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D'Oswaldo. Abstr. as follows from Ann. di ottal., Feb., 1928, vol. 56, p. 154, in Am. Jour. Ophth., Nov., 1928, vol. 11, p. 938.

A man having the care of war projectiles undertook by means of a lathe to cut off the point of a hand grenade which was filled with phosgene gas, causing it to explode. He received the full effect of the contents in his face and eyes and was immediately enveloped in a mist of gas. The face and lids became red and swollen; the cornea opaque with necrosis of the epithelium such as commonly follows an acid burn. The opacity prevented a view of the iris or pupil. In a few days the injury was followed by a deep infiltration, corneal ulceration, and hypopyon, with prolapse of the endobulbar tissues and loss of the eye. At the end of the year there was symblepharon and adhesion of the orbital tissues. The result was so

much more serious than that usually following an injury from phosgene gas that the author concludes that the gas must have had in it some bromine and chlorine to produce so serious an effect.

SPLENOMEDULLARY LEUKAEMIA IN AN X RAY WORKER. *W. H. Evans and R. E. Roberts. Lancet, Oct. 13, 1928, vol. 2, pp. 748-751.*

A case is reported of typical myeloid leukemia of fourteen years' standing in an X-ray worker. Then all evidence previously published associating radiations with leukemia is critically reviewed; eleven cases were found, including two in radium and thorium workers. Finally the authors hold that the small number of cases makes it impossible to exclude coincidence, and pronounce the case against radiations as a cause of leukemia to be "not proven."—E. L. C.

DUST HAZARDS AND THEIR EFFECTS

EXPLOSIBILITY OF SULFIDE DUSTS IN METAL MINES. *E. D. Gardner and E. Stein. U. S. Bur. Mines Rep. Investigations, Serial No. 2863, 1928, pp. 11; abstr. as follows in Chem. Abstr., Nov. 20, 1928, vol. 22, p. 4820.*

Explosions have occurred in blasting in massive sulphide ores of greater magnitude than could be accounted for by the charge of explosive used in making the blast. During regular blasting in such ores sulphide dust is produced and scattered about the mine, while sulphur dioxide and hydrogen sulphide appear in the atmosphere. In these occasional heavy blasts the concentration of sulphur dioxide in the after-atmosphere is very high.

Gallery tests show that sulphide dusts can be ignited by blasting and that the combustion may be violent enough to be considered an explosion but it was not shown if such explosions are self-propagating. To prevent these explosions, settled dust should not be allowed to accumulate. All working places should be thoroughly wetted by sprinkling before the bore holes are loaded. And bore holes should be steamed and tamped to the collar.

A CASE OF PNEUMOCONIOSIS. RESULT OF THE INHALATION OF ASBESTOS DUST. *H. E. Seiler. Brit. Med. Jour., Dec. 1, 1928, vol. 2, p. 982.*

A case is reported of extensive

pulmonary fibrosis ascribed to inhaling asbestos dust. The fibrotic condition resembled that produced by silica dust, when seen by radiograph. The patient was a man aged 40 years, who for twenty-two years had been employed in the asbestos industry. He sought advice on account of chest symptoms associated with lassitude,

loss of weight, and night sweating. No tubercle bacilli were found, and his clinical condition is ascribed to his occupational hazard.—E. L. C.

CLINICAL PICTURE OF PNEUMONOKONIOSIS. *G. Schellenberg. Beitr. z. Klin. d. Tuberk., June 29, 1928, vol. 69, p. 498.*

OCCUPATIONAL AFFECTIONS OF THE SKIN AND SPECIAL SENSES

INDUSTRIAL SKIN LESIONS FROM SALTS OF ANTIMONY IN THE TEXTILE INDUSTRY. *A. B. Selisky. Abstr. as follows from Dermat. Wchnschr., 1928, vol. 86, pp. 723-727, in Bull. Hyg., Feb., 1929, vol. 4, p. 170.*

The author describes occurrence of some 200 cases (including relapses) of industrial skin lesions due to the use as a mordant of solutions of salts of antimony in cloth dyeing. The form assumed was a pustular, necrotic dermatitis commencing usually as a folliculitis and ending in an atrophic scar. Usually the arms were affected. A perifollicular abscess formation was found histologically.

Etiologically the author believes that acid intermediate products, which are formed when antimony salts are used for mordanting, were responsible for the trouble. The condition was much the worst in the summer months and, in order to neutralize the excess of acid intermediate products, the author recommended addition of chalk. This step was followed by notable remission. After four months the chalk was given up on technical grounds, when the cases again became more numerous.

Use of indiarubber gloves and smear-

ing the skin with vaseline is naturally of value.—T. M. L.

LESIONS DUE TO COPYING-PENCILS. *G. Marsiglia. Abstr. as follows from Riforma med., 1928, vol. 44, pp. 1308, 1311-1313, in Bull. Hyg., Feb., 1929, vol. 4, p. 179.*

Erdheim, a surgeon of Vienna, was the first to call attention to the deleterious effects of aniline dyes on living tissues, in 1914 and 1920. By experiment on guinea-pigs, rats, and rabbits, he showed that when small fragments of sterilized copying-pencils were introduced beneath the skin of the abdomen, a cyst formed round the foreign body and the color was diffused into the surrounding tissues and produced a wide necrosis. Fragments of green pencils produced the least injury, the violet were the most severe, gentian violet much less than methyl violet. A fragment of 2 sq. mm. of the last caused a zone of necrosis 3 cm. in diameter. Cicatrization did not take place until the whole of the necrotized tissue had been eliminated. In addition to the local lesions signs of intoxication might also occur, if the dose was a large one, leading to a fatal issue, and, postmortem, lesions of

respiratory air because of the continuously alternating inspiratory and expiratory movements and because of the electric charges of the particles; the form of the particles also must be taken into consideration: flat scale or shell-like particles are more easily held in suspension. The sedimentation proceeds in direct ratio to the weight of the particles and thus to the degree of humectation of the particles and to the slowing of the respiratory movements in the smaller bronchi. In the large bronchi the mucosa is protected by ciliary epithelium and a layer of mucus, and the particles deposited on it are rapidly expectorated, without having penetrated into the pulmonary tissue; but in the small bronchioles there is no mucous secretion and the epithelium is thin and easily traumatized by deposited particles, which thus come in contact with the underlying connective tissue and are carried away by the macrophages or forced into various parts of the lungs by a continuous pulling of connective tissue caused by the expansion and the retraction of the lungs during respiration. Thus the mechanism of penetration of the mineral particles into the pulmonary tissue seems to be of the same nature as the mechanism of migration of a needle introduced under the skin.—K. R. D.

PULMONARY ASBESTOSIS. W. B. Wood. *Tubercle*, May, 1929, pp. 353-363.

Some description is given of the clinical condition of fifteen workers who came under observation after being exposed for varying periods of time to dust inhalation at an asbestos factory. Asbestos is a fibrous and

crystalline mineral composed mainly of magnesium silicate. The author deals chiefly with radiographic appearances and gives twelve illustrations. He considers that pulmonary asbestosis is a definite condition characterized by progressive dyspnea which becomes extreme; it is accompanied by cyanosis giving a leaden hue to the appearance. Wasting is a notable feature, while cough is a variable symptom. Clubbing of the fingers may be present. Prognosis appears to be grave owing to intervention of such diseases as pneumonia or bronchitis, or even tuberculosis, although the evidence is not quite definite as to whether a patient with asbestosis is more liable than a normal person to contract tuberculous infection. Skiagrams present shadows suggesting a diffuse fibrosis affecting chiefly the lower two-thirds of the lungs. The striations form a fine network, like that of a cobweb, which lacks the coarse quality of silicosis.—E. L. C.

THE PRESENCE OF THE ASBESTOS FIBRE IN THE LESIONS OF ASBESTOS WORKERS. S. R. Gloyne. *Tubercle*, June, 1929, pp. 404-407.

