examination anemia due to benzene was diagnosed. The condition, which improved under treatment with liver extract, was severe, and vision was affected. Both retinas displayed disseminated hemorrhages, some of which had white exudative centers. As the patient improved, so did the condition of the eyes, which were finally considered to be normal. The appearance of the fundi of both eyes was typical of an anemia or a leukemia, and it improved as the blood improved. Here, the red cells rather than the white were chiefly affected. In future the authors propose to examine the eyes in all cases of anemia due to toxic agents.

E. L. COLLIS [BULL. HYG.].

COMPARATIVE NOXIOUSNESS OF BERYLLIUM IN COURSE OF ITS PREPARATION AND ITS UTILIZATION. M. DÈRIBÉRÉ, Paris méd. **40**:591 (Nov. 11) 1950.

Dèribéré, by reviewing the literature on the toxicity of beryllium, particularly the research carried out in the United States, Belgium, France, and Germany, arrives at the conclusion that there can be no doubt about the hazard of the processing of beryllium from ores and the employment of fluorides and oxyfluorides of beryllium and that the manufacturer is required to take definite precautions, which today are well known.

In contrast to that, he questioned whether berylliosis is an occupational disease of persons employed in fluorescent lamp works. He stresses the point that with the exception of a few rare cases of particular sensitivity, the silicate of zinc and beryllium of the fluorescent lamps does not entail any risk with respect to its utilization or for the manufacturer provided that his laboratories have a normal and suitable equipment.

BLEEDING AND BLOOD TRANSFUSIONS IN PERCUTANEOUS POISONING WITH ANILINE. A. PIGNERO, Minerva med. **70**:135 (Sept.-Oct.) 1950.

Pignero directs attention to the value of blood transfusion following bleeding in the treatment of aniline poisoning. Two children were admitted to the hospital with grave symptoms of acute poisoning with aniline. The poisoning occurred from the use of shoes made with a material recently dyed with a substance containing aniline. The symptoms, although acute in both, were worse in one of the patients. The patients were unconscious or in semicoma with dyspnea, cyanosis, urobilinuria and acetonuria. Methemoglobin was identified in the blood of both by spectroscopic examination. Oxygen, alone or mixed with carbon dioxide, and injected methylene blue failed. On the second day the number of erythrocytes had diminished as compared with that of the first day. The successful treatment consisted of bleeding of 130 cc. of blood and transfusion of 150 cc. of blood, with administration of cardiac tonics and hypodermoclysis as coadjutant treatment. Recovery of one patient occurred after one transfusion preceded by bleeding in the aforementioned quantities. To the other patient it was necessary to give four bleedings of the aforementioned quantity of blood, each followed by an intramedullary blood transfusion. The author states that although these cases were accidents involving children, it is advisable to apply the knowledge of this treatment in industrial poisoning with aniline.

CUTANEOUS ULCERS IN WORKERS EXPOSED TO CHROMIUM. C. L. MENEGHINI, Rass. med. indust. **19**:161 (July-Aug.) 1950.

Meneghini observed 120 workers who had been exposed to chromium for a period which varied between one and 18 months. More than 90 per cent of the workers had cutaneous chromium ulcers on the hands, the fingers, the forearms or the dorsum of the foot. Normal volunteers received, then, cutaneous applications of the chromium solutions handled by the aforementioned workers. An alkaline chromate solution had strong caustic effects, an acid bichromate solution had mild caustic effects, and a slightly acid bichromate solution had no harmless effects on the skin of the volunteers. The results showed that chromium cutaneous ulcers are due to the presence of the following factors: (1) local precipitation of proteins of the