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NATIONAL SAFETY CONGRESS

GENERAL AND INDUSTRIAL
SESSIONS

CHICAGO
OCTOBER 7-11, 1940

NATIONAL SAFETY COUNCIL, INC.

Foreword

THE Transactions of the 29th National Safety Congress and Exposition of the National Safety Council, October 7-11, 1940, are published in two volumes. Volume I contains the General Sessions and the meetings of the various Industrial Sections of the Council. Volume II contains the Street and Highway Traffic, the Commercial Vehicle, the Transit, the Child Education and the Home Safety Sessions.

Volume I is distributed automatically to all industrial members of the Council. Volume II is sent to members who are believed to be interested chiefly in the sessions it contains. However, other members of the Council may obtain Volume II upon request.

Many Council members have found it advantageous to distribute copies of the Transactions Volumes to the individual executives, foremen and supervisors of their organizations, who make use of the practical safety information the volumes contain to organize accident prevention programs. The volumes contain a vast amount of standard reference material. Extra copies of the Transactions may be obtained as follows: Volume I, one to 10 copies at $2 each; 11 or more copies $1.75 each. Extra copies of Volume II may be had at 75 cents each.

THE Transactions are a condensed record of the proceedings of the Congress. The papers and addresses and many of the discussions have been edited to delete extraneous matter, abbreviate the less important portions, and emphasize those parts of particular usefulness in promoting effective safety organization and other accident prevention measures. The volumes are, therefore, a somewhat abridged version, compact, practical, and of particular value to the student, the supervisor and the executive in achieving more thorough accident prevention success. The original manuscripts are available for additional reference, if desired, in the files of the National Safety Council.

THE National Safety Council, at its Congresses, seeks to eliminate from discussion matters which are not pertinent to the aims of the Congress or which may be contrary to the Council's policies. However, it cannot accept responsibility for all the views expressed either in the papers presented or in the discussions based upon these papers.

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this ventilating current be interrupted for a period of 24 hours and with the same amount of methane being liberated, there would be 5,760,000 cu. ft. of explosive mixture. Should this be contained in an entry 10 ft. square, the length of the entry would be approximately 11 miles.

Methane detectors are now available which will automatically indicate and record percentages of methane. One type may be located in working sections on cutting and loading machines, in the last breakthrough and along haulage roads. This can be adjusted to give a warning by a signal light or other means at any predetermined methane concentration. For example, at 1 per cent or any specified percentage between .5 per cent and 3 per cent, it will operate special electrical circuits through suitable relays to cut off the power in a section or give warnings in other parts of the mine or at the outside. Methane recorders for continuously indicating and recording methane in main returns particularly have been perfected recently and are designed to be located in fan houses or other convenient places.

There is no relation between the volume of methane given off in a coal mine and the chemical composition of the coal, as both bituminous and anthracite mines produce methane, and methane has been found in metal and other mines when tunneling through carbonaceous shales. The common occurrence and explosibility of methane are responsible for numerous mine disasters and every precaution should be taken to keep it within safe limits. This can best be done by the use and guidance of methane detectors.

Pulmonary Diseases in the Mining Industry

By DR. R. R. SAYERS

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Although the attention of those interested in diseases peculiar to mining has been focused recently on one dust disease—silicosis—other respiratory diseases may cause more suffering and economic loss. The increased incidence of these diseases usually is attributed to exposure to abnormal air conditions underground, such as sudden changes from high to low temperatures, excessive dust, and noxious gases. The principal respiratory diseases to which the miner is subject are bronchitis, influenza and pneumonia, pulmonary tuberculosis, anthracosilicosis, and silicosis. Although the mortality statistics in some of the tables included in this paper are old they have been corroborated by later, less complete data.

Bronchitis

Bronchitis is an inflammation of the bronchial tubes due, among other causes, to the inhalation of irritants such as dusts (organic and inorganic). Occupations that entail exposure to atmospheres polluted by irritating gases carry with them the risk of

During middle life bronchitis causes much recurrent invalidity and incapacity. Mortality records compiled by Collis[2] indicate that it is of a chronic traumatic origin associated with irritating atmospheric conditions, rather than of an infectious origin.

Statistics for bronchitis for the general population and for workers exposed to dusts in Great Britain[3] for 1921-23 show the role played by dusts in the increased incidence of the disease in certain industries. The comparative mortality per thousand (ages 26 to 65) for those in occupations exposed to siliceous dust was 214, for those exposed to nonsiliceous dust 59.5, and for the general population 49.6. (See Table 1.)

In this connection it is interesting to note the mortality statistics per thousand (ages 26 to 65) for coal miners of counties of Wales (in which most of the coal mined is anthracite) compared with those for two other groups in England and Wales.[4] The figures for coal miners are 112 for all underground workers and 139 for hewers and [illegible] Occupations and in the [illegible]

	Ages at Death					Comparative Mortality Figure
	20—	25—	35—	45—	55—	20—65
Occupations exposed to						
Siliceous dust	1.1	1.0	18.7	44.6	153.7	214.0
Nonsiliceous dust	....	....	4.9	12.8	41.8	59.5
General population	0.5	1.7	5.4	13.3	28.8	49.6

chitis were found among 344 employees of two anthracite mining companies examined.

In the study conducted by the Bureau of Mines and the Public Health Service at Picher, Okla.,[8] the highest incidence of silicosis or tuberculosis, or both, was found among men who reported having had bronchitis, pleurisy, and asthma.

Table 2.—Comparative Mortality Figures for Bronchitis per 1,000 of Certain Groups in England and Wales

	Bronchitis
Coal miners[1]	
All underground workers	112
Hewers and getters	139
Males in same social class	46
All occupied and retired males	50
Ratio of rate for hewers and getters to rate for same social class	302

[1] In three counties in Wales.

Table 3.—Influenza-Pneumonia Mortality among Bituminous Coal Miners—October to December 1918

Age Period	Annual Death Rate per 1,000	
	Bituminous Coal Miners	All Industrial White Males
All Ages[1]	50.1	22.3
15-25	29.5	17.5

Influenza and Pneumonia

Figures of mortality available for 4,700 miners insured in the group department of the Metropolitan Life Insurance Company[9] show that in the last quarter of 1918 during the influenza epidemic 64 of these miners died of influenza or pneumonia. This is equivalent to an annual death rate of 50 per 1,000. Among all occupied males aged 15 years and over, the rate from influenza-pneumonia in the same 3 months was 22 per 1,000 or less than half as high. In the age period 45 to 65 years the rate among bituminous coal miners was about four times as high as among all occupied males in the same age group. (See Table 3.)