The author first examined powdered asbestos fibers, and then looked for them in workers. He found them in asbestos corns or skin thickenings which are common among the workers, in nose swabs, in mouth washes, and in sputum. But in no case were the "curious bodies" seen found by others in lungs. He found them however in profusion in the lungs of one worker. Careful examination of these "curious bodies" with concentrated sulphuric acid showed that they were material—possibly blood pigment—deposited

round an asbestos fiber. How they are formed is not, however, discussed; but a further communication dealing with cellular reaction to asbestos in living tissues is promised.—E. L. C.

DEMONSTRATION OF THE PECULIAR BODIES OF PULMONARY ASBESTOSIS ("ASBESTOSIS BODIES") IN MATERIAL OBTAINED BY LUNG PUNCTURE AND IN THE SPUTUM. *M. J. Stewart and A. C. Haddow. Abstr. as follows from Jour. Path. and Bact., 1929, vol. 32, p. 172, in Chem. Abstr., May 20, 1929, vol. 23, p. 2482.*

The peculiar characteristic golden yellow bodies were found in two cases

of pulmonary disease in individual persons who had worked with asbestos for several years.—P. D.

THE ESTIMATION OF SILICA IN TISSUES. *E. J. King. Jour. Biol. Chem., Nov., 1928, vol. 80, pp. 25-31.*

"A micro method for the estimation of silica in animal tissues, which depends on the production of yellow silicomolybdic acid, has been described. Evidence is produced to show that the method gives accurate results.

"The silica content of some tissues has been estimated; values are listed in tabular form."

OCCUPATIONAL AFFECTIONS OF THE SKIN AND SPECIAL SENSES

ASEPTIC NECROSIS BY AN ANILINE PENCIL. *P. Wilmoth. Presse méd., May 29, 1929, vol. 37, pp. 700-701.*

Iselin in 1927 reported in *La Presse Médicale* certain injuries arising from aniline pencils. Now P. Wilmoth describes a further case which was due to a portion of an aniline pencil penetrating the skin of the foot of a young girl who was walking barefoot across the floor. At first there was no pain; but ten days later the skin swelled and was found to be stained a violet blue. Finally the skin broke, discharging purple fluid and leaving an ulcer with a necrotic blue-stained base. The ulcer showed no sign of healing until all the stained tissue had been excised. Apparently bits of aniline under these circumstances pass into solution and continue to kill the tissues until they are removed. In the present case no general symptoms were reported, although Iselin men-

tioned that headache, loss of appetite, and mild jaundice may occur. Nor is reference made to using ultraviolet rays to hasten healing of the wound—treatment which Iselin found of value.—E. L. C.

GROSS AND MICROSCOPIC CHANGES IN THE SKIN PRODUCED BY X-RAYS AND BY LIPOID SOLVENTS. *L. H. Jorstad and C. W. Lane. Arch. Dermat. and Syph., June, 1929, vol. 19, pp. 954-967.*

The conclusions are given as follows:

Active precancerous lesions histologically have been produced in the skin of the white rat by repeated painting with a diluted tar preparation. The same type of lesion is produced by a single exposure of unfiltered x-rays, or by combining the two procedures. In observing the histologic changes produced by these procedures at different intervals throughout the period of experiment, further evidence was gained that coal tar, allied substances such as

showed the presence of methemoglobin but the cells were still free from this. Treated with arsine *in vitro* the corpuscles quickly acquire methemoglobin. The regular symptoms of the poisoning are painful sensation in the upper abdominal and lower chest region, vomiting, and collapse. The urine contains albumin and granular casts even when there is no hemoglobin; also peculiar white cells appear in the blood. The arsenic is excreted in amounts of 0.5 to 2 mg. per day, but is eliminated only partly.—P. D.

CHRONIC BENZOL POISONING. W. R. H. Kranenburg and H. Peeters. *Abstr. as follows from Zentralbl. f. Gewerbehyg., Dec., 1928, N. S. vol. 5, p. 358, in Bull. Hyg., Aug., 1929, vol. 4, p. 643.*

The Medical Inspector of Factories in Holland describes the examination of twenty-three men employed in painting the wings and bodies of airplanes with lacquers containing benzol. The account is not detailed but in view of the greatly increasing use of cellulose spraying of motor car bodies, etc., is worth recording. Many of the workmen complained of headache, nausea, sleepiness, tiredness, and poor appetite. They all looked pale.

Employment varied from four months to twelve years. The characteristic blood picture of benzol poisoning, a definite relative lymphocytosis, was found in thirteen of the twenty-three workers.

Locally applied exhaust ventilation was introduced, the painting being effected through a slit-like opening with the exhaust fitted to the back. Chemical examination of the three lacquers showed the presence of

acetone, methyl alcohol, benzyl alcohol, and benzol.—T. M. L.

EFFECT OF BENZENE POISONING ON BLOOD. G. Orzechowski. *Abstr. as follows from Virchows Arch. f. path. Anat., Feb. 16, 1929, vol. 271, p. 191, in Jour. Am. Med. Assn., May 18, 1929, vol. 92, p. 1721.*

In a study of the blood in benzene intoxication, Orzechowski found that of the leukocytes, the granulocytes showed the greatest reduction in number.—K. R. D.

A NEW AND RAPID METHOD FOR THE GRAVIMETRIC DETERMINATION OF CADMIUM. G. Spacu and G. Suciu. *Abstr. as follows from Bull. Soc. stiinte Cluj, 1929, vol. 4, pp. 409-412, in Chem. Abstr., July 10, 1929, vol. 23, p. 3184.*

With cadmium a precipitate containing 13.99 per cent. of cadmium can be obtained by the action of potassium iodide and copper ethylenediamine nitrate $[(Cu en)_2(NO_3)_2 \cdot 2H_2O]$. To 100 to 300 c.c. of neutral solution containing cadmium, add an excess of potassium iodide and heat to the boiling point. Then add a hot, concentrated solution of copper ethylenediamine nitrate. Cool completely, filter, and wash first with a solution containing 1 per cent. of potassium iodide and 0.3 per cent. of copper ethylenediamine nitrate, then with four to six 2-c.c. portions of alcohol, and finally three to four times with ether.—P. D.

POISONING FROM AUTO EXHAUST GASES. H. Kunz-Krause. *Abstr. as follows from Pharm. Zentralhalle, 1929, vol. 70, pp. 261-265, in Chem. Abstr., July 10, 1929, vol. 23, p. 3330.*

A discussion of the nature and

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lead sulphate and, therefore, carried out comparative experiments with rabbits and cats feeding them with the sulphate and carbonate. Analysis of the sulphate revealed 72.7 per cent. sulphate and 26.7 per cent. lead oxide, i.e., 73.3 per cent. total lead. The sample of white lead contained total lead equal to 79.2 per cent.

The amount given in the food was 0.1 gm. per kilogram of weight daily for thirteen weeks; administration was then stopped as loss of weight, diminu-

tion in the hemoglobin content of the blood, and more or less considerable punctate basophilia occurred in the animals. In other experiments larger doses were given.

No significant differences were observed and the authors conclude that "sulphate of lead and carbonate of lead, when given with the food, or absorbed from deposits placed in the subcutaneous cellular tissue, have, for practical purposes, equal toxicity."—T. M. L.

DUST HAZARDS AND THEIR EFFECTS

DUST. C. O. Sappington. *Health Practices Pamphlet No. 4, Nat. Safety Council, 1929, pp. 7.*

A popular review of the conclusions of various investigators with regard to the industrial dust problem—in particular: the inhalation of free silica, the importance of particle size and of the toxicity of the material breathed, the mechanism of dust absorption by the lungs, the percentage retention of the dust inhaled, the prevention of dust formation and diffusion, the removal and collection of dusts and fumes, the advantages and limitations of masks and respirators, and the dust explosion hazard.

The procedure followed by the United States Public Health Service in their studies of the dusty trades is given.—T. H.

