injurious and are, therefore, removed from the sample. After proper dilution, the contents of the graduated flask are thoroughly shaken so that a uniform suspension is obtained, and two portions of about one cubic centimeter are removed with a pipette to just fill two Sedgwick-Rafter counting cells. The cells are allowed to stand at least 20 minutes and the dust particles are then counted by means of a microscope.

The microscope with an Abbe condenser is provided with an eyepiece micrometer, a 16-millimeter objective and a 7.X eyepiece. The eyepiece micrometer has a large square engraved on it, and this square is divided into 100 squares, one of which is further divided into 25 smaller squares. The proper tube length of the microscope is determined by calibration with a stage micrometer, so that a side of the large square of the eyepiece covers 1 millimeter (1,000 microns).

The large square of the eyepiece micrometer, therefore, encloses the dust in an area of one square millimeter, and since the counting cell is one millimeter deep, all the dust suspended in one cubic millimeter of the sample is under the ruled field. All particles visually less than 10 microns in longest diameter in one quarter of the field are counted at five points on the cell, namely, near the four corners and the center.

Two cells of each dust sample are counted and the average of 10 counts is obtained. Control counts are subtracted from the average sample counts, giving finally, average net counts of the number of particles which are then calculated in terms of particles per cubic foot of air sampled.

Having determined the concentration of dust particles less than 10 microns in diameter in a given atmosphere, it is also necessary to obtain information regarding the mineral composition of the dust before any evaluation of the health hazard can be made.

In general it may be said that the harmfulness of a quartz containing dust is usually in direct proportion to its free-silica (SiO_2) content. It is, therefore, necessary to distinguish between "free silica", that is the silica that occurs as quartz, and "combined silica", or the silica that is combined with other elements in the various silicate minerals. It should be borne in mind, therefore, that the total silica reported in the customary chemical analysis is no measure of the amount of free silica.

The quartz content of fine dusts is usually determined by a combination of petrographic and chemical methods. Each dust presents individual problems and no individual technique applies to all dusts regardless of their composition. Those interested in this problem should consult Reprint No. 1560 of the Public Health Reports, February 24, 1933, entitled "The Quantitative Determination of Quartz (free silica) in Dusts" by Adolph Knopf, Professor of Physical Geology, Yale University, and Consultant, United States Public Health Service.

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Discussion of Dust Problems

By DR. LEONARD GREENBURG

Yale University, New Haven, Conn.

The speaker said in part: On the technical side of this problem you have been presented with two excellent papers by Mr. Jones and Dr. Meiter. There is little that I should add from this point of view. Perhaps the most valuable contribution that I can make is to present to you my own personal view of the broader administrative aspects of this problem gained as a result of many years of close contact. In order to do this, let us analyze the problem in its simplest terms.

We may begin by agreeing that pulmonary fibrosis results from the inhalation of certain dusts in known concentration over a sufficient period of time. This fact has been demonstrated repeatedly by means of industrial, laboratory and pathological studies. On this simple fact, I take it, there is complete agreement.

Such legitimate cases of disabling pulmonary fibrosis are held in many states to be the responsibility of the employer. Further, a perusal of the compensation laws makes it evident that there exists a decided trend in the direction of broadening the compensation acts throughout the Union for we find from time to time that additional states are being added to the list of those holding silicosis to be a compensable disease. We would certainly be blinding ourselves to the facts were we not to admit the existence of this trend in social legislation. It should be pointed out here that this is a very wholesome and desirable state of affairs. The insurance principle has justified its existence in spreading the burden of ill fortune over a long period of freedom from catastrophe and surely in the case of industrial accidents it has freed us from the deplorable state of affairs in existence prior to 1912. In the case of the occupational diseases we may hope for equally satisfactory results.

Nevertheless, compensation insurance is not the complete solution of the problem at hand.

The only adequate means of avoiding the burden of silicosis is by the prevention of this disease. All other methods do not touch the crux of the problem and they carry in their wake a vast amount of litigation, illness, and a large financial burden on industry. If what we have agreed upon to this point is true it is obvious that industry must prevent the dissemination of dust in the workroom air by such adequate engineering techniques as are available; or in certain cases where this is not possible industry must provide, and force the worker to use, such means of personal protection as will adequately safeguard him against the inhalation of dust. It is only by these means that we can guarantee a future free of disabling pulmonary disease due to dust inhalation.

In spite of the very best efforts of industry to solve this problem there will undoubtedly be a certain number of cases brought to the courts and presented as legitimate cases of silicosis. While some of these are true cases of silicosis others, I have been informed, are not, but are designed merely as a means of obtaining funds from industry. A consideration of such cases brings us logically to the second part of the present discussion. What is the ideal method of handling compensation cases with reference to occupational disease and more particularly silicosis?

If we examine the development of the compensation acts we find that a technique designed primarily to adjudicate cases of industrial accidents has by degrees been given jurisdiction over occupational diseases. In fact, in some states diseases are regarded as injuries so that they may be brought within the scope of the original compensation acts. But on close examination it becomes apparent that diseases are far more difficult to adjudicate than are the ordinary injuries arising in industry. They present many technical facets and often require a detailed knowledge of this particular branch of medicine with which the average commissioner is very often unfamiliar. As a result we find in practice that the Court is presented with highly technical evidence by experts for the plaintiff and for the defendant which is very difficult if not impossible to satisfactorily evaluate. Often the commissioner is caught between the conflicting views of such witnesses and is not provided with his own experts to aid him in arriving at the real scientific background of the problem at hand.