Influenza and pneumonia, as reported, were responsible, in the years under study, for 31 per cent of the mortality in the group of bituminous coal miners at ages 16 to 70 in Indiana, Missouri, and Wyoming compared with 19 per cent among both farmers and "all other males" at these ages in the same counties. (See Table 4.)

In 1918, the year of the great epidemic, influenza and pneumonia deaths constituted 55 per cent of total mortality exclusive of accidents among the bituminous miners in contrast with 27 per cent among the farmers and 34 per cent among all other males. These percentages were not as high as the figures for Wilkes-Barre. The fact that the soft-coal counties under consideration are largely rural areas may have made some difference.

In the epidemic year 1920, the proportion

Table 4.—Percentage of Deaths from Influenza and Pneumonia (After Deducting Accidents) Among Bituminous Coal Miners Compared with Farmers, and With Other Males in the Same Areas of Several Soft-Coal Producing States[1]

Male Groups Under Comparison	Ages					
	16-70	16-30	31-40	41-50	51-60	61-70
Bituminous coal miners	31.1	49.4	44.7	25.1	19.7	10.4
Farmers	18.7	38.4	32.4	19.7	12.4	10.8
All other males	18.6	30.0	29.0	16.0	11.3	10.8

[1] The death records for soft-coal miners were obtained from 15 coal-producing counties of Indiana, 1916-30, inclusive, 8 coal counties of Missouri, 1917-21, inclusive, and the 6 principal coal-producing counties of Wyoming, 1919-23, inclusive. The record for farmers and for "all other males" was obtained from the above-mentioned coal-mining counties, and also from 3 agricultural counties of Wyoming, 1919-23.

portion of deaths from this cause compared with "all other males" than in 1918. The percentages in 1920 were 29 for the soft-coal miners and 16 for "all other males." In this epidemic the bituminous miners at ages 40 to 60 suffered heavy excess mortality from influenza-pneumonia, but the differential mortality was not quite so great as at ages 16 to 30.

Among hewers and getters of soft coal in England and Wales, the death rate from influenza and pneumonia, 1921-23, was about 12 per cent greater than among males of comparable social status (social class 3). The difference was found to be 5.8 times the probable error of the difference which is certainly a significant variation. Thus, an abnormal mortality from influenza and pneumonia is consistently indicated among miners of coal—both anthracite and bituminous—in England as well as in America.

The pneumonia mortality figures in 1921-23 for occupations in Great Britain exposed to siliceous and nonsiliceous dust compared with those for the general population were given by Collis[1] as 134.3, 76.0, and 85.3, respectively; similar figures for influenza were 47.1, 49.6, and 36.5, respectively. (See Table 5.)

According to Brundage,[4] an outstanding feature of the statistics of death for hard-coal miners in the United States is their extraordinary mortality from influenza and pneumonia not only during influenza epidemics but at other times as well. In a study by the Public Health Service at Wilkes-Barre, Pa., in 1915-23 and 1906-25[4] gaged in pursuits other than coal mining in Wilkes-Barre and vicinity. The percentage of deaths from influenza and pneumonia for these two groups by ages for the years mentioned was 19.3 for anthracite miners compared with 13.3 for males in other industries. (See Table 6.)

Tuberculosis

In 1925 Collis[8] said that for coal miners generally the tuberculosis rate apparently is low although miners at the coal face suffer from the disease more than other coal miners underground and workers above ground. Results of more recent investigations seem to contradict the assumption that tuberculosis does not occur among coal miners. An investigation by the Welsh School of Medicine, reported in 1937,[9] indicates that this supposed exemption of coal miners from tuberculosis may be due to a mis- or partial diagnosis. This investigation revealed a high incidence of tuberculosis (35 per cent if the "probable" cases are included) among the pneumoconiotics of the South Wales coal fields and supports the theory that coal dust modifies the tuberculosis, leading to failure to recognize the disease or to the mistaken diagnosis of "bronchitis."

Studies by the United States Public Health Service[10] revealed that 6 per cent of hard-coal miners examined had clinical pulmonary tuberculosis. The average prevalence in the adult male population of the United States is about 2 per cent. The prevalence of pulmonary tuberculosis among hard-coal mining employees at ages below

Table 5.—Mortality per 1,000 from Pneumonia and Influenza in Dusty Occupations and in the General Population

	Pneumonia					
	Ages at Death					Comparative Mortality Figure
	20-	25-	35-	45-	55-	20-65
Occupations exposed to						
Siliceous dust	3.3	14.4	30.6	47.2	38.7	134.3
Nonsiliceous dust	....	9.6	13.7	28.7	23.9	76.0
General population	4.3	11.5	19.6	24.2	25.7	85.3
	Influenza					
Occupations exposed to						
Siliceous dust	1.1	7.7	11.3	8.7	18.3	47.1
Nonsiliceous dust	5.4	4.8	13.7	10.6	14.9	49.6
General population	2.0	5.2	7.7	9.7	12.0	36.5

about twice, at ages 45 to 54 about 5 times, and for ages above 55 it was about 10 times the rate found in the general population. The highest prevalence of clinical pulmonary tuberculosis occurred among the rock workers (men who had been employed in rock loading or rock extraction for more than 2 or 3 years). After 20 years' service, of which more than 2 or 3 years were in rock work, 37 per cent presented evidence of pulmonary tuberculosis. In a group of 135 completely disabled former anthracite workers, which did not include any known cases of tuberculosis, 10 per cent proved positive for pulmonary tuberculosis. These findings would appear to corroborate those of the Welsh National School of Medicine that indicate that the supposed exemption from tuberculosis of coal miners is erroneous due to incorrect diagnosis. There is evidence that the above increased incidence of tuberculosis is associated with exposure to silica dust.

The incidence of tuberculosis is much higher in metal mines than in coal mines, due no doubt to exposure to dust containing a higher concentration of silica. An investigation in 1914 by the Bureau of Mines in cooperation with the Public Health Service of pulmonary disease among the zinc miners of the Joplin, Mo., district, revealed a high death rate from pulmonary tuberculosis. The mortality rate for tuberculosis for Jasper County was 200.8 per 100,000 for 1911 and 1912 and 229.7 for 1913, according to statistics of the State Board of Health.[11] On the other hand, according to the Jasper County Antituberculosis Society, during the calendar year 1912 there were 720 deaths among miners who had worked 2 years or more underground in Jasper County. Not all

Table 6.—Percentage of Deaths from Influenza and Pneumonia among Anthracite Miners and among Males in Occupations Other Than Mining in Wilkes-Barre and Vicinity

Groups Under	Ages

Table 7.—Mortality per 1,000 from Pulmonary Tuberculosis in Dusty Occupations and in the General Population

	Ages at Death					
	20-	25-	35-	45-	55-	20-65
Occupations exposed to						
Siliceous dust	25.6	63.4	141.0	211.6	150.6	592.2
Nonsiliceous dust	13.6	26.3	46.1	56.4	29.9	172.4
General population	20.6	37.6	43.6	39.0	22.7	163.5

of these 720 deaths occurred in that county but they had contracted the disease there and some of them had moved away. Of 93 miners in the Joplin District examined by Lanza in 1914,[31] 64 showed definite symptoms of pulmonary disease and 39 of the 64 had the classical symptoms of pulmonary tuberculosis.