HISTOCHEMICAL STUDY OF ANTHRACOSIS. A. Policard and S. Doubrow. *Presse méd., July 10, 1929, pp. 905-907.*

The authors report further on their

method of micro-incineration. A lung section placed on a slide is incinerated in a small electric furnace after which only inorganic cinders, still in their original position, are left. Such a section is now compared with an unincinerated fellow, when the exact relation of inorganic matter to lung pigment can be determined. The conclusion is drawn that some lung pigment is derived from iron in the blood and is endogenous, but, especially in those exposed to occupational dusts, most pigment originates as inhaled dust and is exogenous. Hence, evidence is obtained that dust is inhaled directly into the lungs, and that tubercle bacilli may be taken in by the respiratory route. The article is illustrated.—E. L. C.

A CASE OF PULMONARY ASBESTOSIS. W. B. Wood and D. S. Page. *Tubercle, July, 1929, pp. 457-460.*

The clinical description and post-mortem findings are given of a woman, aged 34, who worked from age 21 for

n. Silica in this state is described as silicic acid. In France, where the water is 170 parts per cent, treatment is given in an open air bath kept filled with a warm water. The fine particles of mineral dust which penetrate the deepest ramifications of the physical activities of silica in the waters are said to be desiccative and (b) coagulate rather upon the colloid of the hydrated-silica-in-water and the selectivity of the treatment upon any properties of silica ion.—E. L. C.

AN OCCURRENCE, IN AFRICA

med. Wchnschr., April 1929, p. 700, in *Arch. Syph.*, Oct., 1929, vol. 33.

He points out that in Africa occurs comparatively infrequently. He evaluates several methods of treatment and he comes to the conclusion that chemotherapy gives the best results. He employed this treatment in cases of anthrax; eleven of these were men and four were women. The age was between 17 and 35. In all cases the disease had been contracted with animals that had anthrax. The local pustular eruptions were different patients. The treatment is based in eleven cases on the use of anthrax bacilli, while in the other cases microscopic examination was not necessary because the results were clear without it. The

author describes the treatment as follows: The patients received a subcutaneous injection of 100 c.c. of anti-anthrax serum. If no improvement was observed on the day following, and if edema was increasing, they were given an additional injection of from 120 to 150 c.c. If the general condition showed improvement, they received only about 50 to 80 c.c. more. In some cases, however, a third injection was necessary. This therapy gave good results in fourteen cases. In one instance, in which the patient was brought to the hospital in a dying condition eight days after he contracted the disease, this treatment was of no avail.

TUBERCULIN REACTION IN NATIVE COLLIERY WORKERS. F. J. Allen. *Abstr. from Jour. Med. Assn. So. Africa*, 1929, vol. 3, pp. 3-9, in *Bull. Hyg.*, July, 1929, vol. 4, pp. 576-578.

[This paper owes its value to the fact that it sets forth in clear tabular form the results of a large number of tuberculin tests carried out by the same observer according to a reliable technic and with a tuberculin preparation sent out in a known dilution from the South African Institute of Medical Research.]

All the tests recorded were made by the intradermal method and all were with "old tuberculin" diluted to 1/5,000. The great interest of the tables lies in the grouping of the native miners according to their length of service in the mining industry: Tables I and Ia dealing with their combined periods of service in gold mines and coal mines; Tables II and IIa with their service in coal mines only. Allen points out that the "periods of

service," as used in the tables, depend on the accounts given by the natives themselves and admits that, in view of the unreliability of the memory of African natives, the periods cannot be regarded as necessarily very accurate. He thinks the records of service on coal mines only more reliable than those for gold and coal mines; and in Table III, which deals with natives who worked on one colliery only, and whose "length of service" could be ascertained from the company's register, he considers that "it makes up in accuracy what it loses by the smallness of the figures."

The results dealing with a total of 1,905 individuals tested and arranged according to their different time-groups of work in both gold and coal mines, show that the percentages of "positive" rise rapidly during the first year of work, then remain practically stationary between the second and ninth years, finally showing a decided fall in the group of old mine workers of over ten years' service.

When the investigation is restricted to those who have worked only in coal mines, the same early and rapid rise is seen, followed by a long "stationary" period and a final fall in the longest service group.

Allen, accepting as a premise that a positive reaction depends upon the "introduction of tuberculosis into the system," regards the rapid increase in positive reactions noted in the first year of work as indicating "a widespread exposure to infection" in the mining industry; an assumption which will receive endorsement from all those who have worked with tuberculin. The real problem raised by these observations is why 40 per cent. or there-

	PAGE		PAGE
Asbestosis, pulmonary (Cooke).....	35	BACKACHE, ischialgia and lumbago in	
pulmonary (Wood).....	210	laborers (Vainstein).....	117
pulmonary (Wood and Page).....	245	BAGGAGE carriers, fatigue in (Pa-	
pulmonary, diagnosis of (Stewart) .	35	trizi).....	79
pulmonary, in South Africa (Sim-		BAKERS, bread, clinical study of (Krü-	
son).....	9	ger and Saupe).....	155
ASTHMA associated with colds, vac-		BAKING industry, air conditioning in	
cines in preventive treatment of		(Rasmussen).....	21
(Walker).....	176	BARBERY, sporotrichosis infection due	
ATELETES, vital capacity of (Schmith) .	214	to (Blair and Yarian).....	94
ATMOSPHERIC conditions, acute respira-		BELGIAN CONGO, hygiene of workers in.	84
tory infections in relation to		BENZENE poisoning, aplastic anemia	
(Brown and Grabfield).....	50	due to (Askey).....	178
conditions in Indian coal mines		poisoning, aplastic anemia (fatal)	
(Penman).....	103	due to (Lavastine, Lévy, and	
conditions, <i>see also</i> under Heat, Hu-		Desoille).....	119
midity, and Temperature.		poisoning as hazard in chemical lab-	
impurities (Kam).....	41	oratories (Bloomfield).....	34
pollution by fumes from brass found-		poisoning, chronic, effect on blood and	
ry, economic reduction of (Zim-		blood vessels; neuritis of median	
merman).....	220	nerve due to (Lande and Kalinow-	
pollution by gases in smoke, damage		sky).....	120
to vegetation from (Noack).....	256	poisoning, chronic, from lacquers	
pollution, effect of coal treatment on		used in painting airplanes (Kranen-	
(Owens).....	40	burg and Peeters).....	235
pollution, thirteenth report of British		poisoning, effect of, on blood	
advisory committee on, 1926-1927.	80	(Orzechowski).....	235
pressure, low, carbon dioxide output		poisoning, fatal (Rivet and Guéde) ..	119
during muscular work at (Schneider		poisoning, New Jersey's experience	
and Clarke).....	98	(McBride).....	53
pressure, reduced, personal experi-		BENZINE poisoning, epilepsy following	
ence in (Hara).....	134	(Stieler).....	53
ATTENDANCE, which workers have good		BENZOL, <i>see</i> Benzene.	
attendance (Ho).....	258	BERIBERI on Japanese ships (Kat-	
AUSTRALIA, health and working condi-		surada).....	79
tions of employees in mining indus-		BLADDER, disease of, in chemical work-	
try of Victoria and Tasmania, 1928		ers (Wignall).....	233
(Moore).....	223	tumors of, in chemical workers (Op-	
industrial disease with reference to		penheimer).....	4
workmen's compensation, New		tumors of, in dyers (Rosenbaum and	
South Wales (Badham).....	22	Gottlieb).....	3
survey of women in industry, Vic-		BLIND, training and occupation for	
toria, 1928 (Ireland).....	218	(Feilchenfeld).....	226
AUTOMOBILE accidents, sex differences		training of, in Germany (Hirsch)....	24
in proneness to (Viteles and Gard-		BLINDNESS following carbon monoxide	
ner).....	257	poisoning (Lindemann).....	54
chrome ulcers in electroplating auto-		BLOOD and blood vessels, effect of	
mobile accessories (Blair).....	5	chronic benzene poisoning on	
drivers, chronic suppurative otitis		(Lande and Kalinowsky).....	120
media on exposed side of (Cann) ..	130	basophilic granulation of red blood	
drivers, test for (Forster).....	257	corpuscles in Thuringian cement	
exhaust gas, <i>see</i> Gas, automobile ex-		workers (Lehmann).....	139
haust.		basophilic substance in, fixation and	
refinishing, Duco poisoning in		influence of hydrogen ion concen-	
(Undine).....	57	tration on demonstrability of	
AVIATION goggles, effect of, on vision		(Brückner).....	137
(Poppen).....	188	carbon monoxide, device for recog-	
nocturnal vision and relation to fly-		nition of (Schwarzacher).....	199
ing (Beyne and Worms).....	222	cell changes in experimental lead	
AVIATOR, ocular balance in.....	149	poisoning (Seiffert and Arnold)....	137
paresis of associated eye elevators in		circulation and work (Möbitz).....	79
(Kurz).....	130	circulation, determination of rate of,	
Back injuries in industrial practice		during work (Bock, Dill, and Tal-	
(Campagna).....	76	bott).....	213
		circulatory efficiency, exercise toler-	
		ance test for (Master and Oppen-	
		heimer).....	215

