There are considerable differences between the type of dermatitis which attacks housewives in the home and that which attacks the worker in his employment, and an examination of these differences may throw some light on our problems in the treatment and prognosis of industrial dermatitis. I shall consider only those types of dermatitis which take on an eczematous form; these indeed are by far the most troublesome both in diagnosis, treatment and prognosis.

Although there are exceptions housewives’ eczema is usually comparatively mild. In the majority of cases the disorder begins slowly and gradually develops as a mild chapping of the skin of the hands which becomes more severe as the weeks pass. It improves if the sufferer limits her exposure to housework though without by any means giving up work altogether. In another type of case a severe eczematous eruption may come on acutely, most often after some particularly severe exposure to a domestic cleanser or irritant. In both of these types of case the eruption starts in the most typical fashion on the fingers, spreading afterwards to the hands, wrists and forearms, always worst on those parts and seldom spreading to any other part of the body. In most cases the eruption clears up quickly when the woman avoids the source of trouble. In practice, of course, these attacks are liable to be prolonged but the persistence of the eruption is usually clearly attributable to her continuing housework, to the use of rubber gloves or to some other definitely recognizable factor.

What a contrast is presented by many cases in which an eczematous eruption is labelled and certified as industrial dermatitis! It is not unusual in such cases for the rash to start on parts of the body other than the fingers or for other parts of the body to be more severely involved than the hands. In these cases there is a strong possibility of diagnostic error and I will return to this point later. But even where such an error does not appear to have been made it is nevertheless common enough to see the eruption persisting for months and even years after all contact with the supposed irritant has ceased and, indeed, after all work has ceased; to see the eruption widely disseminating and covering large areas of the body which by no conceivable supposition could ever have been in contact with an industrial irritant; and to see improvement and periodic relapse recurring without the slightest relationship to the patient’s work or physical contacts.

How is it that this pattern develops comparatively often in industrial disease and so seldom in the housewife? The nature of the substances which cause housewives’ dermatitis is not, in general, very different from those to which a worker is exposed in industry. It has long been recognized that in producing industrial dermatitis long-continued exposure to cleansers, alkalis or solvents is a very strong causal factor. The skin hazards of the housewife are very comparable. Her hands are for long periods exposed to the macerating effect of soap and water, the keratolytic effect of new synthetic detergents, the destructive attack of bleaches and abrasives and the fat-solvent and irritant properties of such substances as paraffin oil. It can hardly be supposed that the differences mentioned between industrial
dermatitis and housewives' dermatitis can be due to differences in the class of substance which causes the damage.

It might, on the other hand, be supposed that infection plays a part. We recognize that superficial infection of the skin of all grades of intensity may considerably aggravate and prolong any eczematous eruption. However, it seems very doubtful whether the industrial worker is exposed to infection any more than the housewife. Indeed in these enlightened days it seems probable that many factories are considerably more hygienic than the homes to which their workers return at the end of the day.

I suggest that the main differences between industrial dermatitis and housewives' dermatitis arise from the peculiar social, psychological and financial significance of dermatitis which is contracted in the course of paid employment. In some cases, no doubt, a failure to recover is due to deliberate aggravation of an eruption by the patient; this can be achieved by friction alone in many cases. The effect of friction on an eczematous eruption is difficult to assess in precise terms and probably varies considerably in individuals. There can be little doubt, however, that friction and similar mild trauma will always perpetuate an eczematous eruption and it is probably true that it will also cause its dissemination. Very often, although we can see that an eruption is being perpetuated in this way it is difficult to know whether the patient is doing this deliberately or simply because he is unable to control his desire to scratch. We, as doctors, are naturally inclined to be a little diffident about this. We recognize that it is our task to relieve irritation and, when we see that we have failed in this, we hesitate to berate the patient for what we know is due to our own impotence. For this reason, I strongly suspect, a good many patients who, for their own purposes, are deliberately prolonging their illness escape the censure that they deserve.