In a study by the Bureau of Mines and the Public Health Service[32] in Butte, Mont., during 1916 to 1920 the death records of the State Board of Health were examined. These showed that during 1915, 122, during 1916, 126, and during 1917, 169 Butte miners died of tuberculosis. The significance of the death from tuberculosis of 169 miners in 1917 is indicated by comparison with the records of other regions. In 1917 approximately 14,000 men were employed underground in Butte mines; with 169 deaths from tuberculosis for the year, the rate per 100,000 was 1,207. The tuberculosis death rate of Michigan for the 10-year period 1910 to 1920 was 97.4 per 100,000; hence the tuberculosis death rate of Butte miners was nearly 13 times as great as that of Michigan.

The part played by dust, especially dust containing silica, in the production of pulmonary tuberculosis is shown clearly by figures for Great Britain for 1921-23.[3] The death rate per 1,000 for ages 20 to 65 was 592.2 for those exposed to siliceous dust, 172.4 for those exposed to nonsiliceous dust, and 163.5 for the general population; for ages 35 to 44 the figures were 141.0, 46.1, and 43.6, respectively; for ages 45-54 the figures were 211.6, 56.4, and 39.0, respectively; and for ages 55 and over the figures

high among those exposed to silica dust but the incidence of these diseases is not always the same under other conditions such as exposure to other dusts, heat and fumes, or working indoors. (See Table 8.)

Anthracosilicosis

From 1931 to 1937, 87 per cent of the total deaths in Great Britain due to silicosis occurred among the coal miners of South Wales; two-thirds of the deaths and disease occurred in the Swansea Division; and 89 per cent of the medical certificates granted in the Swansea Division related to anthracite collieries.[33]

In the United States the chronic disease among miners due to breathing air containing dust generated in the various processes involved in the mining and preparation of anthracite is called anthracosilicosis. This is a descriptive title for the form of pneumoconiosis commonly called miners' asthma. The disease was found in about 23 per cent of 2,711 employees of three anthracite mining companies studied by the United States Public Health Service in 1933. About 63 per cent of those having anthracosilicosis showed evidence of disability, compared with less than 10 per cent in the control group. Moderate and marked degrees of disability handicapped aproximately 21 per cent of those with anthracosilicosis compared with less than 2 per cent of the men serving as controls.

Wide differences were found in the extent of physical impairment in the several occupational groups. The highest rate of disability from all causes combined was [illegible] Bronchitis, Pneumonia, and Tuberculosis Under Certain [illegible] Conditions

Exposure	Bronchitis	Pneumonia	Tuberculosis
Outdoor and indoor life	low	low	low
[illegible]	low	low	high
Coal trade	high	high	low
Alcohol trade	moderate	high	high
Heat and fumes	high	high	low
Dust of:			
1. [illegible]	low	low	low
2. Vegetable fibre and debris, certain inorganic minerals	high	medium	low
3. Silica	high	high	high

number of instances the change in occupation probably was made on account of physical condition. Miners at the coal face, rock workers, and men who had had appreciable exposure to harmful dusts in other industries also showed evidence of much greater physical impairment than was found in the control group.

Moderate or marked physical impairment from any cause was found in 1.7 per cent of the control group, in 9.9 per cent of the regular miners, and among 12.6 per cent of the rock workers.

There was a marked tendency toward increase in the proportion having physical impairments with increase in the number of years of employment in anthracite. This tendency is manifested whether one considers disability of any kind, disability in which pulmonary infection was contributory, or disability due largely to tuberculosis. In each case the occupational groups arrayed themselves according to extent of physical impairment as follows: (1) Rock workers; (2) regular miners; (3) all others exposed to more than 100 million dust particles per cubic foot of air; and (4) men in haulageways except rock workers.

The pathology of anthracosilicosis as observed in these cases is essentially a deposition of coal dust in the lungs, accompanied by an extensive fibrosis, both diffuse and nodular, with associated functional and degenerative changes, (silicosis modified by coal dust).

The anthracite miners' proportionate mortality from all respiratory diseases was about 1¾ times that of the other adult males in the same region. When proportionate mortality was computed for ages 16 to 65 in Wales,[4] it was found that respiratory diseases accounted for 53 per cent of the deaths of anthracite miners compared with 38.2 per cent among males in the same social class. The proportion among hewers and getters of anthracite therefore was 1.4 times that of men of the same social status.

Silicosis

There are various definitions of silicosis but all agree that the cause of the disease is the inhalation of silica or quartz dust.[30] Silicosis is a well-recognized clinical and pathological entity at least as characteristic as that of any cause of death known to epidemiologists.[30] The definition of silicosis, adopted at the International Silicosis Conference in 1930 and reaffirmed at the 1939 Conference and generally accepted is:

"Silicosis is a pathological condition of the lungs due to inhalation of silicon dioxide. It can be produced experimentally in animals."

The first investigation of silicosis in the mining industry in the United States was made in 1914-15 by the Federal Bureau of Mines in cooperation with the United States Public Health Service in the Joplin (Mo.) mining district.[31] As only a few men were examined at that time, it was decided to

...ortality from Certain Respiratory Diseases of Those Exposed to Siliceous Dust, to Nonsiliceous Dust, and the General Population—by Age Groups[1]

	Respiratory Diseases																							
	Bronchitis						Influenza						Pneumonia						Tuberculosis					
	20-	25-	35-	45-	55-	20-65	20-	25-	35-	45-	55-	20-65	20-	25-	35-	45-	55-	20-65	20-	25-	35-	45-	55-	20-65
	1.1	1.0	13.7	44.6	153.7	214.0	1.1	7.7	11.3	8.7	18.3	47.1	3.3	14.4	30.6	47.2	38.7	134.3	25.6	63.4	141.0	211.6	150.6	592.3
...ust . . .	. . .	. . .	4.9	12.8	41.8	59.5	5.4	4.8	13.7	10.6	14.9	49.6	. . .	9.6	13.7	28.7	23.9	76.0	13.6	26.3	46.1	55.4	29.9	172.4
...tion . .	0.5	1.7	5.4	13.3	28.8	49.6	2.0	5.2	7.7	9.7	12.0	36.5	4.3	11.5	19.6	24.2	23.7	85.3	20.6	37.6	43.6	39.0	22.7	163.5

...s tables 1, 5 and 7

May 15 to December 31, 1915, 720 miners were examined: 45.7 per cent had silicosis and tuberculosis and 5.3 per cent had tuberculosis.[illegible] A later report (1917) of this same investigation by Lanza and Childs[illegible] included the results of the first detailed X-ray studies of silicosis made in the United States.

