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SOME ASPECTS OF INDUSTRIAL DERMATITIS*

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After the introduction of the Workmen's Compensation Act in 1906 industrial dermatitis became one of its largest causes of legal action. There very quickly arose the belief that "once a dermatitis always a dermatitis" was both true and unalterable. This belief is still blindly held by the majority of employers and employees as well as by far too many doctors. It has been encouraged by decisions in the courts, and Sir Edgar Dale wrote to me as follows: "I gathered that it was most unsatisfactory for any workman to return to the work at which he developed the disease, even after he had apparently recovered. He always seemed a subject prone to relapse. This was particularly so in a true industrial dermatitis of gradual onset due to long exposure. A sudden attack due to some specific irritant of course would recover and the man could return to his work if not subjected to the same irritant." He went on to repeat the old joke about prognosis in diseases of the skin, the joke best expressed by Belloc in his *Cautionary Tales*.

Physicians of the utmost fame
Were called at once; but when they came
They answered as they took their fees,
"There is no cure for this disease."

Since the last war, however, experience has shown that this belief has very little foundation in fact. The writings of Bettley, Pillsbury, Twiston Davies, and many others should be appreciated not only by dermatologists but by all medical practitioners concerned in this matter as well as by factory, education, and welfare officers.

Diagnosis

Our own difficulties have largely contributed to the layman's attitude, difficulties caused by the infinity of factors which can play a part in the development of an eczematoid eruption. Although certain external agents cause a reaction more commonly than do others, yet in fact it is probably true to say that any substance is a potential irritant to someone somewhere. Anything at all which is wrong with the general health can act as a debilitating factor and thus debilitate the skin so that it then reacts to an agent for the first time. Although repeated exposure can produce traumatic changes or sensitization it is more true that the rashes seen in older patients have not been caused solely by this exposure but rather by a change in the general health. With increasing age the skin also becomes drier and more atrophic, yet another factor in "long-continued exposure." Then there are the home and hobby contacts. The London Transport figures illustrate the importance of these in the high incidence of skin disease among the

married women on the clerical staff. Thus the possibilities are unlimited, and obviously their relative importance cannot be assessed in five minutes, or even in five hours in many cases.

Add the unreliability of most histories as given by a patient who is usually not a trained observer, who is seen weeks or even months after the onset of the rash, whose reasoning is probably confined to *post hoc, ergo propter hoc*, whose opinions have been subjected to the views of his mates and his family—then we have a tangled web rivalling the most ingenious of "thrillers." In truth these histories are almost valueless except where they be factual.

It cannot therefore be surprising that our own doubts and difficulties have helped to confuse the layman. Far too often a busy surgery or a busy out-patient department allows a snap diagnosis or a false impression to be given. Even when the eruption is obviously that of some specific dermatosis, this may not be explained to the patient. In any case it is often extremely difficult to convince a cement-worker, for instance, that his rash is caused by an acarus and not by cement. We are well aware of these problems, but we do not or cannot always give the time and patience needed to gain the complete confidence of the victim. Even if we have been able to do this, there still remain the difficulties in handling the case of true industrial dermatitis. It is true that a man once labelled "dermatitis" often finds it almost impossible to obtain employment by other firms even at lower remuneration. Because of the fear of losing his job the man may well persist at work for weeks or months after the eruption first develops. Add to this the fear of contagion, for it seems to be generally believed that all skin diseases are in some way infectious. This view is encouraged by certification. Even where that particular fear does not exist, the condition is regarded as "dirty." Even Job (vii. 5) bewailed, "my skin is broken, and become loathsome." He may in fact be largely responsible for this view, for the Victorians quoted him with unremitting frequency.

Often a man has been carelessly told to avoid all future contact with dust. "Impossible" is the mildest term which can be applied to such an instruction. The delays of litigation may add to his troubles. These are but some of the problems which beset the man with dermatitis. Their importance cannot be minimized, but they should not be allowed to occur at all, for resentment can readily arise and can practically never be dispersed.