Occasionally, the patient's deliberate intention will not only aggravate an existing eruption but I have even known a dermatitis to be purposely brought on in this way. Last year I examined two men who were suffering from industrial dermatitis. They came from the same factory, had been doing the same work, and had evidently collaborated. They independently told me that in the early part of 1952 they began to develop slight cracking of the skin, which they attributed, I think rightly, to considerable exposure to paraffin oil. A barrier cream was provided in another part of the factory but not in their own workshop. They asked for a barrier cream in their own workshop but received an evasive answer. As the months passed their dermatitis gradually became worse; they continued to ask for barrier cream, telling their foreman that, if their dermatitis became worse, it would be his fault and their employers would be liable. They did not give up this work because it was particularly well paid and both of the men told me that they did not consult their doctor because they knew that if they did he would tell them to stop work. It seems that these men quite deliberately continued at work until, eventually, their dermatitis became disabling. They then sued their employers for failure to provide suitable conditions and for failing to warn them of the dangers of dermatitis. They were successful in obtaining damages from their employers.

More important numerically than the latter type of case are those in which less conscious psychological mechanisms appear to be involved. There are, of course, certain compensations and, to some people, advantages in having industrial dermatitis. A man so afflicted receives sympathy from his wife and friends and, when this commodity is eventually exhausted there is often a considerable amount of self-pity to take its place. There is again the financial compensation; the industrial diseases benefit provided by National Health Insurance is small enough but if he can make out a case of negligence against his employers, such litigation offers glittering prizes. I think it is often impossible to say whether the persistence of dermatitis in such a case is due to deliberate efforts on the part of the patient or whether it is perpetuated by an unconscious psychological mechanism. In either event it is the factor of litigation which often lies at the root of the chronicity, and free legal aid, which confers on our citizens a means of obtaining justice of which we can well be proud, no doubt plays an unfortunate part from the strictly medical aspect.

To some men whose work is drudgery the prospect of prolonged rest and idleness is attractive and, no doubt, this is another factor in the prolongation of industrial disease.

For the poor housewife none of these advantages accrue. In most homes the housewife who cannot do the washing-up and who must confine her activities to shopping, dusting and arranging the flowers is likely soon to run out of sympathy. She receives no kind of financial compensation and she has, indeed, very little opportunity of really stopping work. For her there is no free legal aid to sue her employers because she is her own employer. She can blame her dermatitis on to nobody but herself.

In yet another type of industrial disease the illness appears to be prolonged by emotional or other psychological factors in the patient but brings him no financial or material advantage—in fact, nothing but poverty, suffering and unhappiness. In some of these cases the dermatitis appears to be a refuge from the financial insecurity which is so liable to arise in
an unskilled worker in middle age. Such a person, if he develops a mild industrial dermatitis, is regarded with the greatest suspicion by potential employers even after he has recovered. Very often there is no earthly reason why an employer should take on an unskilled worker who is known to have an additional industrial dermatitis risk. These men are financially better off if they keep their dermatitis than if they are fit and unemployed.

In other cases, there is a strong element of hostility to employers which seems to play an important part. I have a patient, a man aged 68, who developed dermatitis in 1947. He states that in the course of his work it was accepted that he had to be provided with protective clothing, soap and towels. An occasion arose when these were not provided and he refused to work. He was told that if he did not work he would be put off for two weeks as a punishment. Since he could not afford to lose time at work he obeyed his foreman's instructions, and within a few days, an eruption appeared on his hands. He never worked again but ever since has had an eczematous eruption which from time to time covers his skin from head to foot. His disorder has brought him nothing but misery, compensated perhaps by money, idleness and the satisfaction of having proved that his employers were in the wrong. He recounts the history of its origin with a smile on his face and a triumphant demeanour. It is interesting to observe that certified dermatitis has increased very considerably in coal-miners in the last few years. I understand that at the same time the incidence of nystagmus has very much declined. It is tempting to suspect that, in this industry, with its employer-employee antagonism, dermatitis is now providing the emotional outlet which nystagmus provided in an earlier period.

Space does not permit a detailed discussion of the diagnosis of industrial dermatitis. Its differentiation from an eczema of natural origin may be one of the greatest difficulty and in some cases I truly believe impossible. There can be little doubt that many of these inveterate cases which have been labelled industrial dermatitis and which afterwards continue over the years have been wrongly diagnosed in the first place. It is only the subsequent progress of the disorder that provides convincing evidence of its non-industrial nature and by this time it is extremely difficult, if not impossible, to set the clock back and correct the diagnosis.