Investigations of mining conditions by Harrington and Lanza[illegible] in Butte, Mont., in 1921, revealed that 42.4 per cent of 1,018 miners examined showed definite signs of lung damage due to dust.

From July 1, 1927, to June 30, 1932, the Metropolitan Life Insurance Co., the Tri-State Zinc & Lead Ore Producers Association, and the Federal Bureau of Mines operated a cooperative clinic at Picher, Okla.,[illegible] to demonstrate to industry a workable method for diagnosis of silicosis, to educate workers in preventive measures, and to serve as a model to industries presenting a dust hazard. Of 27,553 individuals examined during this period 5,366 had silicosis, 742 silicosis plus tuberculosis, and 320 uncomplicated tuberculosis.

The chief cause of disability in silicosis is tubercle infection. The silicotic lung appears to be a more favorable medium for the growth of the tubercle bacillus than the normal lung, not because it is fibrotic, nor because its lymphatic drainage is interfered with, but because it contains silica.[illegible] Apparently silica dust possesses this characteristic of increasing the liability to pulmonary tuberculosis. That this is true is indicated by the statistics quoted in this paper which indicate also that silica dust increases the liability to other respiratory diseases. (See Table 9.)

The results of virtually all studies are in agreement regarding the high mortality rates from tuberculosis for industries in which large numbers of men are exposed to a silica hazard. These rates are so high that they leave no room for doubt of the cause-and-effect relationship between the hazard and the high mortality.[illegible]

Joint studies made by the Actuarial So-white men employed in metal mines. The [illegible] deaths were [illegible] times the expected among copper miners, nine times the expected among gold and silver miners, and eight and a half times the expected among iron miners. In an earlier study[illegible] covering the years 1915-1926, there were 18 times as many deaths as expected among lead and zinc miners.

An analysis by the field division of the Saranac Laboratory[illegible] of the roentgenograms of 5,000 white miners exposed to the inhalation of harmful concentration of silica dust shows that the incidence of pulmonary tuberculosis lesions increases as the degree of reaction to dust progresses. In this group of miners tuberculous lesions were found in approximately one-fourth of those with first stage silicosis, one-half of those in the second stage, and 65 per cent of those in the third stage.[illegible]

Prevention of Dust Diseases in Mining

The data given in this paper point to dust as the greatest contributor to the excessive mortality from pulmonary diseases experienced in the mining industry and to silica dust as the immediate cause of the disease silicosis. Therefore, the principal method of preventing these diseases is to eliminate as far as possible or reduce to harmless concentration the dust in the breathing zone of the workers. Experience has shown that the properties of a dust that determine its capacity to produce injurious effects are its composition, the quantity suspended in the atmosphere breathed by the worker, and its particle size.

Although any dust may be harmful to breath under certain conditions, as indicated by the data presented here that show a higher incidence of pulmonary diseases in nonsiliceous dusty industries than in the general population, physiological studies reveal that, in mining the harmfulness of a dust is proportional to its content of free silica or quartz, in particles small enough to enter the finer spaces of the lungs, and in high enough concentration to overcome the normal defenses of the respiratory system.

The first step is to determine what dusts are harmful and in what concentrations. The procedure is somewhat as follows: It is observed that respiratory diseases appear more frequently or with greater severity among workers in certain industries or in connection with certain operations within an industry. The physician attempts to determine the extent of the injury to the health of those exposed and the cause. If the cause appears to be exposure to excessive dust, the engineer samples the air to determine the kind, amount, and size of the dust present. The physician and the engineer can correlate the results of their investigations to determine allowable concentrations of dust, exposure to which is not likely to cause harmful physiological reactions. The engineer is then in a position to devise measures for the reduction of the dust to a harmless concentration. The aim, of course, should be to eliminate the dust entirely or to reduce the dust to a concentration that will not cause disability during the working lifetime.

Allowable Concentrations of Dust in Mining

Investigations conducted over a period of years show that exposure to certain concentrations of harmful dusts for a certain time causes varying degrees of respiratory disability but that below these concentrations disabling pulmonary diseases do not occur within a working lifetime. The classical example of this is the experience in South Africa with the reduction in mortality from silicosis that has followed the reduction in air dustiness in the mines of that country.

The reduction in the incidence of silicosis in the South African mines attests the effectiveness of the control measures employed and the practicability of using a definite dust concentration as a guide in setting allowable limits of air dustiness in the prevention of pneumoconiosis in dusty industries. The production rate of silicosis in the scheduled mines of South Africa[illegible] in 1932-35 was 9.59 per 1,000 compared with 21.95 in 1917-18. (See Table 10.)

Table 1[illegible]—[illegible] Annually and Production Rates [illegible] 1917-18

Period	Average Number of Miners Examined Annually	Production Rate of Silicosis per 1,000	Period	Average Number of Miners Examined Annually	Production Rate of Silicosis per 1,000
1917-20	14,070	21.95	1926-29	14,624	21.11
1920-23	13,260	19.16	1929-32	16,774	13.87
1923-26	12,523	33.28	1932-35	20,139	9.59

per cent than it was in 1920-23. Among the "new Rand miners" who entered the industry by way of initial examination since 1916 and who have been exposed solely to the progressively improving occupation conditions that have obtained since that date, the liability to contract silicosis was less by 87 per cent than the similar liability among all miners working for an equal period in 1920-23. These "new Rand miners" constituted 77 per cent of all working miners examined. The group of pre-1916 miners, who in 1935-36 constituted less than 17 per cent of the total number of working miners contributed nearly 78 per cent of the new cases of silicosis.

In the study by the Public Health Service* of anthracosilicosis among hard coal miners silicosis was not found in a control group of mining employees whose dust exposure averaged less than 5 million particles per cubic foot of air.

The prevalence of anthracosilicosis among the entire group of employees was found to be about 23 per cent.

Among all except rock workers, less than 2 per cent of the men developed anthracosilicosis when the duration of employment was less than 15 years, regardless of the amount of dust in the air.