Incidence

First let us examine the figures given by the Ministry of Pensions and National Insurance, remembering, how-

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ever, that notification of industrial dermatitis is not compulsory and also that the figures are concerned only with working-days lost. Figures of the actual numbers of workmen concerned are not available. From Table I it is

TABLE I.—*Time Lost. Ministry of National Insurance Figures* for Twelve Months from June, 1953*

Total working days lost from all sickness and injury	300,290,000
Days lost on account of all skin diseases	4,030,000 (1.3%)
Days lost on account of industrial dermatitis (male 780,000, female 300,000)	1,080,000 (0.3%)

This represents 25,000 spells of incapacity due to industrial dermatitis. Numbers of individuals involved are not available.

Average duration of each spell Male 25 days, Female 35 days.

For various reasons, the Ministry figures are thought to cover but 85% of the working population.

seen that in fact all skin diseases account for only 1.3% of time lost through all incapacities; occupational dermatitis accounts for only 0.36% of total time lost. That figure is to me surprisingly low, yet it accounts for most of the compensable industrial disease in Great Britain if there be excluded certain conditions mainly confined to miners. During the period from June, 1953, to June, 1954, some 1,080,000 days were lost, 780,000 being lost by men. This represents about 25,000 spells of incapacity. It is noteworthy that industrial dermatitis accounted for rather less than a quarter of all the skin diseases which compelled abstention from work. Further, it must be remembered that most dermatoses do not so incapacitate the patient that continuation at work is impossible. Therefore the actual proportion of industrial dermatitis must in fact be lower still.

This proportion must of course vary with the industrialization of particular areas. The position of King's College Hospital, in South London, is probably average in its relation to industry, to smaller suburban homes, and to somewhat better classes of property. Table II shows that, of 20,691 new cases seen in the skin department, 3,829 were cases of "eczema" in adults, about 18.5% of the total. Endogenous eczemas accounted for 10.5% of the total, exogenous eczemas for 6.5%, and industrial dermatitis for 1.7%. Of the exogenous cases industrial dermatitis represented only 26.2%.

Ellis (1946) has been chiefly concerned with chromate contacts, and he found that in the U.S.A. during 1944 and 1945, years of industrial stress, of the 2,500 employees exposed to chromates only 20 showed sensitivity—that is, only

TABLE II.—*Incidence at King's College Hospital*

Total Cases Reviewed	Total "Eczemas," Excluding Infants	Endogenous Eczemas Including Atopics	Seborrhoeic Eczema	Exogenous Eczemas of All Kinds	Industrial Dermatitis
20,691	3,829	2,178	296	1,355	356 (266 male)

TABLE III.—*Munition Work During the Stress Years of 1944-5 (Ellis, 1946)*

Period	Total Employees	Chromate Employees	Total Dermatoses	Total Chromate Reactions	Total True Industrial Dermatitis
2 years	10,000	2,500	235	20	60

1 in 250 per annum of these workers (Table III). Among 10,000 workers (including the above chromate contacts) there were 235 cases of dermatitis of all kinds but only 81 of these were occupational in origin; and even 21 of these 81 were due to dermatitis medicamentosa and other forms of post-traumatic dermatitis. Thus only about one-quarter of the dermatitis cases were occupational in origin. This figure agrees astonishingly with the 26.2% mentioned above.

Where factory conditions are of the best, the figures continue along much the same lines. Thompson reports that in a large factory averaging 12,500 employees there have been 5,746 cases of skin disease in 11 years. Of these, only 1,555 were industrial in origin—that is, an average of 141 cases a year. Among 12,500 employees that means that

1.15% suffered from a trade dermatitis. Of the skin cases treated at the works 20.1% were considered to be of industrial origin. Table IV shows very similar results in other efficient and large concerns. Bourne has found that about two-thirds of cases seen at one hospital emanated from small factories employing fewer than 200 hands.