	PAGE		PAGE
BLOOD, effect of benzene poisoning on (Orzechowski).....	235	BURNS, tannic acid treatment of (Beekman).....	190
effect of experimental phosphorus poisoning on digestive enzymes of blood (v. Falkenhausen).....	183	therapy, present status of (Christopher).....	142
electrolytes, changes in, in acute carbon monoxide poisoning (Tscherekeas and Gorodetzky).....	236	treatment of, with normal horse serum (Monteith and Clock).....	213
examination of stokers (Brancato)...	256	zinc vapor, of stomach (Orator).....	209
examination, significance of, in lead poisoning (Hamel).....	243	BURSITIS, subdeltoid (Grossman).....	116
of workers exposed to lead (Mathew)...	159	CADMIUM, method for gravimetric determination of (Spacu and Suci)...	235
pathogenesis of erythrocytosis in chronic carbon monoxide poisoning (Salkind).....	237	CALCIUM, effect of, on toxicity of carbon tetrachloride (Minot).....	56
picture, differential, action of minute doses of mercury on (Lüddicke)...	87	CANCER, epithelioma following burn with hot tar (Milian and Garnier)...	128
pigments, formation of, by phosgene (Mayer).....	123	epithelioma of skin in female cotton operative (Southam and Mumford)...	127
pressure, effect of gymnastics on (Schlesinger).....	214	following burn (Stauffer).....	198
serum, adsorptive capacity for pigments in lead poisoning (Seitz)....	63	in briquette factories in Baden (Teutschlaender).....	29
serum, effect of carbon monoxide on antibodies in (Dawidowa).....	237	in mineral oil refineries (Scott).....	28
BODY temperature, variations in, caused by sweating (Kuno and Ikeuchi).....	217	in various professions (Svonitzkiy)...	176
BONE, determination of lead in (Danckworth and Jürgens).....	121	industrial (Bridge and Henry).....	26
lesions in luminous watch dial painters (Martland).....	206	International Conference on, July, 1928.....	26-31
marrow, cell changes in, in experimental lead poisoning (Seiffert and Arnold).....	137	investigation of agents producing (Twort and Ing).....	112
marrow changes in experimental lead poisoning (Speranski and Sklianskaja).....	86	mule spinners' (Hoffman).....	32
osteogenic sarcoma in dial painters (Martland and Humphries).....	206	mule spinners' (Southam).....	28, 31
BRAIN disease, encephalopathy in lead poisoning not compensable under French law (Bénard).....	149	mule spinners', and mineral oils (Twort and Ing).....	49
disease, lead encephalopathy (Gelman).....	203	mule spinners', time necessary for production (Henry).....	175
BRASS foundry fumes, economic reduction of atmospheric pollution by (Zimmerman).....	220	occupational (Boulin).....	232
BRICKLAYING, energy expenditure in (Baader and Lehmann).....	167	occupational (Carozzi).....	30
BRIQUETTE factories in Baden, cancer in (Teutschlaender).....	29	occupational (Palmieri).....	176
BROMMETHYL, <i>see</i> Methyl Bromide.		occupational (Roussy and Héraux)...	3
BRONZE foundries, lead poisoning in (Pedley and Sproule).....	138	occupational, statistics (Hoffman)...	31
BURNS, acid, of eye, experimental (Cosgrove and Hubbard).....	72	occupational, suggested clue (Collis).....	31
acid, of stomach (Orator).....	209	of lungs in Schneeberg miners (Ros-toski).....	27
alkali, of eye, experimental (Cosgrove and Hubbard).....	72	of lungs in Schneeberg miners (Schmorl).....	27
ammonia, of eyes (Teräskeli).....	13	of penis and of scrotum, occupational incidence of, in general population (Kennaway).....	30
and scalds, tannic acid treatment of (Wilson).....	76	pitch (Sladden).....	28
cancer following (Stauffer).....	198	pitch, in Netherlands (de Vries)....	29
lime, of eye.....	132	relation of, to syphilis and alcoholism (Stevenson).....	30
local treatment of (Makai).....	254	skin, multiple, in mice from tar feeding and tar clysters (Fischer)....	128
tannic acid treatment of (Barling) ..	77	skin, occupational (O'Donovan).....	29
		tar, in man (Lazzarini).....	32
		CANOEING, energy expenditure in (Wohlfeil).....	191
		CARBON particles, effect of inspiration of, on lungs (Borchardt).....	246
		CARBON BISULPHIDE, <i>see</i> Carbon Disulphide.	
		CARBON DIOXIDE poisoning in factories, prevention of (Schultzik)....	236
		poisoning, nervous disorder after (Leppmann).....	202
		respiratory response to (Padget)....	98

	PAGE		PAGE
CARBON DIOXIDE therapy in acute carbon monoxide poisoning (Tscherkess).....	236	CARDIOVASCULAR system in fatigue (Pressmann).....	79
CARBON DISULPHIDE, amblyopia due to, in artificial silk industry.....	212	CEMENT workers, health of (Thompson, Brundage, Russell, and Bloomfield).....	38
polyneuritis due to fumes of (Lechelle, Girot, and Thévenard).....	120	workers, Thuringian, basophilic granulation of red blood corpuscles in (Lehmann).....	139
CARBON MONOXIDE blood, device for recognition of (Schwarzacher).....	199	CHEMICAL industry, arsenic poisoning in (Agasse-Lafont, Feil, and de Balsac).....	119
changes in organs of internal secretion due to (Peisachowitsch).....	238	industry, eye injuries in (Thies).....	252
detection of small amounts of (Ljunggren).....	199	industry, fire protection in (Delaby).....	75
from automobiles using ethyl gasoline (Yant and Berger).....	199	industry, "Foamite" fire extinguishing plants in (Hausen).....	75
gas mask, testing efficiency of (Heinrich and Petzold).....	53	laboratories, benzol poisoning as hazard in (Bloomfield).....	34
hazard in city streets (Connolly, Martinek, and Aeberly).....	54	worker, acute yellow atrophy of liver in (Hopmann).....	65
in air, determination of, by means of copper oxide (Tschumanoff and Judin).....	238	workers, disease of bladder in (Wignall).....	233
in air, determination of small amounts of (Edell).....	55	workers, tumors of urinary tract in (Oppenheimer).....	4
in air, modified iodine-pentoxide method for determination of (Martinek and Marti).....	199	CHILDREN, child labor (Zimand).....	20
in blood, modified iodine-pentoxide method for determination of (Martinek and Marti).....	199	child labor out of school hours (Hübscher).....	193
poisoning (Hartridge).....	54	in motion picture industry, protection of (Deming).....	144
poisoning, acute, biochemical changes in organism in (Tscherkess and Melnikowa).....	236	occupational disorders of New York public school child (Rosenson).....	84
poisoning, acute, changes in electrolytes of blood in (Tscherkess and Gorodetzky).....	236	CHINA, industrial health work in Peking factory (Yao).....	221
poisoning, acute, late effects of (Tscherkess and Gorodetzky).....	236	CHLORINE acne (Nicolas and Lacasagne).....	187
poisoning, acute, oxygen and oxygen-carbon dioxide therapy in (Tscherkess).....	236	action of, on men poisoned by toxic smokes (Walton and Eldridge).....	238
poisoning, blindness following (Lindemann).....	54	CHROMIC ACID ulcers (Blair).....	5
poisoning, changes in central nervous system in (Grünstein and Popowa).....	201	CHROMIUM plating, health hazards in (Bloomfield and Blum).....	56
poisoning, chronic (Battley).....	35	CIRCULATION, see Blood.	
poisoning, chronic (Slot).....	157	COAL dust, effect of, on tuberculosis (Jousset and Lecat).....	67
poisoning, chronic, pathogenesis of erythrocytosis in (Salkind).....	237	dust, inflammability and explosibility of (Mason and Wheeler).....	160
poisoning, effect of, on antibodies in blood serum (Dawidowa).....	237	dust, intravenous injection of, for tuberculosis (Wedekind).....	35
poisoning, effect of, on infection (Kandiba).....	238	gas, see Gas, coal.	
poisoning, electrocardiographic changes in (Colvin).....	5	mine, see Mine, coal.	
poisoning in factories, prevention of (Schultzik).....	236	miner, see Miner, coal.	
poisoning, industrial (Grünwald).....	178	COAL TAR, see Tar.	
poisoning, lobeline therapy in (Tscherkess and Melnikowa).....	236	dyes, see Dyes.	
poisoning, resuscitation after (Terwaert and Bijlsma).....	96	COBALT excretion (Mascherpa).....	6
CARBON TETRACHLORIDE and ethylene dichloride mixture, fumigation tests with (Hoyt).....	41	COLDS, incidence of, in normal and in cold-susceptible groups (Smiley).....	177
effect of calcium on toxicity of (Minot).....	56	physique and past medical history of cold-susceptibles and of normals (Smiley).....	177
		preventive treatment with vaccines (Walker).....	176
		ultraviolet light for control of (Maughan and Smiley).....	177
		COLOCYNTH, eczema of hands in hairdressers from spirit containing (Haxthausen).....	128
		COMPANIES	
		Edison Electric Illuminating Company of Boston, disabling sickness among employees of (Brundage).....	44