Among men exposed 15 to 24 years to dust containing less than 5 per cent free silica, 14 per cent of those who had worked where the average dust count was 100 to 199 million particles per cubic foot, 29 per

Among men employed for more than 25 years in dust containing less than 5 per cent free silica, the proportion of persons found with anthracosilicosis under different concentrations of dust was as follows: 5 to 99 million particles, 7 per cent; 100 to 199 million particles, 54 per cent; 200 to 299 million particles, 71 per cent; 300 or more million particles per cubic foot, 89 per cent.

With the exception of miners, their helpers, and rock workers, about 25 per cent of all the men employed underground developed anthracosilicosis after a working period of more than 25 years. This group was exposed to dust having a quartz content of about 13 per cent.

The prevalence of anthracosilicosis among persons who had been exposed for more than 2 or 3 years to dust of which about 35 per cent was free silica, varied from 10 per cent among those who had worked in concentrations of less than 200 million particles per cubic foot for less than 15 years, to 92 per cent among those who had been employed for more than 25 years in dust concentrations exceeding 300 million particles per cubic foot, more than 2 or 3 years of which time was spent in rock work.

Age per se appeared to play a minor role in the development of anthracosilicosis.

Analysis of the data for the purpose of determining safe limits of dust exposure indicated that employment in an atmosphere containing less than 50 million dust particles per cubic foot would produce a negligible

[illegible] Workers Exposed to [illegible] Length of Employment, [illegible] Number of Workers Exposed

Average Dust Concentration (Million Particles per Cubic Foot)	Years in Industry 0-4.9	5-9.9	10-14.9	15-19.9	20 and Over
0-9:					
Number of pneumoconiosis cases	0	0	0	0	0
Number of workers exposed	81	56	29	13	8
Percent with pneumoconiosis	0%	0%	0%	0%	0%
10-24:					
Number of pneumoconiosis cases	0	0	0	2	4
Number of workers exposed	123	94	66	29	23
Percent with pneumoconiosis	0%	0%	0%	6.9%	17.4%
25-49:					
Number of pneumoconiosis cases	0	0	3	3	6
Number of workers exposed	43	45	31	11	18
Percent with pneumoconiosis	0%	0%	9.7%	27.3%	33.3%
50 and over:					
Number of pneumoconiosis cases	0	4	5	4	4
Number of workers exposed	45	44	25	8	6
Percent with pneumoconiosis	0%	9.1%	20.0%	50.0%	66.7%

particles per cubic foot. The limit of toleration for rock workers was set tentatively at 5 to 10 million particles per cubic foot of air. Similar results were obtained by the Public Health Service in an investigation of pneomoconiosis among mica and permatite workers. (See Table 11.)

The relation of the average dust concentration and duration of exposure to the percentage of workers found to have pneumoconiosis was as follows: Of those who had worked in an average concentration of 50 million particles of dust per cubic foot of air, 9 per cent had pneumoconiosis in 5 years, 20 per cent in 10 years, 50 per cent in 15 years, and 66 per cent in 20 years. Of those who worked in an average concentration of 25 million particles 10 per cent had pneumoconiosis in 10 years, 27 per cent in 15 pears, and 33 per cent in 20 years. Of those who had worked in an average concentration of 10 million particles of dust, 7 per cent had pneumoconiosis in 15 years and 17 per cent in 20 years. (See Fig. 1.)

The data obtained in other studies of dusty [illegible]

value below which no cases were found and the magnitude of the trends between per cent affected and both time and intensity of exposure varies in different sets of data, depending, to a large extent, on the chemical nature of the dust to which workers were exposed and possibly on the regularity of employment.

It is tempting to seek to summarize the data of table 12 and figure 1 into a simple mathematical relation such as the following: With each twofold increase in average dust concentration above 10 million particles per cubic foot, the probability of finding cases of silicosis (in men exposed for comparable lengths of time) is approximately doubled. Application of the standard methods of curve fitting would yield more refined descriptions of these data. Nevertheless, it does not seem to be advisable to set up any mathematical treatment because, of all the men who entered the industry, only the survivors have been studied. There is no adequate way of finding out whether or not men who dropped out of the industry [illegible]

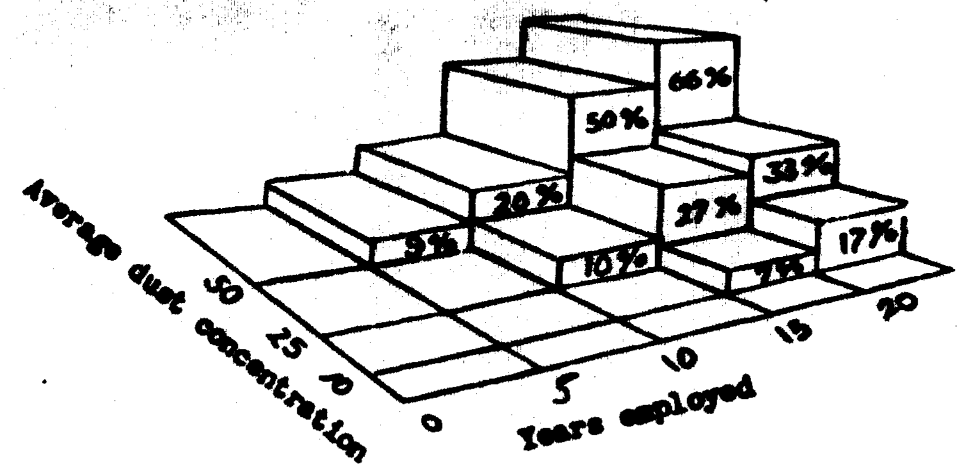

Figure 1.—Relation of average dust concentration and duration of dust exposure to the percentage of workers found to have pneumoconiosis. Based on data presented in Table 11.

treatment. It seems to be preferable to present the facts as simply as possible, together with the precautions to be kept in mind in studying them, and to emphasize that the principal use of these data is to show the degree of improvement in health to be expected in the future if dust formation and dust dispersal are brought under control in these and in similar industries.

