



# *Industrial Hygiene Digest*

**INDUSTRIAL HEALTH NEWS**

**LITERATURE ABSTRACTS**

**MEDICAL**

**ENGINEERING**

**CHEMICAL**

**TOXICOLOGICAL**

**LEGAL . . . decisions and trends**

**JULY, 1952**  
**(Vol. 16, No. 7)**

**INDUSTRIAL HYGIENE FOUNDATION**

**MELLON INSTITUTE**  
**4400 FIFTH AVENUE -:- PITTSBURGH 13, PA.**





# FOUNDATION FACTS

Foundation Facts is a monthly news-letter issued to industrial concerns holding membership in Industrial Hygiene Foundation. The Foundation is a nonprofit association of industries for the advancement of healthful working conditions.

Volume 14

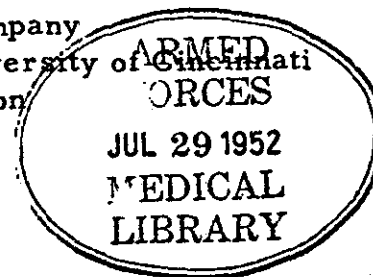
July, 1952

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## APPOINTMENTS TO MEDICAL COMMITTEE

The following new members have been added to the Medical Committee of Industrial Hygiene Foundation:

Dr. L. E. Hamlin, American Brake Shoe Company  
Dr. R. A. Kehoe, Kettering Laboratory, University of Cincinnati  
Dr. E. M. Kline, General Electric Corporation  
Dr. J. F. Shrouts, General Mills, Inc.



The physicians reappointed are:

Dr. E. M. Carleton, Inland Steel Company  
Dr. A. G. Kammer, Grad. School of Pub. Health, Univ. of Pittsburgh  
Dr. L. C. McGee, Hercules Powder Company  
Dr. C. Howard Marcy, Tuberculosis League of Pittsburgh  
Dr. C. M. Peterson, Council on Industrial Health, A. M. A.  
Dr. O. A. Sander, Milwaukee, Wisconsin  
Dr. C. D. Selby, School of Public Health, University of Michigan  
Dr. W. P. Shepard, Metropolitan Life Insurance Company

## COMMITTEES PREPARING FOR ANNUAL MEETING

The various Committees of the Foundation have met to shape up plans for the Conferences to be held on November 19. The Chemical and Toxicological Committee is planning an informal discussion type of meeting. Some of the early suggestions of topics include the effects of gases occurring in industrial plants as a result of explosions and fires, labelling requirements for chemical materials, and compilation of a new trade-name index. These subjects are tentative. Further suggestions from Member Companies will be welcome.

The Medical Committee, Legal Committee and Engineering Committee would also be pleased to consider any suggestions offered by Members as topics for discussion at the respective Conferences. This is your meeting, and we would like to have your views on subjects you believe would be of value and interest to you.

## MELLON INSTITUTE ANNUAL REPORT AVAILABLE

Copies of "Research Proceedings of Mellon Institute for 1951-1952," recently published, are available to Members of Industrial Hygiene Foundation.

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## INDUSTRIAL DUSTS

- 778 Silicosis and Other Pneumoconiosis. E. L. Middleton.  
Med. deport y trabajo 16, 4788-4802, (Mar. 1952) English Section.

The author presents a general review of silicosis, including etiology, pathogenesis, diagnosis, prognosis, and treatment. He then discusses the effects of mixed siliceous dusts and minerals, especially graphite, earthenware, and granite. Asbestosis, other fibrous silicate minerals, and non-fibrous silicate minerals are considered briefly. The effects of non-siliceous dusts, especially beryllium, and of vegetable dusts, are reviewed.

- 779 History of Lung Diseases of Coal Miners in Great Britain: Part II, 1875-1920. A. Meiklejohn. Brit. J. Ind. Med. 9, 93-98 (April 1952).

The author continues the review of the history of miners' pneumoconiosis (see IHF Abst. 1136, Oct. 1951). The principal developments in the period 1875-1920 were: the extension of interest in occupational diseases in other industries than mining; the development of workmen's compensation laws; and especially the gradual realization that free silica is an important factor in pneumoconiosis of miners.

- 780 Pneumoconiosis of Coal Miners in North East England with Special Reference to the Durham Coalfield. R. I. McCallum. Brit. J. Ind. Med. 9, 99-107 (April 1952).

The extensive occurrence of pneumoconiosis late in the nineteenth century was reduced very greatly by improvements in ventilation at about the end of the century. Mechanized mining has probably increased the true prevalence of pneumoconiosis, but diagnosis has also improved. Evidence from routine mass miniature radiography at eight Durham pits suggests that a minimum of 3 to 6% of men in those pits show well-marked pneumoconiosis. Future developments in the coalfield will tend to intensify dust production and the risks of pneumoconiosis unless dust suppression methods are considerably extended.

-- Cond. from Author's Summary