 occupations and described symptoms associated with those callings. Using the Wilmer Cave Wright translation, and making some allowances for changes in word usage, the symptomatology given by Ramazzini has been included as a matter of historical interest for the reader, and appears immediately after each symptom entry, in italics.

Suggestions for improvement on this guide are invited from all readers and users, that they may be incorporated into any future revisions if such seem warranted.

A number of friends and colleagues were kind enough to review the manuscript and offer suggestions, and I am indebted to them for their thoughtfulness and patience. Thanks are also extended to Mrs. Wanda Treat, who did the typing of the manuscript.

USING THE GUIDE

Descriptive material is limited to those conditions which arise "out of and during the course of employment," rare as this might be in some instances. While the emphasis is intended to be on toxic exposures, other pathologic mechanisms cannot be excluded in considering the occupational environment. Some of the "occupational diseases" are archaic and non-existent, but have been included because of their intrigue.

In general, the topic lists follow the order of causation shown here:

Physical exertion
Body motion
Barometric pressure
Temperature
Light (infrared, ultraviolet, laser)
Humidity
Radiation (ultrasound, non-ionizing, ionizing)
Vibration
Electrical
Noise
Mechanical injury (trauma)
Infection
Allergy
Systemic
Toxins

Obviously, not all apply to each symptom, and in some instances it seemed prudent to depart from this general method of presentation.

Because of their frequency of occurrence, some symptoms may well represent a non-specific early physiologic deterioration or as suggested by Dr. Hans Selye an "adaptation effort." The repeated frequency of these symptoms from so many causes is otherwise hard to explain. Specifically, these seem to be: anorexia, dizziness, fever, headache, malaise, nausea, and sweating.

The listings are intended to be representative, not exhaustive. The reader is presumed to have an understanding and knowledge of the more common non-occupational causes of similar complaints, so a discussion of the differential diagnosis is not intended. For elaboration, reference may be made to any of the definitive medical texts shown in the bibliography.

In some toxin lists a specific chemical may not appear if it has been included under a referred condition; e.g., under Cough, chlorine is omitted from the toxin list because it already appears in the listing under Bronchitis with the indicated page.

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SIGNS AND SYMPTOMS

IN

OCCUPATIONAL DISEASES: AN OUTLINE



ABDOMINAL PAIN

This may be acute or chronic, and generalized or local.

RAMAZZINI

apothecaries chemists farmers gypsum workers healers by inunction metal workers painters

External:

Positive body acceleration (likely to be described as a heavy sensation)

Heat cramps

Abrasions

Burns

Contusions

Abdominal Wall:

Secondary to severe coughing (p. 50) or retching (p. 194), brought about by other occupational exposures

Muscle strains or tears, with or without hemorrhage into the muscle

Penetrating wounds

Hernia

Diastasis recti

Intra-abdominal:

Blast injury

Blunt injury to an intra-abdominal viscus, with or without paralytic obstruction

Liver damage (p. 119)

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