The Ministry tables, of course, include all cases which have been certified. Most of these are not seen by a dermatologist until they have persisted for three months

TABLE IV.—*Incidence in Certain Groups. Figures Based on Personal Communications*

Employment	Average No. of Employees	Period Reviewed (in Years)	Average Annual Incidence of All Skin Diseases	Average Annual Incidence of Industrial Dermatitis	Annual No. of Cases where Permanent Change of Employment was Advisable
Car manufacture	12,500	11	522	141	7
National Coal Board (18 collieries)	18,027	5	—	88	—
Slough Group	17,000	10	441	42	—
Harlow Group	5,000	11	—	18	Nil
Engineering	5,000	2½	77	10	—
Steel	8,940	2	574	27	—
Caterers	4,600	1	—	18	—
Wireless	2,369	1	76	19	—

TABLE V.—*Analysis of Cases Seen for the Ministry of National Insurance*

	No. of Cases			Found to be Non-occupational Dermatoses	
	Total	Males	Females	Males	Females
Sneddon	246	185 colliers	61	80	13
Thomson	370	282	88	76	18

That is, of the cases which have been accepted but which ultimately are reviewed by a dermatologist, about 30-3% were found to be non-occupational in origin.

and then come up for review. Of these, about 30% are then discovered to be non-industrial in origin if these available figures are truly representative (Table V).

In short, these considerations all confirm the view of industrial medical officers that dermatitis is not among their major problems.

The age incidence is obviously of very great importance and there is room for fuller investigation here. The London Transport figures are interesting, for although they are not concerned directly with occupational dermatitis they do show that men are mostly affected at or over middle age, whereas women show a low age-group incidence (Table VI). That is almost certainly explained by household chores. These points correspond with one's own impressions gained in out-patient departments, etc. Unfortunately it has not been possible to cover this aspect by the consideration of a very large number of cases.

TABLE VI.—*Age Incidence. London Transport Figures—Published in 1956. Skin Diseases are Dealt with only as "Infective" and "Non-infective" (International Code 690 to 698 and 700 to 716 Respectively). No Special Separation of Industrial Dermatitis*

Occupation	Total Exposure to Risk in Man-years	Days Lost Because of Non-infective Dermatitis	Conversion for Better Statistical Comparison	Greatest Age Incidence	Average Length of Spell Off-work (Days). (Not Complete Recovery Time)
Bus drivers	56,499	12,357	12,357	60-64	55.4
Male conductors	48,178	8,458	9,867	50-54	45.5
Motormen and guards	10,898	1,616	8,080	60-64	78.0
Male workshop staff	15,970	4,230	14,805	40-44	77.5
Clerical and technical staff	6,108	652	5,868	40-44	40.0
Clerical (unmarried women)	4,575	613	7,356	35-39	56.5
Clerical (married women)	1,933	465	13,485	30-34	43.8

Costs

The cost to the country in loss of time, loss of wages, payment of appropriate allowances, etc., can be calculated. It is more difficult to assess the loss to the workman, as this involves not only direct financial straits but the other features of distress caused by sickness and fear. The cost to the employer obviously varies with the nature of the work, but where special clothing, protective measures, washing facilities, etc., are provided, the information supplied to me assesses the average cost at about £12 per employee per annum. It has been impossible to get any idea of the cost in insurance. Several insurance companies have said that they work on overall risks and do not break down their figures into dermatitis, accident, etc. They do say that some smaller firms, being insured, seem to prefer to rely on their policies rather than make efforts to reduce the incidence. They also state that they encourage firms to keep disabled men on their books and do not in any way press for their dismissal, as has been suggested in some quarters.

Perhaps it is wrong to contemplate legal costs, and they certainly cannot be estimated. Table VII is of some interest, perhaps, in that it indicates my own experience as a result of such involvements.