Methods of Dust Control

After the physician and engineer have learned by observation and experimentation what kinds of dust are harmful and in what concentrations, it is the function of the engineer to evaluate the hazard in a particular industry, plant, or mine and devise measures for its elimination. The first step is to become thoroughly familiar with the industry being studied to determine the dusty occupations, the number of persons in each, and the various activities and time devoted to each activity in any one occupation.[illegible]

The amount of harmful dust created by various activities can be determined by taking samples of the atmosphere in their vicinity and counting and identifying the dust

pinger, however, is the instrument used most frequently in the United States. The Bureau of Mines and the Public Health Service have issued publications describing the method of sampling dust by the impinger (as well as by other methods) and procedures for counting and identifying the particles.[illegible]

Dust sampling is complicated by the fact that air dustiness fluctuates rapidly from moment to moment. A single dust count represents only the amount of dust in the atmosphere at the time and place of sampling and gives no indication of the average exposure of the worker over a period of years, especially if he has not worked continuously at one job. The ultimate lung injury that he may suffer will depend upon the integrated effect of the dust over a long period.[illegible] A proper measure of dust exposure requires a picture of the variations in dustiness. The best procedure is to determine the dustiness during different stages of an operation and, with the aid of a time study, break down the worker's day according to the time spent in each step; from these data the average dust exposure of the worker can

Table 13.—Period Worked at Face by First-Stage Silicotics

Job	Average Number of Years	Number of Men	Job	Average Number of Years	Number of Men
Shovelers' helpers (bruno men)	6.8	8	Machinemen (drillers)	11.4	348
Shovelers	8.4	428	Powdermen	11.5	24
Drillers' helpers (dummies)	8.4	79	Shovel bosses	15.8	21
Trackmen	9.8	52	Ground bosses	19.0	54
Roof trimmers	11.3	26			

than had been suspected, the difference consisting entirely of dust too fine to be detected by the older methods. The importance of control of drilling dust as a measure of the prevention of silicosis is demonstrated by the fact that the incidence of silicosis has remained consistently and considerably higher among machine drillers than among those who have never worked machines, and the excess incidence among machine drillers has been in direct proportion to the amount of time spent upon rock drilling.

Until relatively recently drilling of holes for blasting was a negligible producer of dust or air dustiness in coal mines especially other than anthracite mines. The hand-operated auger drill produces very little fine dust, but with the extension of mechanized mining power drills are becoming more and more essential and some of them are heavy producers of finely divided dust; this is especially true of reciprocating drills of the jackhammer type drilling dry and using compressed air in the clearing of holes either in coal or in roof or floor material.

Blasting.—The exceptionally heavy incidence of silicosis among rock drill miners in the early period of the gold-mining industry in South Africa[29] was due to the exposure of the rock-drill miner not only to drilling dust but to high concentrations of dust from blasting, and frequently to the inhalation of varying amounts of the irritant fumes produced by blasting, owing to the methods of blasting then in use. Blasting produces large quantities of very fine dust, the finest fractions of which tend to remain suspended in

silicosis because of frequent change of occupation. All examined were divided into two groups—those exposed to large amounts of dust (those employed at the face) and those exposed to relatively small amounts (those away from the face). In the order of exposure to the dust hazard, the men at the face included shovelers' helpers, shovelers, drill helpers, machinemen, trackmen, roof trimmers, powdermen, shovel bosses, and ground bosses. According to analysis of the occupations of face workers the hazard was greater for shovelers' helpers and shovelers than for machinemen if length of time required to produce first-stage silicosis is a criterion. It is noted from table 13 that the average number of years worked by shovelers' helpers and shovelers was 6.8 and 8.4 years, respectively, while that for machinemen was 11.4 years.

Loading and Hauling.—Under some conditions hand loading of coal throws into the air of the working place considerable quantities of dust, but the amount is about one-tenth that caused by some types of mechanical loading. The greatly increased occurrence of dust from mechanical loading is due not only to the stirring of the dust into the air by the loading machines themselves but also to the greater rapidity of breaking down and taking coal from the face regions which increases other dust-producing processes, especially blasting, cutting, and hauling.[30]

Poorly constructed or poorly maintained pit cars or over-topping of coal in cars al-

Where conveyors (either the shaker or belt type) are used they form potential sources of dust clouds at the points where the coal is dropped or thrown which occurs at the discharge ends only. Also, where conveyors are used conditions at the face differ from those experienced with the older methods of working in that the miners are closer together, there is a tendency with the more systematic working for a larger number of the men to perform dust-raising operations at the same time, and the air speed at the faces is higher. These conditions, if not controlled, tend to increase the dust exposure to the face workers.

Machine coal cutting.—When coal-cutting machines came into the picture early in the present century to supersede in large part both hand cutting and blasting off the solid, the really heavy producer of coal dust that the worker has had to endure was at hand, and this was especially true of the chain machines operated by electricity. Top cutting is the worst offender in so far as impregnating the air with dust is concerned, shearing occupies an intermediate position, and undercutting is the least offensive in this respect. However, undercutting machines under some conditions (such as cutting dry in friable coal with dull bite in a confined place with little or no circulating air) may produce air dustiness so dense as to reduce visibility almost to zero with available types of mine lighting and to cause between 100,000,000 and 500,000,000 (or even more) dust particles to be carried per cubic foot of air of the face region.

Methods of Control

The principal measures for controlling dust in mining operations are ventilation, wet methods, proper blasting practice, the use of personal respiratory protection, and physical examination.

Ventilation.—The more or less generally accepted conclusion that coal miners suffer less from miners' consumption than metal miners, who either die early in life or are incapacitated in middle age, is due almost entirely to the superior working conditions in coal mines as a result chiefly of ventila-

(3) dusts. In coal mines the order of importance would probably be (1) movement, (2) gases, (3) dusts, (4) relative humidity, and (5) temperature.

The matter of movement of air from the surface, through the working faces or places, and then back to the surface is by all means the most important consideration in effecting adequate ventilation of mines and in protecting the health and forwarding and maintaining the working efficiency of the underground workers. If adequate quantities of pure air are directed to the places where men work, most of the requirements of health and many of the demands of safety will be well served.

Ventilation probably is the most effective dust-control measure although under some conditions it ranks second to wet methods. Where ventilation can be applied effectively, dust can be removed from the air or its concentration can be so diluted as to render it almost harmless.

Wet methods.—As dry drilling is the dustiest operation in mining, wet drilling will keep air dustiness within safe limits if used with care and judgment in collaring wet, using plenty of clean, dirt-free water, and keeping the drills in good repair with adequate regulation of the proportion of water and compressed air flowing through the drill steel.

In tests by the Bureau of Mines the dust concentration in the air during actual drilling decreased as the water flow through the drill increased. The water flows for stopers was 0 to 3 gallons per minute, and that for drifters from 0 to 1.02 gallons per minute. The rate of decrease for stoper drills was greater for water flows from 0 to 1.3 gallons per minute than for higher water flows. The rate of decrease for drifter drills was similar to that for stoper drills at corresponding water flows and rather constant for water flows of 0 to 1.02 gallons per minute.