	PAGE		PAGE
COMPANIES		Dust determination, quantitative	
Evans-Wallower Lead Company, dust recovery system in Charleston plant of (Rowley).....	185	(Seiler).....	184
Macy (R. H.) and Company, follow-up system of (Ho).....	259	explosions, <i>see</i> under Explosions.	
Metropolitan Life Insurance Company, acute respiratory diseases among office workers of.....	110	grain, irritation of respiratory tract due to (Marcandier and Le Chuiton).....	50
Western Electric Company, Hawthorne Works, helps employees to own homes.....	222	hazard in granite industry (Stebbins).....	246
COMPENSATION, <i>see</i> Workmen's Compensation.		mineral, pneumonokoniosis produced by (Badham).....	163
COPPER , chemical and pathologic study of effects of, on liver (Flinn and VonGlahn).....	121	pottery, collection and removal of (Oddie).....	66
foreign bodies in eye (Schwartz).....	13	problems (Sappington).....	245
in biologic materials, determination of (Elvehjem and Lindow).....	202	problems, results of research in England, its dominions, and America (Teleky).....	7
poisoning, chronic (Polson).....	238	recovery system in lead oxide plant (Rowley).....	185
poisoning, pigment cirrhosis due to (Hall and Butt).....	57	removal from gases by dry methods (Waeser).....	209
splinters, chalcosis of eye due to injury by (Sabata).....	189	sampling in Sydney sandstone industries (Badham, Rayner, and Broose).....	160
workers, pathology of (Mazzi).....	57, 57	silicon carbide, pulmonary effect of exposure of guinea-pigs to (Willis).....	9
COPPER SULPHATE poisoning, acute (Meerovich and Moissejeva).....	202	silicon carbide, tumor-like structures in lungs of guinea-pigs exposed to (Willis and Brutsaert).....	9
COTTON mill operative, female, epithelioma of skin in (Southam and Mumford).....	127	soap, explosibility of (Smith and Hartgen).....	186
CRAMPS , miners' (Brockbank).....	117	DYER , tumors of bladder in (Rosenbaum and Gottlieb).....	3
permanent wavers' (Stephens).....	198	DYES , <i>see also</i> names of specific dyes.	
CUTLERY trade, historical account of (Law).....	231	DYES , coal tar, and intermediates, industrial poisoning in manufacture of (Hirszowski).....	136
DERMATOLOGY , industrial, standards in (Lane).....	67	cutaneous injuries from dyed furs (Cazeneuve).....	70
DERMATOSIS , <i>see</i> Skin diseases.		DYNAMITE factory, explosion in (Schrimpf).....	16
DIALS , watch, <i>see</i> Watch dials.		EARS , chronic suppurative otitis media on exposed side of motor drivers (Cann).....	130
DIET of Spitzbergen workers and resulting diseases (Abs).....	255	para-phenylenediamine labyrinthitis (Watson-Williams).....	88
DIGESTIVE tract, occupational diseases of (Löwy).....	176	ELECTRIC current and lightning, apparent death from (Jellinek).....	216
DINITROCHLOROBENZOL , dermatitis due to (Wedrow).....	69	current, effects of, on organism (Ajello).....	100
DISABLED , placing handicapped workers.....	24	current, relation of frequency to physiologic effects of ultra-high frequency currents (Christie and Loomis).....	134
rehabilitation of, <i>see</i> Rehabilitation.		effect of high frequency electric field upon Paramecium (Kahler, Chalkley, and Voegtlin).....	143
DUO poisoning (Undine).....	57	injuries (Jellinek).....	142
DUST , asbestos, fibrosis due to (Wood).....	210	injuries, characteristics of (Jellinek).....	80
cement, health of workers exposed to (Thompson, Brundage, Russell, and Bloomfield).....	38	injuries, lumbar puncture in (Jellinek).....	80
coal, effect of, on tuberculosis (Jousset and Lecat).....	67	injuries, origin, treatment, and prevention of (Frausnitz).....	80
coal, inflammability and explosibility of (Mason and Wheeler).....	160	shock, mechanism involved in death from (Schneider).....	216
coal, intravenous injection of, for tuberculosis (Wedekind).....	35		
collecting apparatus, construction and use of (Winkelmann).....	9		
collection (Bellon).....	185		
determination in Witwatersrand mines (Boyd).....	38		
determination, quantitative (Gundermann).....	184		