TABLE VII.—*Court Attendances (Thomson). Cases Seen at the Request of Solicitors, Assessors, Trades Unions, Insurance Companies, and Employers*

1924 to 1949	1949 to 1957	Total
4,501	469	4,970
Court Attendances		
94 (2.08%)	27 (5.73%)	121 (2.43%)

Prognosis

Although the incidence of the disease is in fact quite low, the prognosis in these cases is one of the most important of considerations. It was the story of men forced to change their jobs, with consequent lower standards of living, and even of men incapacitated for life, that first suggested the subject for this lecture. How many of these stories are true? Inquiries of various Ministries, of insurance companies, of trade unions, of employers—all failed to produce any facts and figures. What evidence there is demonstrates that such cases must be few and far between. Sneddon has supplied information about rehabilitation which may be some guide. Out of 3,000 cases of the dermatitis-eczema group, only 47 were referred for resettlement. Of these, 33 were adequately dealt with by the disablement resettlement officer and only 13 had to go to a resettlement unit. There is no evidence regarding the numbers of these cases which were industrial in origin, but I think it fair to assume that less than one-third of them belonged to this category. On the other hand, he points out that the good workman finds himself a suitable job and bothers neither the D.R.O. nor the almoner. All the men agreed that to be put on the disabled persons register with skin disease increased the difficulty in getting work.

Most of us can remember only a handful, and all of these are suspect in that they seem to be either autophytic or other types of endogenous eczemas, although they were perhaps first detonated by a work contact. It is for this reason that Bettley suggested that a time limit be placed on the payments made to such cases. In Denmark compensation is given only in cases of chronic relapsing dermatitis, and then only to people working in certain trades or with certain substances defined in a special list published by the Board of Health Insurance.

The law is greatly concerned with prognosis, and Judge Alan Pugh regards this as the most important factor in the assessment of damage, because the claimant can bring only one action.

The differentiation between primary irritants and sensitizers, although not absolute, is gaining wider recognition,

and to-day Calnan and others agree that only about 20% of these reactions have been caused by sensitizers. Hodgson has supplied figures for 263 cases which demonstrate that most prolonged damage is done by alkalis and by "detergents" when that term is used in its widest sense (Table VIII). His percentages are so striking that they must lend support to the belief that many dermatitis cases are aggravated or maintained by the compulsion to continue washing at work or at home, or as a result of imperfect instructions about treatment.

The Ministry of National Insurance lists about 60 different employments, and it is interesting to note the number of spells off work in various categories. The five largest and three small groups have been chosen as illustrations

TABLE VIII.—*Recovery Times (Hodgson)*

Complete recovery within 3 to 4 months occurred in:

- 80% of cases caused by primary irritants, excluding alkalis.
- 63% of cases caused by sensitizers.
- 9% of cases caused by alkalis.
- 5% of cases occurring in "wet" workers handling soaps and detergents.

TABLE IX.—*Dermatitis Cases Receiving Injury Benefit—Spells Terminating in 1955*

	All Spells	1st and Succeeding Spells							
		1st	2nd	3rd	4th	5th	6th	7th	8th
All occupations	20,967	18,258	2,214	382	74	23	9	5	2
Mining and quarrying	4,697	3,850	639	137	42	15	8	4	2
Personal service (i.e., hotels, clubs, institutions, etc.)	1,398	1,255	124	17	2				
Building	1,051	951	85	13	2				
Fitters	879	807	63	8	1				
Painters and decorators	536	459	65	11	1				
Alcoholic-drink makers	25	25							
Tobacco makers	10	10							
Musical-instrument makers	2	2							

(Table IX). Overall second attacks occur in only 10.5%. Miners head the list with more relapses than occur in any other occupation. This excludes tinea pedis, which is now compensatable in that calling. With them second spells occur in 13.6%. Among fitters this figure is 7.2%, in builders 8.1%, in painters 12.1%, and in those "engaged in personal service" 8.9%. This does not mean, of course, that about 90% of the affected workers change their jobs and that 10% remain at work to acquire second attacks. Rather does it mean that they learn by experience and thereafter take additional care. Thompson's experience leads him to believe that in fact only 5% do change their jobs.

