samples (0.5 to 1 mg.) can be analyzed in 10 minutes. The titration method uses a variable voltage and variable current coulometer connected directly to the combustion apparatus. The current is varied as needed to maintain a constant level of silver ions in the titration cell during the titration. The current multiplied by the time integrated and recorded.

-- AC Briefs

973 A Survey of Results of Investigations on Some Organic Mercury Compounds Used as Fungicides. K. D. Lundgren and A. Swensson. Am. Ind. Hyg. Assn. J. 21, 308-311 (Aug. 1960).

It may be emphasized that the symptoms of poisoning with alkyl mercury compounds are quite different from the symptoms, for example, of poisoning with corrosive sublimate. The toxicity of different organic mercury compounds used as fungicides is roughly the same. Nevertheless the risks are greater in connection with alkyl mercury than with phenyl mercury compounds depending on differences in volatility and behavior within the organism. The excretion of alkyl mercury compounds is slower, thus allowing the possibility of accumulation. In spite of this, it has been shown to be possible to handle these substances safely. Determination of the excretion of mercury in the urine of the employees and of the content of mercury in the air is a valuable aid in controlling the hazard and guiding technical improvements.

-- Authors' conclusions

974 Affections of the Larynx in Chronic Occupational Mercury Poisoning. G. Faleg and R. Lenzi. Rass. med. ind. 28, 299-305 (July-Aug. 1959). Italian.

The authors describe investigations carried out on 105 male and 195 female workers in the felt hat and fur industries who were suffering from chronic mercury poisoning and who all were receiving compensation at rates varying from 21 to 100%. None had worked at their trade for less than 15 years. Among them, 22 men, and 52 women had some laryngeal condition. This was classified into (a) allergic; (b) nervous; (c) catarrhal. (a) The allergic condition was seen in 5 men and 10 women. The vocal cords were mainly affected though the functional disturbance was greater than the laryngoscopic appearances might lead one to think; attempts to start work with mercury caused exacerbation. (b) The nervous condition was seen in 4 men and 14 women. Aphonia was the main symptom; sometimes there was either partial or completely paralysis of the muscles of phonation seen mainly in women; it was particularly noticeable in patients in whom the chronic mercury poisoning was manifested by predominantly neuropsychological symptoms. (c) The catarrhal condition occurred in 13 men and 28 women. The clinical picture was that of a chronic catarrhal laryngitis with dysphonia. Examination showed mucosal hyperemia, hyperadduction of the ventricular bands in phonation and particularly chronic laryngitis of the vestibule. The authors summarize by saying that 24.66% of their patients had a condition referable to the larynx and that this organ can frequently be injured in mercury poisoning; chronic catarrhal laryngitis is the most frequent form of damage.

-- Cond. from Bull. Hyg.

975 Prophylaxis, Therapy and Rehabilitation of Lead Workers. D. Schiemann. Z. ges. Hyg. u. ihre Grenzgebiete 6, 20-38 (Jan. 1960). German.

The author bases his prophylactic measures on a system of supervision of all lead workers; this includes clinical examination, and monthly examination of blood films for punctate basophilia. By this means the workers are divided into 3 groups—those in Stage I are "lead carriers", in Stage II lead dyscrasias, and Stage III lead toxicoses. Punctate basophilia is specific for lead poisoning only when the level reaches 6 in 50 microscopic fields. In Stage I the level is 6 to 25, in Stage II 26 to 80, in Stage III over 80, sometimes 230, more rarely up to 300. The stages tend to merge into each other, but the outstanding problem from the prophylactic point of view is that of deciding when Stage I is likely to develop into Stage II or III. By keeping charts of the numbers of work people in the different stages over a number of years it is possible to distinguish a group who remain in Stage I and who are therefore regarded as a source of apparently lead-resistant individuals. During the period 1953 to 1955, when there was an improvement in working conditions, including the use of colloid filter masks, there was practically no rise in the Stage III curve; this was attributed to the fact that all patients