	PAGE		PAGE
ELECTRIC shock, two cases with strabismus (Thompson).....	134	EXPLOSIONS, dust, prevention of (Brown).....	160
treatment of electrocuted persons (Mouzon).....	101	dust, spontaneous electrification in dust clouds (Blacktin).....	37
ELECTRICITY, use of, in mines in presence of fire damp (Audibert).....	15	explosibility of coal dusts (Mason and Wheeler).....	160
ELECTROPLATING, <i>see also</i> Chromium plating.		explosibility of soap dust (Smith and Hartgen).....	186
ELECTROPLATING automobile accessories, chrome ulcers in workers engaged in (Blair).....	5	gas, superficial necrosis of corneal surfaces after, with complete restoration (Chance).....	212
EMOTIONAL changes, periodic, in male workers (Hersey).....	258	hazard of oil-gas mixtures, electric vapor detector (Hall).....	184
EMPLOYEE follow-up (Ho).....	259	ignition of fire damp (Coward and Wheeler).....	239
problem, study and treatment of (Anderson).....	258	ignition of fire damp by frictional sparking or heating (Burgess and Wheeler).....	239
ENCEPHALOPATHY, <i>see under</i> Brain disease.		in dynamite factory (Schrimpf).....	16
ENERGY expenditure during harvesting (Farkas, Geldrich, and Szakáll)...	168	sulphide dust, in metal mines (Gardner and Stein).....	124
expenditure during industrial work (Farkas and Geldrich).....	168	EXPLOSIVES, accidents from, on Witwatersrand mines (Meyer).....	15
expenditure during threshing (Farkas, Geldrich, and Szakáll)...	168	gases from blasting in tunnels and metal mine drifts (Gardiner, Howell, and Jones).....	16
expenditure in building brick wall (Baader and Lehmann).....	167	safe transportation of (Dunn).....	16
expenditure in canoeing (Wohlfeil)...	191	safety in use of liquid air explosives (Wedding).....	75
expenditure in load carrying (Atzler and Herbst).....	167	testing of, for use in fiery coal mines.....	165
expenditure in shoveling (Wenzig)...	132	EYES, acid burns of, experimental (Cosgrove and Hubbard).....	72
expenditure, <i>see also under</i> Work.		actinic conjunctivitis in moving picture artists, prophylaxis of (Vigouroux).....	188
EPILEPSY following benzine poisoning (Stiefler).....	53	alkali burns of, experimental (Cosgrove and Hubbard).....	72
ETHYL BROMIDE, microscopic pathology attending exposure of guinea-pigs to (Waite and Yant).....	55	amblyopia in artificial silk industry.	212
physiologic response attending exposure to (Sayers, Yant, Thomas, and Berger).....	182	ammonia burns of (Teräskeli).....	13
ETHYL CHLORIDE, physiologic response attending exposure to (Sayers, Yant, Thomas, and Berger).....	182	calculation of results of ocular accidents (von Vajda).....	109
ETHYLENE DIBROMIDE poisoning, industrial (Kochmann).....	239	cataract production by thallium (Mamoli).....	6
ETHYLENE DICHLORIDE and carbon tetrachloride mixture, fumigation tests with (Hoyt).....	41	chalcosis of, due to injury by copper splinters (Sabata).....	189
EXECUTIVES, industrial, health supervision of (Murray).....	81	copper foreign bodies in (Schwartz)...	13
EXERCISE, <i>see also</i> Energy, Fatigue, Gymnastics, Work, etc.		decimal percentage scale for visual losses (Lewis).....	108
EXERCISE, body changes and adaptations in running (Talbot, Fölling, Henderson, Dill, Edwards, and Berggren).....	97	detachment of zonular lamella (Meyer).....	14
muscular, respiratory quotient of excess metabolism of (Best, Furusawa, and Ridout).....	213	disability from ocular injuries, formulas and tables for calculating (Ovio).....	151
tolerance test for circulatory efficiency (Master and Oppenheimer)...	215	effect of aviation goggles on vision (Poppen).....	188
EXPLOSIONS, danger of ammonia-air mixtures (Leybold).....	16	examinations of, as factor in reduction of accidents (Brewster).....	17
dust (Price).....	8	four fundamental factors in vision (Cobb and Moss).....	21
dust, and fire prevention (Price)...	66	glass blowers' cataract (Kraupa)....	73
dust, in grinding, inert gas as preventive of (Brown).....	37	glassworkers' cataract (Rollet).....	212
dust, oxygen concentration for prevention of (Edwards and Harrison)...	66	Glass Workers' Cataract Committee, report of.....	95
		industrial visual efficiency loss (Small).....	109
		inflammation of, in workers in artificial silk factories (Gutmann).....	252

SUBJECT INDEX

267

	PAGE		PAGE
Eyes, injuries to, and treatment (Jesse)...	130	FACTORY inspection reports, 1923, analysis of, with relation to industrial diseases.....	1, 2, 2
injuries to, from hydrogen sulphide (Krahnstöver).....	253	FATIGUE, cardiovascular system in (Pressmann).....	79
injuries to, in chemical industry (Thies).....	252	effect of loading on (Riesser and Schneider).....	255
injuries to, prevention of (Thies).....	72	effect of, on metabolism, pulse, and respiration (Herbst and Nebuloni).....	185
intensity of light and speed of vision (Ferres and Rand).....	20	effect of, on susceptibility of rabbits to intranasal infection with Type I pneumococcus (Bailey).....	117
intraocular foreign bodies (Hardy)...	14	in baggage carriers (Patrizi).....	79
intraocular foreign bodies (Zabor)...	189	in manual and sedentary workers (Heftner and Judelowitsch).....	79
intraocular foreign body.....	73	of heavy industrial work, influence on health and duration of industrial life (Vernon).....	166
intraocular foreign body, aseptic serous meningitis following (Law)...	190	FIRE, coal mine (Rice, Paul, and von Bernewitz).....	15
lens injuries of glass blowers (Kraupa).....	14	extinguishers, chemical liquid, effect of, on user (Stahl).....	240
lesions of, produced by ammonia (Thies).....	131	extinguishing ("Foamite") plants in chemical industry (Hausen).....	75
lime burn of.....	132	prevention, dust explosion and (Price).....	66
miners' nystagmus (Evans).....	95	protection in chemical industry (Delaby).....	75
miners' nystagmus, light sense in (Coulter).....	96	FIRE DAMP, <i>see</i> Methane.	
miners' nystagmus, technic of observation and representation of path of oscillations in (Wiedersheim)...	73	FIREMEN, protection of, against occupational hazards (Warren).....	52
near vision and illumination in industry (Davis).....	194	FLUOROSIS and fluorine cachexia.....	55
nocturnal vision and relation to flying (Beyne and Worms).....	222	Fog, transmission of visible radiation through atmosphere under hazy conditions (Foulke).....	220
noncompensable visual defects (McAuliff).....	147	Food products, accidents in manufacture and preparation of, with safety suggestions (Reid).....	75
occupational changes and diseases of (Hessberg).....	130	Foot, aseptic necrosis of, due to aniline pencil (Wilmoth).....	211
occupational eye surgery (Dean).....	76	plea for careful consideration of, in periodic health examinations (Grossman).....	105
occupational toxic amblyopia.....	131	FRACTURES, compound, of leg, treatment by traction with Steinmann pin through os calcis (Conwell)...	191
ocular balance in aviators.....	149	compression, of vertebrae (Eikenbary).....	191
ocular lesions in manufacture of artificial silk (Klein).....	189	in industry (Davis).....	76
paresis of associated eye elevators in aviator (Kurz).....	130	industrial, disability and cost of (Gray).....	141
relation of illumination to ocular efficiency and ocular fatigue among letter separators in Chicago post office (White, Britten, Ives, and Thompson).....	193	FRANCE, compensation for occupational diseases in (Cazeneuve).....	108
relief of eyestrain in fine work (Weston and Adams).....	81	revision of workmen's compensation law regarding occupational diseases (Bénard).....	149
retinal sensitivity, mine lighting and (Allen).....	220	FRUIT industry, skin diseases in (MacKay and Ireland).....	164
superficial necrosis of corneal surfaces after gas explosion, complete restoration (Chance).....	212	FUMIGATION of ships, qualitative tests for hydrocyanic acid in (Sherard).....	42
test cards for determining visual acuity (Cowan).....	106	of ships with hydrogen cyanide, precautions for.....	41
test letters which comply with physiologic requirements of visual test object (Cowan).....	106	tests with ethylene dichloride-carbon tetrachloride mixture (Hoyt).....	41
two cases of electric shock with strabismus (Thompson).....	134		
visual efficiency and working ability (Fergus).....	81		
FACTORY inspection, annual report of Chief Inspector of Factories (Great Britain) for 1927.....	45, 68		
inspection, annual report of Chief Inspector of Factories (Great Britain) for 1928.....	230, 231, 250		