The results of this study shows that as water flow through the drills was increased the dust concentrations in the air decreased, but they do not show whether the decrease [illegible] of the hole being drilled. The amount of air escaping is affected by the water flow through the drill steel; as the water flow through the drill steel increases the air flow decreases. Mining officials in South Africa concluded that such air leakage, although probably facilitating removal by the water of the cuttings from the hole, was responsible for atomizing fine dust and blowing it into the air during drilling.[illegible] Consequently they have devoted much attention to designing drills that permit the minimum practical air leakage through the drill steel and have established regulations on the use of such drills. Canada is also doing much work along this line, and recent reports state that such drills are practical and produce about one-fourth the dust concentration of corresponding drills without the "dustless-head" features.[illegible]

The results of this study show that operators can reduce dust concentrations resulting from drilling by increasing the water flow through the drill steel, either by increasing water pressure or by the use of water tubes of larger inside diameter.

Tests also have been conducted by the Bureau of Mines[illegible] on the effectiveness of spraying water along the outside of the drill steel compared with that of standard wet-drilling practice. The tests show that spraying water along the outside of the drill steel should not take the place of regular wet drilling. However, if a method is developed by which the device may be used on holes of any inclination, it might prove to be a valuable accessory to regular wet drilling in collaring and drilling the first 2 feet of a hole. Tests show that the greatest amount of dust is thrown into the air of a working place in drilling the first 2 feet of a hole.[illegible]

Wet drilling standards have been adopted in New York State for drilling in various classes of rock. The requirements for drilling in Class II rock (rock containing more than 10 per cent free silica) in confined [illegible]

[illegible] drill steel to the bottom of the drill hole. The central hole in the [illegible] diameter.

2. "The water flow shall be maintained continuously whenever the drill is in operation, including the period of collaring or starting the drill hole. The valve in the water line shall be of such design that it has only two fixed positions, namely, closed and completely open. Six months after date of approval, all wet drills shall be equipped with a combination air throttle and water valve of such design that the required rate of water flow through the drill steel will be insured whenever the air throttle is in the operating positions, half speed as well as full speed.

3. "The water shall be clean and bacteria free and shall be delivered to the drills under pressure from an adequate source of supply. Portable water tanks for individual drills shall not be used unless approved by the Industrial Commissioner.

"Wet drilling in Class II rock in confined areas shall be used with mechanical ventilation, or in confined areas under decking by natural ventilation, if approved by the Industrial Commissioner and subject to the following provisions:

1. "The rock surfaces for a distance of 30 feet from the heading or other drilling area shall be maintained in a damp condition.

2. "Hand-held drills (maximum piston bore, 3") minimum rate of water flow through drill steel, 0.75 gallon per minute; maximum rate of air flow through drill steel at full speed, 2.0 cubic feet per minute; maximum rate of air flow through the drill steel at half-speed operation, 1.0 cubic foot per minute; minimum rate of general ventilation in the drilling area, 500 cubic feet per minute per drill and shall be increased if found upon tests by the Industrial Commissioner that the dust concentration is not in accordance with the requirements of the Code.

3. "Drifter-mounted and wagon-mounted drills (maximum piston bore, 4") minimum rate of general ventilation per drill in the drilling area, as shown in the table 'Limitations in Air and Water Flow Through [illegible]

at the various drilling positions in a manner satisfactory to the Industrial Commissioner. The intake for the ventilating system must be located at a point free from contamination with dust or provided with an efficient filter.

5. "In the case of exhaust ventilation, the location of the intake pipe or pipes must be such as to insure the removal of air from the entire drilling area in a manner satisfactory to the Industrial Commissioner.

6. "The required ventilation may be obtained by means of a recirculating air-cleaning apparatus provided the dust concentration in the air at the breathing zone of the drill operators is maintained at a level below that required in Rule 33-2.3 and the apparatus is otherwise acceptable to the Industrial Commissioner.

7. "The above rates of ventilation shall be increased whenever necessary to reduce dust concentration to the amount permitted by Rule 33-2.3."

Proper blasting practice.—Methods of controlling dust and fumes in mines by proper blasting practice have been determined by members of the Bureau of Mines staff by observation and experiment.[illegible] If at all feasible, blasting should be done at the end of the working shift or on an off shift, and the dust- and gas-laden air should be removed or thoroughly diluted before the men return to work. Ventilation is an essential agency in cleansing the air where blasting has been done. Results of investigations by the Bureau of Mines[illegible] show settling rate of dust after blasting under the following conditions:

1. The atmosphere was bratticed off for 3 hours while the dust samples were being taken. In this period, under these conditions, the dust concentration dropped from approximately 5,000 million particles per cubic foot to 50 million particles per cubic foot.

2. The atmosphere was bratticed off until 26 minutes after blasting when the brattice was raised and natural ventilation (which was virtually negligible except for eddy currents was allowed to dilute the dust-laden air. It required 2 hours and 20 minutes after blasting for the dust concentration to drop from approximately 5,000 mil-

3. The atmosphere was bratticed off until 37 minutes after blasting, when the brattice was raised and 10-inch canvas tubing installed to about 50 feet from the face. At 45 minutes after blasting, about 1,000 cubic feet of air per minute was forced into the face. It required 66 minutes after blasting for the dust concentration to drop to 50 million particles per cubic foot, and 70 minutes to drop to 15 million particles per cubic foot.

The accompanying table shows the time, in minutes, required for the dust concentration to drop from 825 million particles per cubic foot to 50 million and to 15 million particles per cubic foot under the three different conditions:

Ventilating Condition	Time, in minutes, to drop from 825,000,000 particles per cubic foot to—	
No ventilation	121	181
Natural ventilation	105	135
Mechanical ventilation	20	24

In addition, the place (walls, floor, roof or top, and timbers) should be wetted thoroughly before blasting is done, and a water blast should be used during and after the blasting. The region should be wetted thoroughly when the men return to the face region after blasting, and the muck pile should be kept well wetted at all times while it is loaded out, as the water not only lays the dust but also either absorbs or otherwise aids in diluting or eliminating harmful or poisonous gases that follow blasting and that usually cling to the blasted material.

Tests[illegible] on the effectiveness of a spray of water mist in reducing the concentration of dust in the air after blasting and during mucking of the blasted material were conducted in three headings in medium hard to hard rock. The use of the spray apparently made it possible to reduce the concentration of dust generated and thrown into the air during blasting more than 99 per cent from the amount present when the spray was not used. Dust dissemination during mucking of material sprayed several hours before mucking was begun was much less than

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In general, the larger the quantity of explosive used, the more likely [illegible] the [illegible], the more heavily the air will be contaminated with dust and [illegible], and the greater will be the quantity of poisonous gases left at the place; hence, methods should be used that will tend to reduce the quantity of explosives used and of gases and dust produced. In this connection it will be found that the use of stemming or of some types of blasting plugs now available will confine more definitely the explosive, hence, increase its efficiency and reduce the quantity of explosive used and also reduce the amount of poisonous gas produced and possibly reduce the violence of the blast and its tendency to raise dust and disseminate it into the surrounding air. It would be well for users of explosives to investigate types of explosives that are known to give off minimum quantities of harmful gases on detonation and to use them; also, the discontinuance of the use of fuse and the substitution of electric blasting would aid in reducing the amount of poisonous gases from blasting. Explosives that have been held in storage too long or that have been stored under unfavorable conditions as to moisture, temperature, etc., are likely to give off maximum quantities of harmful gases, if they detonate at all; hence, utmost care should be taken in the storing of explosives to see that they are not held too long before being used.