A few quotations can now be introduced. Bourne says that "the healed industrial dermatitis patient is no greater risk than new personnel. A return to the old type of work with education and supervision and adequate protection will usually result in the work being carried out efficiently and without further difficulty." He is there speaking of epoxy resins and hardeners, to-day the greatest single source of contact dermatitis. Hellier states that "it is best never to put a man off work at all." Whittle's experience in medical appeal tribunals leads him to believe that "it is far better not to be certified in many cases because of bad effects on morale in particular." Crosthwaite finds that the vast majority of cases respond rapidly to treatment without absence from work or any change in occupation. Mackenna and Horner state that a man should be able to return to the job in cases of primary irritant contacts, after education and with preventive measures. They believe, too, that those who have reacted to sensitizers can be reintroduced to their work with care and supervision. Hodgson, however, believes that it is wiser to remove the workman from contact in acute cases caused by sensitizers.

Horner, discussing skin cancer hazards, states that the man who has thus suffered is in fact safer in returning to the same job because the hazard is there well recognized and the men have periodic examinations. This statement is so full of common sense that it is applicable, and should be applied, to all these cases. Sneddon thinks that machinists can always resume their original jobs after a few months'

alternative work, and also believes that "the average man, given the will to work, can recover from an attack of dermatitis and with some guidance can resettlement adequately." The views of Twiston Davies on industrial dermatitis are too well known to require repetition here, but I must quote just one passage: "In this case the laws of Nature are suspended, and all that we may think we know, by experience and scientific investigation of allergy, must be forgotten."

There are yet other factors in considering the possibility of relapse. To believe that "once a dermatitis always a dermatitis" is to believe in an irreversible change, and this is unsupported by evidence. There is, too, the view that an attack caused by one agent invariably renders the skin more liable to damage by any other agent. Calnan, Wilson, Twiston Davies, and others have all indicated that such polysensitization is rare except in chemically related substances.

Plurality of causation factors does not occur in that way, but is found in the other agents which are present mostly in the middle-aged and elderly. In the same way plurality of maintenance factors can occur in any patients; general ill-health, toxic foci, overtime, home remedies, loss of earnings, home conditions, fears accentuated by wrong diagnosis, wrong advice, and unsympathetic handling are only some of these bad influences. Friction and scratching are potent in this way, even after all rash has disappeared. This then occurs simply because the eruption lowered the itch threshold of appreciation, so that thereafter the patient is unduly conscious of the normal physiological itching which is always present in everybody. Incidentally I have found that the easiest way to stop friction, etc., at this stage is to use a 1% brilliant-green ointment, the nuisance of which is most corrective.

The longer the man is off work the harder it is to get him back to work. On the other hand, men often return too soon, either because they are good and keen workers or because of financial stringency. This may militate against complete recovery, for, the longer the contact with the agent continues after the development of signs and symptoms, the slower the healing and the greater the risk of recurrence. The same effect is achieved by those who loathe going to their doctor and do not do so until the condition is obscured by treatment by themselves or by a firm's nurse. Blonstein further points out that others are resentful because they are not allowed to work when the condition first appears, and once it is established they are treated as pariahs.

In spite of all these besetting difficulties there remains the general opinion that but little industrial dermatitis causes real disability. On the very rare occasions when this does occur—and that seems to be in only about 1%—it is very disabling and intractable. While these numbers are relatively small, we should be able to reduce them to a great extent and, equally important, we should be able to eliminate the sense of impotence and that "sad patience, too near neighbour to Despair." To this end some reminders and some suggestions are reviewed.

Education

"What is needed is morale, not only the personal morale of the workman but pride in his work and confidence in the management, and a lot less of uninstructed contemplation of the human integument and its ills." Many of us have the greatest sympathy with this view, expressed so often by Twiston Davies; for there is no doubt that the Welfare State has diminished the sense of personal responsibility in many places. For this reason some education of the workman must be undertaken, but education must not be restricted to him.