To what extent can we prevent the serious and prolonged disability which may arise? We must take the greatest care in diagnosis and we must refuse to accept a diagnosis until we have every reasonable proof. Although the onset and the early features of the eruption are of great diagnostic importance there are, nevertheless, many cases in which only the subsequent progress of the disease over months or even years reveals its true nature. So long as doubt remains the matter should be clearly explained to the patient and a firm diagnosis refused. I am afraid that all of us are inclined to allow patients to get wrong ideas about their illnesses. When we are in a hurry, when we are tired or when we are thinking about something else it is easy to give the patient a wrong impression or to give him the idea that we are sure of the diagnosis when, in fact, we are not. Any patient with an eczematous eruption on his hands must avoid contact with irritants and may, therefore, have to stop work. We should not allow a patient to assume that because we advise him to stop work we necessarily imply that his disease is due to work. This is but one example of the way in which we can so easily—and, I am afraid, most of us do at times—give the wrong impression to patients and allow to develop the consequences we have been discussing.

No doubt cessation of work contacts is extremely important as soon as industrial dermatitis shows itself. This is, however, quite a different thing from saying that the patient should entirely stop work. It is, I believe, most desirable that he should not stop work but merely that he should so alter his occupation as to avoid his previous contacts. This is, of course, a counsel of perfection, since many employers are not able to provide alternative work. It is, however, a target at which we should aim since in this way we can eliminate the cause of the trouble without introducing the financial implications, the idleness or the antagonism which litigation produces.

In the early diagnosis and treatment it is, of course, of the greatest importance that the patient should see his doctor as soon as possible. It is good to see that in recent months encouragement has been given to the development of industrial medical services. In the diagnosis of industrial disease, the industrial medical officer has the advantage of seeing a number of men at risk and so perhaps of being able to recognize a pattern of dermatitis in any particular occupation. It is also, of course, easy for him to study at first hand the degree and type of exposure of the skin within his own factory. It is, however, to be hoped that the industrial medical officer will in no way take over the duties of the general practitioner. While the industrial medical officer has peculiar opportunities of observing the workmen at work it is the general practitioner who observes him when he is at home. A great many factories now have First Aid Rooms staffed by a nurse and visited by a doctor. It is only natural that this service should often come to include the treatment of minor ailments other than injuries; it saves the patient time, it saves the employers absentees and it adds to the interest of the nurse's work. From time to time, however, one sees patients
with industrial dermatitis who have been treated for weeks or even months by a nurse in the First Aid Room, gradually becoming worse and eventually referred to the family doctor. The main function of the industrial medical officer should be the study of industrial disease with particular reference to prevention; the diagnosis and treatment of individual patients should be out of his hands, and the work of factory nurses should be strictly supervised so that these difficult cases of dermatitis may be dealt with from the outset, according to a careful, logically planned attack.

I have little doubt that some harm is done by the present legal position but it is not easy to suggest alterations which would not result in injustice or loss of rights. When diagnostic difficulties arise we should bear in mind that to give the patient the benefit of the doubt is, in the first place, unfair to the employers and, in the second place, may eventually do the patient very much more harm than good. 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 in any or all of the ways already mentioned. There is no “benefit” of this doubt; so long as the doubt remains it should be recognized and a final settlement refused. If we all face this difficulty squarely we may be spared the spectacle of judges having to make the diagnosis by the assessment of conflicting medical evidence.

Very often when the consultant sees these patients, perhaps years after the original onset of the disease, he cannot be sure of its origin but he can be sure that its persistence is mainly due to psychological or other factors which are not at all directly connected with the employment. However, the law at present provides that if the onset of the eruption is accepted as being industrial then the whole of the consequences must be accepted also. Perhaps it would be better if it were otherwise. Should we not consider that a dermatitis which is solely industrial will last for a certain length of time and that persistence after this is due to factors which are beyond the control of an employer and that his liability should then cease? This is perhaps somewhat comparable with the system of military pensions by which aggravation of a disease or, in some cases, the factors which provoke the disease may be said to be no longer operative. In this way many chronic sufferers might receive the ultimate stimulus and rehabilitate themselves when they knew that their compensatable illness was finally coming to an end.