1010 Studies on Cotton Dust in Relation to Byssinosis. Part 2. Skin Tests for Allergy with Extracts of Cotton Dust. H. R. Cayton, G. Furness, and H. B. Maitland. Brit. J. Ind. Med. 9, 186-196 (July 1952).

Ten extracts were made from four samples of cotton dusts using seven extractive methods including standard methods for the extraction of allergens and bacterial antigens. All the extracts were used for skin tests and were similar in causing two types of reaction, an early wheal and flare and a late reaction, maximal in about 12 hours, of redness and induration. Extracts varied somewhat in potency. Several groups of persons, 291 in all, were compared, including early and advanced byssinotics and other exposed and unexposed, allergic and non-allergic persons. About 90% had a late reaction, which is considered to be due to the direct action on the tissues of a toxic substance extracted from the dust. About 30 to 40% had an early reaction following intradermal injection of a suitable dilution of extract. A small percentage reacted to intradermal injection of high dilutions or to the prick test. Reactors occurred equally in all groups of the adult urban population, so the reaction does not indicate hypersensitivity specific to byssinosis.

-- Cond. from Authors' Summary

1011 Allergy and Related Problems in Flour Milling and Grain Processing. J. F. Shronts. Ind. Med. & Surg. 21, 399-402 (Aug. 1952).

Two surveys totaling 5000 employees in the grain processing industries disclose only 2 to 3 cases of proved allergy per 1000 employees. The cases do not include minor ailments no more severe than colds or hay fever. Allergic cases are slow in developing; 8 to 30 years is the general range. Dermatitis may precede rhinitis or asthma by many years, and its early appearance may explain the low incidence of respiratory cases, as the employee may be transferred or may resign before respiratory symptoms develop. Skin testing of patients for hypersensitivity to the various allergens in flour mill and grain dust is not a simple diagnostic procedure, because tests should be made for members of the fungus family and ragweed and other pollens that may be in the grain. Hyposensitization has been successful in some cases. Diagnosis and case management for allergic patients should be the responsibility of the allergist rather than the industrial physician.

"You say nothing about what you have found, you speak only of what you have lost." Recently translated from a Sumerian tablet this proverb is 3700 years old and pre-dates the Book of Proverbs by 1000 years. -- The Employment Counselor