Personal respirator protection.—This method of control of air dustiness is unsatisfactory in underground mining except for temporary use in emergencies. Although dust respirators give adequate protection against dust, they afford the wearer essentially no protection against toxic or asphyxiating gases, and are too cumbersome and uncomfortable for constant wear.

The Bureau of Mines has established a schedule of minimum requirements for mechanical respirators, one type of which is for protection against dust generated by disintegration as in drilling and blasting. About 30 respirators have been approved under this schedule.

placed to reduce the dust hazard. If workers exposed to dust are examined periodically increased incidence of respiratory disease can be discovered and measures taken to reduce the amount of dust in the air or remove any affected workers to a less hazardous environment.

In South Africa all white applicants for underground work are examined and certified to be physically fit and free of any disease of the respiratory organs and then reexamined every 6 months to determine and report all cases of simple silicosis, tuberculosis with silicosis, and simple tuberculosis that may have developed. In this way comparable records can be obtained for measuring the degree of pneumoconiosis and the extent of impairment of working capacity among employees from year to year. Comparable records will not be obtained unless periodic examinations are conducted in a standardized way, preferably by a permanent medical board composed of physicians specially trained and having adequate experience in the diagnosis of pulmonary diseases.

Summary

1. The principal pulmonary diseases to which the miner is subject are bronchitis, influenza and pneumonia, pulmonary tuberculosis, anthracosilicosis, and silicosis.

2. Statistics indicate that much higher morbidity and death rates from pulmonary diseases are experienced in dusty than in nondusty industries, especially where silica dust is used or produced.

3. Investigations by the Public Health Service reveal that hard-coal miners suffer a high mortality rate from influenza and pneumonia not only during influenza epidemics but at other times as well. In 1915-23 and 1906-25 influenza and pneumonia were responsible for 40 per cent of the total deaths among hard-coal miners compared with 25 per cent among males at ages 15 to 65 who were engaged in pursuits other than coal mining. Six per cent of hard-coal miners had pulmonary tuberculosis compared with 2 per cent in the adult male population of the United States. The rate for metal miners is still higher.

About 63 per cent of those having anthraco- [illegible] in the control group. [illegible] degree of disability [illegible] approximately 21 per cent of those with anthraco-silicosis compared with less than 2 per cent of the men serving as controls.

5. The occupational groups in anthracite mining, arrayed by the Public Health Service according to extent of physical impairment, are (1) rock workers, (2) regular miners, (3) all others exposed to more than 100 million dust particles per cubic foot of air, and (4) men in haulageways except rock workers.

6. The principal pulmonary disease in metal mines is silicosis and the chief menace in silicosis is tubercle infection. Apparently silica dust alone increases the liability to pulmonary tuberculosis.

Joint studies made by the Actuarial Society of America and the Association of Life Insurance Medical Directors[38] revealed that there were 65 deaths where 6 were expected (about 11 times the expected number) from tuberculosis in 1925-1936 among a group of underground miners, most of whom were employed in metal mines. Tuberculosis deaths were fourteen times the expected among copper miners, nine times the expected among gold and silver miners, and eight and a half times the expected among iron miners. In an earlier study[39] covering the years 1915-1926, there were 18 times as many deaths as expected among lead and zinc miners.

7. As dust is the greatest contributor to the excessive mortality from pulmonary diseases in the mining industry, the principal method of preventing these diseases is to eliminate as far as possible or reduce to harmless concentrations the dust in the breathing zone of the worker.

8. The aim should be to eliminate the dust entirely from the air breathed. Where this is not always feasible it may be possible to reduce the dust to a concentration that will not cause disability during a working lifetime.

9. Analysis of data collected by the Public Health Service to determine safe limits of dust exposure indicate that employment [illegible] when the quartz content of the dust is less than 5 per cent; when the silica content is about 13 per cent 10 to 15 million particles appears to be a safe limit.

10. The amount of harmful dust created by various activities in mining can be determined by sampling the atmosphere in their vicinity and counting and identifying the dust particles. Sampling of air is also a means of checking the efficiency of dust control measures.

11. The impinger is the dust-sampling instrument used most frequently in the United States.

12. The dustiest operations in mining are dry drilling, blasting of dry rock or ore, shoveling or mucking, loading and haulage, and machine coal cutting.

13. The principal measures for controlling the ill effects of dust in mining operations are ventilation, wet methods, proper blasting practice, the use of personal respiratory protection, and physical examination of workers.

14. The efficiency of these measures in the reduction of the incidence of dust diseases is attested by the experience in the mines of South Africa where among the whole body of miners the liability to contract silicosis in 1936-37 was less by 65 per cent than it was in 1920-33. Among the "new Rand miners" who entered the industry by way of initial examination since 1916 and who have been exposed solely to the progressively improving occupational conditions that have obtained since that date, the liability to contract silicosis was less by 87 per cent than the similar liability among all miners working for an equal period in 1920-23. These "new Rand miners" constituted 77 per cent of all working miners examined.

Conclusion

The mortality and morbidity from pulmonary diseases are excessive in the mining industry as a result of exposure to large amounts of dust in the air breathed. Therefore, control of the dust hazard is necessary to prevent these diseases. No single measure of control is applicable to all dusty opera-

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TUESDAY AFTERNOON SESSION

October 8, 1940

The opening session of the Steam Railroad Section was called to order by the Chairman, E. L. Henry, Superintendent of Safety, Chicago & North Western Railway Company, Chicago, who presided.

He outlined briefly some of the activities of the Section during the past year, and took the opportunity to mention the work of many Standing Committees. He then introduced J. R. Tenney, Supervisor of Safety, Western Maryland Railway Company, Hagerstown, Md., Chairman of the Program Committee, who assumed the Chair. Mr. Tenney introduced the speakers.

The Effectiveness of Grade Crossing Protective Devices from the Viewpoint of State Authorities

By WARREN HENRY

Assistant Chief Engineer, Illinois Commerce Commission, Springfield, Ill.

The art of grade crossing protection has this field seemed, to some of us at least, the