

FILE NAME: National Safety Council (NSC)

DATE: 1961 Feb

DOC#: NSC038

DOCUMENT DESCRIPTION: NSC - National Safety News - Problem Areas in Pneumoconiosis

FEBRUARY 1961

National SAFETY NEWS

NATIONAL SAFETY COUNCIL

Engineering and
Sciences Library

FEB 17 1961

University of Maryland
College Park, Maryland

Let 'em have it YOUR way

The secret of motivation
See page 28

PLAINTIFF'S
EXHIBIT

NSC-36

tabbies

liquid has a vapor pressure of approximately 50 mm Hg at room temperature, the concentration of triethylborane surrounding the liquid would contain 65,000 ppm.

Vapors of this chemical will ignite at 1 mm Hg partial pressure (1300 ppm.). It is not correct to assume that, because triethylborane vapors ignite, there isn't any potential health hazard. Toxic concentrations can be easily achieved.

It has been recommended that the exposures to uncombusted triethylborane vapors should be kept at a minimum.

Fatal Gassing in Acetylene Plant

"Fatal Gassing in Acetylene Manufacturing Plant." By A. T. Jones. *Archives of Environmental Health*, Volume 1, No. 5, November 1960. Pp. 417-422.

THIS is a report on a fatal accident that occurred in an acetylene manufacturing plant. The operator was found lying across the top of an open calcium carbide generator feed hopper, with his head inside the filler hole.

Apparently he had placed his

head inside the hopper to determine the level of carbide in the generator. In so doing, he was exposed to an atmosphere deficient in oxygen and containing a high concentration, possibly up to 80 per cent, of acetylene.

As a temporary preventive action, it was recommended that compressed air line respirators be worn by operators when working around open hoppers. As a permanent preventive measure, it was recommended that glass ports in the hopper and good illumination be provided, so the operator can see the level of the carbide in the generator without exposing himself to hazard.

"VYTHENE'S NOT NEW!"

says
Robert M. Elrick
Vice-President of Tect, Inc.

"TECT, Inc. was first in the effective stabilization of 1, 1, 1-trichloroethane: first offering VYTHENE in early 1954."

Nearly all 1,1,1-Trichloroethane on the market is stabilized on the principles developed by TECT, INC. This stabilization has been an absolute necessity in the general use of the product, as the unstabilized solvent reacts violently with aluminum and corrodes iron and steel.

VYTHENE may be used for an enormous variety of cleaning and process applications, due to its low toxicity, stability, solvent power, and fast evaporation rate.

PROVED BY USE for six years in hundreds of America's leading industrial plants, VYTHENE is still tops in stability.

VYTHENE is modified in more than 40 different ways for special applications to specifically suit customer needs and reduce costs. Write for details, samples and name of your nearest distributor.



Here's Dramatic Proof of VYTHENE'S Stability!

After 2000 hours of refluxing with aluminum in all three stages, VYTHENE is still stable, crystal clear . . . no corrosion of metal.

- Stable in vapor stage
- Stable in condensate stage
- Stable in boiling stage

Northvale **TECT, INC.** New Jersey

Problem Areas in Pneumoconiosis

"Problem Areas in Pneumoconiosis." By N. Kleinfeld, M.D., and J. Messite, M.D. *Archives of Environmental Health*, Volume 1, No. 5, November 1960. Pp. 428-437.

IN THIS paper stress is laid on the importance of having sufficient information about the industrial environment, before a positive diagnosis of occupational and chest disease can be made.

Pulmonary disease may be occupational or non-occupational in origin. To establish a causal relationship, one must know the particle size of dust to which the worker is exposed, the physical characteristics of the dust and the details of the worker's job.

The authors cite case histories to illustrate the importance of these factors. They indicate it is important to know the epidemiology of the industrial dust disease, the similarity between occupational and non-occupational pulmonary diseases, and the incubation period of the occupational chest disease.

It is impossible to evaluate the case of pneumoconiosis solely by conventional methods of examination, i.e. clinical roentgenographic or pathological or the more refined methods of pulmonary function determination. The approaches discussed must be combined before any conclusions can be made.

The authors also discuss the medical and legal factors involved in problems of compensation relating to pneumoconiosis.