First we must put our own house in order and try to appreciate all the difficulties of diagnosis and treatment, extending our knowledge to the harassed general practitioner and co-operating far more with the industrial medical officers. Their achievements are not appreciated enough;

TABLE X.—*Factories Employing Medical Practitioners and/or Nurses (Total Number of Factories Reviewed, 21,693)*

Medical officers are employed:	Nurses are employed:
Whole-time at 421 factories.	Whole time at 4,437 factories.
Part time:	Part-time at 642 factories.
Over 12 hours weekly at 252 factories.	None employed at 16,614 factories.
Under 12 hours weekly at 3,946 factories.	Persons with some nursing training employed at 4,432 factories.
None employed at 17,074 factories.	
Bourne found that 66% of industrial dermatitis came from small factories employing fewer than 200.	

but their numbers are far too small, for at present only the large firms can use their services efficiently. A real advance can be made if the smaller factories are grouped into districts for supervision. Education officers could work, too, in these groups. Thus some imitation of the Slough and Harlow schemes could be achieved in the older towns. The skin departments of hospitals could be brought into closer contact and could be used more freely as consultation centres to the benefit of all concerned. The unfortunate undergraduate already has far too much ground to cover, but, just as one or two lectures on tropical diseases serve both as a change and as an interesting tonic, so could industrial medicine be introduced. Recruits to this branch might then readily be forthcoming. Perhaps this point has not been considered by those who estimate the numbers of medical practitioners who will be necessary in years to come. This subject should also play some part in post-graduate courses, and indeed the Institute of Dermatology is already trying to develop a special department and to integrate research in conjunction with the industrial medical officers of the London group.

It is difficult indeed to give more time to these individuals in out-patient departments, but efforts along these lines must be made, not only to elucidate the problems but also to gain the confidence of the patient in the diagnosis. At present the somewhat brusque rejection of a claim for industrial injury benefit makes no difference whatever to the patient's belief that he is suffering from industrial dermatitis. It is disturbing but not surprising to discover how many laymen are willing to instruct us in this most difficult problem.

Many factories employ nurses only and do not appreciate the fact that they are not qualified as doctors. Whilst the value of their services in giving first aid, doing dressings, etc., is freely and gratefully acknowledged, yet many are encouraged to give advice on subjects outside their immediate scope. Far too often is one told that a nurse has diagnosed industrial dermatitis and has then proceeded to tell the man that he must stop work at once and must change his employment permanently. Many practitioners of course do the same thing on insufficient evidence. This brings us back to the need for more industrial medical officers with their specialized knowledge of processes and chemicals involved; men who can really advise employers and who can accept the responsibility which should be delegated to them.

Employers often find themselves in grave difficulties. Factory inspectors can only draw attention to and instruct on legal requirements of Factory Acts and Codes of Regulations. They can only recommend on these points. Only in certain dangerous trades is it in fact a legal requirement for a firm to have a doctor, but the Minister has retained the power to appoint one in any particular factory for a particular reason. Although firms are taking more and more trouble to check possible dangers in new processes, there is still no statutory requirement for them to do so. Nevertheless the two following legal decisions cannot be too widely known.

The first concerns the additional duty imposed upon the employer to take safeguards when he knows of the sensitivity of his worker, following the judgment of the House of Lords in the case of *Paris v. Stepney Borough Council*; the other is the decision of the Court of Appeal in *Clifford v. Chalen*, in which the employers were held to be negligent when, having made a barrier cream available, they did not take any special steps to see that their workers used it. Mention is made of barrier creams in the latter case and

great stress is laid on its use. Yet the value of barrier creams must still largely remain *sub judice*, for many experienced dermatologists regard them as most valuable and capable of development along specified lines, whilst many others think their chief value lies in their ability to facilitate washing. A similar divergence of opinion concerns the official placards which are provided for exhibition in factories. Many regard their presence as being actually harmful in that they constantly remind the workman of his skin.

