June 27, 1952

Fred C. Brock, M.D.
301 South Third Street
Burbank, California

Skin disorders

Dear Dr. Brock:

At the request of your patient, Mrs. R. A. Duhamel, we are writing you in connection with information that has been furnished us by our physicians with reference to treatment of dermatitis which on infrequent and rare occasions has arisen in our factories in connection with the few people who are allergic to rock wool.

Four different skin reactions from rock wool contact have been observed. The most common form is the fine puntate rash which resembles the ordinary heat rash. It is thought that heat plays as much a role as the wool in producing this reaction because it occurs very rarely during the winter months. It usually lasts about five days and then clears up. Antipruritic lotions are all that is necessary.

Another type seen is the true anaphylactic type. The eyelids become swollen, the conjunctive is injected, the skin is dry, red and indurated. The exposed surfaces alone are involved. The anaphylaxis is [illegible] local contact rather than to absorption through [illegible] Patory tract inasmuch as the covered parts of the body would show some manifestation if any were picked up by the blood stream. This type has never been known to persist for more than a week. Treatment is very unsatisfactory and does not seem to shorten the duration of the rash.

The vesicular type of reaction is very similar to ivy poisoning in appearance and responds to the same treatment as ivy poisoning does. Washing with

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70% alcohol followed by 5% aqueous zinc chloride solution will usually clear a case up in two days.

The fourth type involves a pustular eruption of the face and neck and perhaps the forearms, which is very similar to impetigo in appearance. It begins as a small blister which soon breaks and a thin yellow crust forms. The lesions never get as large as those seen in impetigo. Undoubtedly some organism similar to that which causes impetigo is present in the lesions. It is difficult to ascertain exactly what role the rock wool plays in producing this type of eruption. However, it apparently is a contributory factor since it is rarely seen except among rock wool workers. Removing the crusts and applying 10% ammoniated mercury ointment is curative. Unless it is treated in this manner it will persist for weeks even after the worker is removed from the wool. The secondary infection is more important than the wool but the wool seems to start the eruption.

We trust the foregoing may be of assistance to you.

Very truly yours,

Arthur L. Fisk, Jr.

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