BOOK REVIEWS

CANCER OF THE SCROTUM IN RELATION TO OCCUPATION

By S. A. Henry, M.A., M.D., F.R.C.P., D.P.H.

A Doctor of Medicine practising in the Manchester area, who has had textile workers as patients, cannot have failed to notice the abnormally high incidence of cancer of the scrotum. The author has been a General Practitioner, an Examining Surgeon in a Lancashire town, and later a Medical Inspector of Factories, so he has had what must be unique inspiration and opportunity to write this monograph which is a detailed analysis of 1631 fatal cases of cancer of the scrotum occurring among the total population of England and Wales between 1911 and 1938.

First reference to the disease was made in 1775 by Percival Pott, who remarked that this was a disease to which chimney sweepers were peculiarly liable. His observations were confirmed by later writers.

Of the factors which have placed these cases in certain trades, such as tar distillers and shale oil workers, in 1997 the disease received statutory recognition, and the definition 'scrotal epithelioma occurring in chimney sweeps and epithelioma ulcerans or ulceration of skin occurring in the handling or use of pitch, tar, or tarry compounds' was added to the Third Schedule of the Workmen's Compensation Act.

In 1925 a Departmental Committee of the Home Office concluded that epitheliomatous ulceration among mule spinners was due to mineral oil thrown off as a spray from the spindles. Epitheliomatous ulceration was made notifiable in 1930, and since then 3333 cases were notified up to the end of 1943. Of these 46.5 per cent. were scrotal; pitch, tar, and bitumen were thought to be causal agents in 56.7 per cent. of all cases, and mineral oil in the remainder.

Cancer of the scrotum contributes less than 8 per cent. of all deaths caused annually by cancer of the skin and 0.28 per cent. of all deaths caused by cancer of all sites. The official figures given by the Registrar-General for the number of deaths attributable to cancer of the scrotum in England and Wales for the period under review is 1638. Further inquiry of cases of cancer of nearby or ill-defined sites showed that more cases could be added to the Registrar-General's list, but that 85 had to be excluded. Both sets of figures are given in graphs, which suggest that the peak period is about the year 1927. As can be expected, the highest incidence of 754.7 per million occurs among chimney sweepers, and other high incidences occur among patent fuel workers (504.2), cotton mule spinners (422.5), all textile spinners and piecers (315.0), tar distillery workers (212.9), and sack makers (110.2). All in these trades came into contact with tar, pitch or mineral oil. Groups, other than those coming into contact with tar, pitch or mineral oil, showing an incidence well above that for the general population which is 4.2 per million, are makers of glass and sheep dip. These latter groups come into contact with heat radiations and arsenic.

Some indication as to the time necessary for the production of primary growth is given in a study of approximately 1200 cotton mule spinners who developed the disease. The largest number of cases occurred some 49-50 years after commencing work. The minimum time from starting work to the manifestation of the disease was 16 years, and the maximum period recorded was 75 years.

The best method of prevention is to replace cancer-producing products by much less carcinogenic or non-carcinogenic ones. Other methods of prevention include mechanical suppression of dust or fume, either by enclosure of machines or by locally applied exhaust ventilation and cleanliness. Whatever measures may be taken now it is necessary to ensure early treatment of those who have been exposed to tar, pitch or mineral oil in the past. It is a heart-rending experience in Lancashire to find a mule spinner consulting a doctor for the first time with an inoperable growth. This can be prevented by periodical medical examination of workers engaged on processes in which it is known that the disease is likely to occur. Thus the disease may be detected in its earliest stage and successfully treated. This is easier said than done, for many workers object to these examinations because of suspicion and ignorance. But it is heartening to read a recent report * of the Joint Advisory Committee of the Cotton Industry, on which workers, employers, and the Factory Department are represented. One of their sub-committees recommend that there should be periodical medical examinations of all persons engaged on mule spinning.

The author may have had unique opportunity and inspiration to do this work, but anyone who reads it can well understand that it was no light task ferreting out the egg dealer and the musician who proved to be mule spinners. It is a valuable study to which much time and trouble has been given, both in the collection of facts and the choice of photographs illustrating various types of growth and the trades in which cancer of the scrotum predominantly occurs. The reproduction of an old print of Seley, the chimney sweeper, and his boy will remind readers that dirty trades and child labour existed long before the industrial revolution.

R. S. F. S.

THE RHEUMATIC DISEASES

By C. D. Kersley, M.D., F.R.C.P.

This book is intended for the general practitioner and senior student. It is the second edition but has been so extensively rewritten that it is virtually a new book. Such a book is greatly to be welcomed, and as industrial medical officers know, the rheumatic diseases are among the most important causes of ill-health and loss of time from work. The author in his introduction states that one-sixth of the invalidity of the insured population is due to rheumatic disease, which is responsible for the loss of 3,000,000 week's work and some £2,000,000 to the country each year. Chapters are divided according to the various diseases; this is good. The description of these diseases is also good, though it is surprising that no reference or account is given of Walter Bauer's classical work on changes in the knee joint at various ages. Much attention is given to the place of physical medicine in treatment but, valuable as this is, it must be remembered that it is purely a palliative form of treatment and only tends to underline our ignorance of the causation of this group of diseases. A good deal of attention is paid to rehabilitation and it cannot be over-emphasized that treatment of any disease is not completed until the patient is again capable of earning his living. This little book achieves its object admirably, and is greatly to be recommended to those whom it sets out to serve.

K. M. A. P.

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