employers and that the Health and Safety Executive can police their implementation. Examining the first criterion, a recent unpublished survey of 2000 companies by the Institute of Occupational Medicine and the National Occupational Hygiene Service has shown widespread ignorance of the new regulations and their implications among smaller concerns, many of which see a conflict between compliance with new regulations to protect their workers and the survival of their businesses. Enforcing the new regulations may be difficult: control of public spending has not spared the Health and Safety Executive—its total numbers of inspectors and doctors in the Employment Medical Advisory Service have been reduced as the complexity of industry and the number of small businesses have increased. Although there is ample evidence of increased efficiency and strong leadership within the executive, there is a limit to what can be expected of these hard pressed and underpaid men and women in terms of making the new regulations work. 1

Britain has a good record of industrial health and safety legislation. But the first attempts, the Health and Morals of Apprentices Act 1802, the Factory Act 1819, and the Chimney Sweeps Act 1814, though well intentioned, were largely ineffective owing to the unwillingness of parliaments to give them the necessary teeth. Clearly, the effectiveness of the new regulations depends critically on the ability of the Health and Safety Executive to enforce them and the willingness of the government to support the executive.

In the mean time, we as doctors can do our bit. Firstly, we should ensure that our own houses are in order. General practitioners should comply with the regulations to protect those they work with. Are any of them exposed to substances such as injected blood or fugitive anaesthetic gases? Hospital doctors should consider what hazards, chemical or microbiological, lurk in their laboratories. Are their employers taking steps to comply with the regulations? Doctors employed in part time occupational health practice should ensure that their employers know the regulations and take appropriate action.

Secondly, if doctors suspect work related illness they should contact their local Employment Medical Advisory Service doctor (listed in the telephone book under Health and Safety Executive), who can make the relevant investigations. Everything that can be done to prevent the new regulations becoming a dead letter will contribute to reducing the toll of ill health in the workplace.

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Treating young men with hair loss

Encouraging them to come to terms with baldness is still the best response

What do you advise a young man with thinning hair these days? In the past, provided that there were no underlying skin diseases such as tinea capitis, alopecia areata, eczema, psoriasis, lichen planus, or lupus erythematosus, there was no effective treatment. Male baldness was a fact of life, which the afflicted had either to accept or conceal with a wig. New treatments are available now, and the young man will want to know whether these are worth while.

The key question is whether treatment is a good idea, which applies just as well to other cosmetic complaints, such as unwanted hirsuties, naevi, and cysts. The available facilities and the training, personality, and philosophy of the doctor will influence the advice given. Nevertheless, most British dermatologists would explain the mechanism of male alopecia, pointing out that the degree of hair loss in near relatives is the best guide to prognosis, and persuade the young man to accept the natural course of events. Most take this advice, but some, especially those in public life or the entertainment industry, remain very concerned, even disturbed, by their hair loss and worry about further loss.

With mild hair loss and a family history suggesting a good prognosis it is wise to discuss the options for treatment and persuade the patient that they are unnecessary. He will find out about the treatments anyway so should receive advice first from his family doctor or a consultant dermatologist rather than a hair clinic with a strong commercial interest in treatment. With moderate hair loss and a poor prognosis the patient may wish to consider one of three available treatments. All are costly, and none is available on the National Health Service.

Wigs are a well established remedy for concealing undesirable hair loss, but in men they are nearly always recognisable as such because the frontal margin usually looks unnatural. Wigs with woven fronts may be less obvious but are expensive. Extra hair can be woven into the natural hair, but this has to be rewoven at regular intervals as the natural hair grows. The wearing of wigs in some occupations—for example, outdoor workers and factory workers—might be undesirable because they could blow away or become too soiled and wear out quickly.

The second line of treatment is hair transplantation. Small punch grafts of the patient’s scalp bearing hair, usually from the occiput, are transferred to the thinning areas. 1 This may be supplemented by scalp reduction: excising a triangle of bald scalp on the vertex and closing the defect by simple suture. It is essential that the procedures are undertaken by a qualified and experienced practitioner, and selection of suitable patients is crucial to success. The effect may be very gratifying, but treatment is expensive, and there are complications—failure of grafts, infection, scarring, keloid formation, and more hair loss that exposes the donor sites. The implantation of manmade fibres is not recommended because of the risk of the formation of necrofising granuloma. 1

The third and most recent treatment is minoxidil lotion (Regaine). After about six months of twice daily applications one in 10 men are satisfied with the growth of hair, though
Avoiding injuries caused by pigs

Carry at least two spears

“A wild boar...is strongest, armed, and can sooner slay a man than any other,” noted the second Duke of York in 1420. Nowadays in Britain wild pigs are rare, but in Papua New Guinea both domesticated and feral pigs abound. In some island villages domestic pigs outnumber village residents; in many other areas wild pigs thrive and commonly damage villagers’ gardens. Hunting wild pigs remains an exciting pastime, providing highly prized meat enjoyed by the whole clan. In such an environment injuries caused by startled or wounded beasts are likely to be common. Although much has been written about the cultural aspects of pig rearing in Melanesia, few authors have commented on injuries caused by pigs. A recent paper by Barss and Ennis corrects this imbalance.

The average Melanesian pig weighs in at 200 kg and, armed with 10 cm tusks, is a formidable adversary to the hunter. As the paper points out, injuries are commonly so severe that many gored hunters exsanguinate on the spot. Of the 20 patients who managed to reach hospital alive, three had penetrating abdominal injuries with bowel strangulation. Pneumothorax, a torn ulnar artery, injury to the knee joint, and a ripped scrotum were among the other injuries seen. Fluid replacement and intravenous antibiotics may be needed in cases of serious injury and the patient transferred to a hospital for surgical care. Wounds are generally deep and heavily contaminated; they require exposing by incision, débridement, copious irrigation, and delayed closure.

Sparring is the traditional way of killing feral pigs. Hunters carry a single barbed spear and take their dogs, which locate the prey and pursue the injured animals. Some dogs are trained to bite the scrotum of the boars from behind. The authors recommend several strategies to minimise the risk of injury: only skilled hunters should go in search of wild pigs, they should carry at least two spears, and dogs should be strong and well trained. Hunting with a shotgun without dogs should be avoided as the wounded pig may charge the hunter without warning. Care should be taken in handling domesticated pigs—they should be fenced in, and children with food in their hands should be kept well away.

Travellers walking through jungle where there may be wild pigs should be cautious—pertinent advice for medical students during their elective periods. Barss and Ennis give a succinct view of pig injuries in Papua New Guinea. Whether implementing their recommended safe hunting and village husbandry practices is possible is another matter.

THE WILD-BOAR,
(Sus Aper, Lin.—Le Sanglier, Buff.)

Which is the original of all the varieties to be found in this creature, is much smaller than those of the domestic kind, and does not, like them, vary in colour, but is uniformly of a brindled or dark grey, inclining to black. His snout is longer than that of the tame Hog; and his ears are short, round, and black. He is armed with formidable tusks in each jaw, which serve him for the double purpose of annoying his enemy, or procuring his food, which is chiefly roots and vegetables: some of these tusks are almost a foot long: those in the upper jaw bend upwards in a circular form, and are exceedingly sharp at the points: those of the under jaw are always most to be dreaded, for with them the animal defends himself, and frequently gives mortal wounds.

Mr Bewick’s boar


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