The real secret of success lies in the happy relationship with labour, here as in everything else, but which must involve give and take. Small firms should try to adapt the methods of their larger and richer brothers who consult the appropriate employees during the development of new processes, etc. They could also with advantage often consult them before new buildings are constructed. Most of us have seen hospital plans which can only be described as fantastic in their inconvenience. Automation now offers great opportunities to extend the "no-touch technique." At a recent meeting of the Ergonomics Research Society, Burger said that "the automatic factory must also be safe. All too often industrial medicine is a forgotten factor, and the industrial physician must be asked to co-operate with designer and ergonomist."

It would be helpful if makers of oils, cleansers, etc., were compelled to print the compositions of their products on the containers, as in the case of patent medicines.

The policy of looking after employees should be universal. Someone more responsible than a shop steward should be in charge of safety precautions. Any necessary temporary or permanent change of employment is achieved by large concerns. It could be carried out in the area unit suggested, with the help of the local Labour Office, the D.R.O., and the National Insurance Office. This should be a part of their duties.

The first point in the education of the workman is to convince him that his welfare is under consideration. In the prevention of dermatitis the really essential factor is cleanliness—cleanliness of method, machine, person, and clothing. Hawton makes the cautious remark that "personal hygiene . . . proves to be tedious to some people and they are inclined to rush it or to shirk it altogether." This is all too true, and attempts to encourage cleanliness have been met by active resentment or lack of co-operation. In one large factory wash-basins were repeatedly smashed and lead piping was stolen. By constant replacements the employers have at last induced their acceptance and use. In another firm hot-water supplies were persistently allowed to run to waste. Cloth towels often seem to dissolve as readily as soap.

This difficult subject requires persistence, tact, and diplomacy; but, if cleanliness were general and thorough, the incidence of industrial dermatitis would be decreased enormously. It is, for instance, quite astonishing in these days to realize that about 1 in 1,000 juveniles are rejected at their first examination because of pediculosis (Table XI). Just occasionally scruffiness can serve a purpose. One man who worked in an atmosphere containing minute traces of a deleterious vapour found that he could avoid irritation of the face by shaving at the end of the day's work, the stubble having been protective.

Education officers do teach safety precautions, but technical schools and colleges could easily instil the idea of real cleanliness into their pupils. Trevethick believes that one of the best features resulting from National Service is found in the fact that these young men have learnt the value and acquired the habit of cleanliness.

This is not the place or time to discuss treatment except to stress the value of final dressings just before a man leaves work. The job has been done properly, and it allows him to return home without having to contemplate the domestic difficulties which sometimes accompany home dressings. A final plea can be made for skin departments generally. They should have sufficient whole-time staff to undertake

TABLE XI.—Rejections Among 509,620 Juveniles

	Rejected		
	Male	Female	Total
Total	588	1,090	1,678
Rejected because of skin diseases	42	86	128
Rejected because of pediculosis	16	501	517

the routine daily dressings for most dermatoses. The efficiency of such an arrangement halves the time required for healing to take place. The consequent saving to the patient, to the employer, and to the country would quickly justify the original increase in the cost of the department.

Conclusion

A diagnosis of "dermatitis," often unnecessarily and at times incorrectly made, can at present damn a working-man for all time. This need never occur. May I therefore conclude with a quotation from Bettley: "Any man with a chronic eczema which interferes with his work is in an unhappy position; but his lot is not improved by unnecessary idleness, and he should be encouraged to continue suitable work, I mean actual work, not as night-watchman. If, on the other hand, he is given the benefit of the doubt and certified industrial, he will probably stop work altogether and may deteriorate. . . . There is no 'benefit' of this doubt."

Very many of my colleagues have given freely of their help, as have many laymen. It is not possible to acknowledge my debt to many personal communications. To all I express my very real thanks.

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