	PAGE		PAGE
FUR, imitation, industry, chronic ani-		GREAT BRITAIN, scheme granting com-	
line poisoning in (de Balsac, Agasse-		compensation for silicosis in sandstone	
Lafont, and Feil).....	178	industry, 1929.....	195
FURNITURE maker, malignant pustule		silicosis and compensation in.....	22
in, from anthrax bacillus (Sheplar		Workmen's Compensation (Indus-	
and Patterson).....	248	trial Diseases) Consolidation Or-	
		der, 1929.....	171
GAS and vapors, limits of inflam-		workmen's compensation during	
mability of (Coward and Jones)...	51	1927.....	150
automobile exhaust, effect of repeated		GYMNASTICS, effects of—measurements	
daily exposure to (Sayers, Yant,		of strength, pulse, blood pressure,	
Levy, and Fulton).....	200	and temperature (Schlesinger)....	214
automobile exhaust, from automo-			
biles using ethyl gasoline, carbon		HAIRDRESSERS, eczema of hands in,	
monoxide in (Yant and Berger)...	199	from spirit containing colocynth	
automobile exhaust, poisoning (Kunz-		(Haxthausen).....	128
Krause).....	235	HAND, eczema of, in hairdressers, from	
coal, death from (Prati).....	5	spirit containing colocynth (Hax-	
damage to vegetation from gases in		thausen).....	126
smoke (Noack).....	256	infections, early treatment of	
dust removal from, by dry methods		(Hoets).....	142
(Waaser).....	209	injuries, minor, resulting in death	
exhaust, acute poisoning due to gases		(Corbet).....	132
formed by combustion of petrol		repair of nerves and tendons of (Bun-	
(Ecartefigue).....	157	nell).....	141
from blasting in tunnels and metal		HANDICAPPED, <i>see</i> Disabled.	
mine drifts (Gardiner, Howell,		HARVESTER, apple, health problems of	
and Jones).....	16	(Bersch).....	144
poisoning in sugar refinery (Leclercq		HARVESTING, energy output during	
and Vallee).....	84	(Farkas, Geldrich, and Szakáll)...	168
poisonous, removal of, in viscose		HEALTH activities in industrial estab-	
plant (Eggert).....	58	lishments, 1928.....	106
workers, health of (Kerr).....	51	and duration of industrial life, influ-	
GAS MASKS, <i>see</i> Respirators.		ence of fatigue of heavy industrial	
GASOLINE, acute poisoning due to gases		work on (Vernon).....	166
formed by combustion of (Ecarte-		in industry (Ferguson).....	81
figue).....	157	industrial, problem (Fisk).....	154
tetraethyl lead, <i>see</i> Tetraethyl Lead		occupation and, encyclopedia of hy-	
gasoline.		giene, pathology, and social wel-	
GASTRIC disturbances in lead poisoning		fare.....	48, 83, 175
(Gutzeit).....	122	of employees in mining industry of	
GERMANY, sickness statistics of Rhen-		Victoria and Tasmania, 1928	
ish Sickness Societies (Teleky)...	226	(Moore).....	223
GLASS blowers' cataract (Kraupa)...	73	of wage earner, benefit of periodic	
blowers, lens injuries of (Kraupa)...	14	examinations (Ley).....	154
workers' cataract (Rollet).....	212	of women in industry—bibliography..	192
Workers' Cataract Committee, report		problems of apple harvesters	
of.....	95	(Bersch).....	144
GRAIN dust, irritation of respiratory		risks of merchant seamen (Dear-	
tract due to (Marcandier and Le		den).....	260
Chuiton).....	50	supervision of executives in industry	
shovelers, sporomycosis among (Val-		(Murray).....	81
lery-Radot and Giroud).....	118	work, industrial, in Peking factory	
GRANITE industry, dust hazard in		(Yao).....	221
(Stebbins).....	246	HEART, <i>see also</i> Cardiovascular system,	
GREAT BRITAIN, annual report of Chief		Pulse, etc.	
Inspector of Factories, 1927....	45, 68	HEART disease and accidents (Donahue).....	33
annual report of Chief Inspector of		disease and accidents (Gleason)....	33
Factories, 1928.....	230, 231, 250	disease and industry (Cotton).....	156
annual reports of Secretary for Mines		disease, effects of accidents on	
and of Chief Inspector of Mines,		(Clark).....	33
1927.....	47	disease, rheumatic, relation of, to	
memorandum on fumigation of ships		industry (Coombs).....	156
with hydrogen cyanide.....	41	electrocardiographic changes in car-	
memorandum on industrial lead poi-		bon monoxide poisoning (Colvin)..	5
soning.....	58		

	PAGE		PAGE
HEART strain, industrial aspects of (Kahn and Kahn).....	33	ICE CREAM plants, skin disease from exposure to rock salt and water in (Thurber).....	12
HEAT, <i>see also</i> under Atmospheric conditions.		ILLUMINATION, <i>see</i> Lighting.	
HEAT, effect of, on blood of stokers (Brancato).....	256	INDUSTRIAL disease, physician and (Henderson).....	105
sweating caused by, and variations in body and skin temperatures (Kuno and Ikeuchi).....	217	disease with reference to workmen's compensation, New South Wales (Badham).....	22
HEATING, <i>see also</i> under Air conditioning.		diseases, analysis of factory inspection reports, 1923.....	1, 2, 2
HEATING, artificial, influence of various systems of, on skin temperature (Vernon, Bedford, and Warner)...	218	diseases and prevention of (Rolleston).....	174
HEXAMETHYLENETETRAMINE dermatitis in Australian rubber industry (Moore).....	70	diseases, compensation for, in Great Britain, Consolidation Order, 1929.	171
dermatitis in rubber industry (Burrage).....	188	diseases from standpoint of medical officer of health (Hope).....	174
HIP JOINT, ischialgia and lumbago in laborers (Vainstein).....	117	Fatigue Research Board, eighth annual report of, 1927.....	46
HOOKWORM, ankylostomas in mines (Garin, Doubrow, and Mounier)...	66	Fatigue Research Board report no. 47 on hours of work (Vernon, Vernon, and Lorrain-Smith) (Smith and Vernon).....	19
in mines of Spain (Pacheco).....	186	Fatigue Research Board report no. 49 on relief of eyestrain in fine work (Weston and Adams).....	81
infection, mass diagnosis of (Lane)...	10	Fatigue Research Board report no. 51 on absenteeism in collieries (Vernon, Bedford, and Warner).....	25
HOP pickers, health of, and sanitation of encampments (Greenwood).....	111	Fatigue Research Board report no. 52 on comparative effects of variety and uniformity in work (Wyatt, Fraser, and Stock).....	148
HOSPITAL, field of, in care of industrial workers (McClung).....	147	Fatigue Research Board report no. 54 on sickness experience of printers (Hill).....	227
HOURS OF WORK, five-hour spells for women, with reference to rest pauses (Vernon, Vernon, and Lorrain-Smith).....	19	Fatigue Research Board report no. 56 on effects of monotony in work (Wyatt, Fraser, and Stock).....	255
two-shift system (Smith and Vernon).....	19	Fatigue Research Board, <i>see also</i> Industrial Health Research Board.	
HOUSING, helping industrial workers to own homes.....	222	hazards (Flinn).....	52
HUMAN factor in industrial accidents..	254	Health Research Board, ninth annual report of, 1928.....	229
HUMIDITY, <i>see also</i> under Atmospheric conditions.		hygiene (Greenwood).....	153
HUMIDITY, high, effect of, on susceptibility and resistance to tuberculosis in guinea-pigs (Baetjer and Lange).....	102	hygiene (Macdonald).....	136
HYDROCARBONS and principal derivatives, occupational diseases caused by (Duvoir).....	137, 179	hygiene in relation to manufacture of artificial silk (Pomilio).....	58
HYDROCYANIC ACID, precautions for use of, in fumigating ships.....	41	hygiene in textile factories (Turner).....	136
qualitative tests for, in ship fumigation (Sherrard).....	42	hygiene, organization needs of, in West (Shepard).....	173
HYDROGEN CYANIDE, <i>see</i> Hydrocyanic Acid.		hygiene, place of, in national health policy (Lockhart).....	169
HYDROGEN SULPHIDE, inflammation of eyes due to, in artificial silk factories (Gutmann).....	252	hygiene, Red Cross and, in Germany.....	107
injury to eyes from (Krahnstöver)...	253	medicine, <i>see</i> Medicine, industrial.	
irritation of eyes due to, in artificial silk industry.....	212	nursing, <i>see</i> Nursing, industrial.	
poisoning in Texas oil industry (Aves).....	240	physician, <i>see</i> Physician, industrial.	
HYGIENE, industrial, <i>see</i> Industrial hygiene.		poisoning, irreparable paralysis of trigeminal nerve from (Gerbis)...	115
mental, <i>see</i> Mental hygiene.		poisoning, toxic amblyopia due to...	131
of workers in Belgian Congo.....	84	poisonings, <i>see also</i> under specific poisons.	
HYSTERIA and Workmen's Compensation Act (Gill).....	225	poisons, influence of, on different organs (Oliver).....	118
		surgeon, <i>see</i> Surgeon, industrial.	
		surgery, <i>see</i> Surgery, industrial.	

	PAGE		PAGE
INDUSTRIALIZATION, nutritional diseases due to (Ting-An).....	78	LEAD in air at breathing level in factories (Froboese).....	243
INFECTIONS, <i>see also</i> under specific parts of body.		in animal organism, behavior of (Kehoe and Thamann).....	63
INFECTIONS, effect of carbon monoxide poisoning on (Kandiba).....	238	in biologic material, survey of methods for determination of (Tannahill).....	159
incident to beet sugar industry (Young).....	136	in body after absorption, distribution of (Tannahill).....	159
INFLAMMABILITY, <i>see also</i> Explosions.		in body, biochemical reaction of (Mayers).....	158
INFLAMMABILITY of coal dusts (Mason and Wheeler).....	160	in egg of domestic hen (Bishop).....	168, 244
of gases and vapors, limits of (Coward and Jones).....	51	in organic substances, detection of (Berg).....	86
INJURIES, <i>see also</i> under specific parts of body.		in organism, especially in bones, distribution of (Danckwortt and Jürgens).....	121
INJURIES, industrial, care of (Carr).....	190	in tissues of lead treated patients and animals (Jowett, Dilling, and Bell).....	158
INK, rotogravure, dermatitis (Oliver).....	95	in urine, determination of (Taylor).....	85
INTELLIGENCE tests, performance, use of, in vocational guidance (Earle and Milner).....	195	in urine, electrolytic determination of (Cooksey and Walton).....	205
INTERNATIONAL Conference on Cancer, July, 1928.....	26-31	industries, medical supervision of (Schwarz).....	59
IRON foundry workers, mortality from pneumonia among.....	43	influence of, on development of chick embryo (Hammett and Wallace).....	121
ISCHIALGIA, <i>see</i> Hip Joint.		paint question, present state of (Würth).....	203
KELOIDOSIS in sandstone quarry workers and coal miners (Schridde).....	33	poisoning (Chajes and Lewin).....	60, 60
KIDNEY, changes in, due to mercuric chloride poisoning (Photakis and Nikolaidis).....	208	poisoning, acute, fatal (Brüning and Kraft).....	122
LABOR, New York State Department of, activities and functions of.....	135	poisoning, adsorptive capacity of serum for pigments in cases of (Seitz).....	63
LACQUER, Japanese, dermatitis caused by (Jeanselme, Balthazard, and Darier).....	128	poisoning, apoplexy from, in painter (Rühl).....	204
solvents, injury to health caused by (Siebert).....	202	poisoning as occupational disease (Langelez).....	35
used in painting airplanes, chronic benzene poisoning from (Kranenburg and Peeters).....	235	poisoning, chronic, muscular strength in (Uffand).....	243
LEAD, blood of workers exposed to (Mathew).....	159	poisoning, diagnosis of (Krasso).....	61
colic (Grünberg).....	138	poisoning, diagnosis of (Seitz).....	180
colic followed by uremia with latent subacute lead nephritis (Aubertin and Foulon).....	61	poisoning, diseases of gastric mucous membrane in (Gutzeit).....	181
damage, new method (chronaxia) to prove presence of (Lewy and Weiss).....	181	poisoning, experimental, bone marrow changes in (Speranski and Sklianskaja).....	86
determination of, nephelometrically (Danckwortt and Jürgens).....	85	poisoning, experimental, cell changes in bone marrow, blood, and spleen (Seifert and Arnold).....	137
electrolytic detection of (Danckwortt and Jürgens).....	85	poisoning, extensor weakness in (Kojanski).....	61
encephalopathy (Gelman).....	203	poisoning, extensor weakness in (Teleky).....	62
encephalopathy, and revision of French law regarding occupational diseases (Bénard).....	149	poisoning, extensor weakness in (Vigdortschik).....	242
excretion (Kehoe and Thamann).....	204	poisoning, gastric disturbances in (Gutzeit).....	122
excretion by mine workers at Broken Hill (Tannahill).....	159	poisoning, icterus and hepatic injury (Lewin).....	122
excretion by smelter workers at Port Pirie (Tannahill).....	159	poisoning in bronze foundries (Pedley and Sproule).....	138
excretion, effect of sodium thiosulphate on (Curtis and Young).....	6	poisoning in industries (Oliver).....	202
		poisoning in rubber tire industry (de Balsac, Agasse-Lafont, and Feil).....	122

	PAGE		PAGE
LEAD poisoning in U. S. (McCord, Minster, and Kehoe).....	242	LOAD carrying, metabolism of different methods of (Klingendahl and Pesonen).....	98
poisoning, memorandum on.....	58	LOBELINE therapy in carbon monoxide poisoning (Tscherkess and Melnikowa).....	236
poisoning on board U. S. S. "Seattle" (Stepp).....	203	LUMBAGO, <i>see</i> Backache.	
poisoning on board U. S. S. "Wyoming" (Hargrave).....	203	LUMINOUS paint, <i>see</i> Radium paint.	
poisoning, significance of blood examination in (Hamel).....	243	LUNGS, cancer of, in Schneeberg miners (Rostoski).....	27
poisoning, vital staining in diagnosis of (Brückner).....	137	cancer of, in Schneeberg miners (Schmorl).....	27
tetraethyl, <i>see</i> Tetraethyl Lead.		effect of inspiration of carbon particles on (Borchardt).....	246
LEAD CARBONATE and lead sulphate, comparative toxicity of (Schwarz and Sieke).....	244	of asbestos workers, asbestosis bodies in (Stewart and Haddow).....	211
LEAD SULPHATE and lead carbonate, comparative toxicity of (Schwarz and Sieke).....	244	of porcelain workers (Kaestle).....	140
LEO, compound fractures of, treatment by traction with Steinmann pin through os calcis (Conwell).....	191	penetration of mineral particles into pulmonary tissue in pneumonokoni- losis (Policard and Doubrow).....	209
riders' leg (Winn).....	116	pulmonary anthracosis, histochemical study of (Policard and Doubrow).....	245
LEGISLATION, <i>see</i> under special subjects.		pulmonary anthracosis, histochemical study of (Policard, Doubrow, and Pillet).....	162, 182
LEUKEMIA, myeloid, splenomedullary, in X-ray worker (Evans and Roberts).....	124	pulmonary asbestosis (Cooke).....	35
splenomedullary, in roentgen ray worker.....	6	pulmonary asbestosis (Wood).....	210
LIGHT, action of, on healing of wounds (Gianotti).....	77	pulmonary asbestosis (Wood and Page).....	245
transmission of visible radiation through atmosphere under hazy conditions (Foulke).....	220	pulmonary asbestosis, diagnosis of (Stewart).....	35
LIGHTING, four fundamental factors in vision (Cobb and Moss).....	21	pulmonary asbestosis in South Africa (Simson).....	9
illumination design data for industrial and commercial interiors (Harrison and Weitz).....	20	pulmonary effect of exposure of guinea-pigs to silicon carbide (Willis).....	9
in industry (Jackson).....	42	pulmonary fibrosis due to inhalation of asbestos dust (Seiler).....	124
influence of, on accident rate (Pola- kov).....	145	roentgenologic appearance of silicosis (Ohman).....	37
intensity of light and speed of vision (Ferree and Rand).....	20	tuberculosis of, <i>see</i> Tuberculosis.	
mine, and retinal sensitivity (Allen).....	220	tumor-like structures in lungs of guinea-pigs exposed to silicon carbide (Willis and Brutsaert).....	9
near vision and illumination in industry (Davis).....	194		
progress in, 1927-1928.....	42	MACHINE guards for plants manufacturing or preparing food products (Reid).....	75
relation of illumination to ocular efficiency and ocular fatigue among letter separators in Chicago post office (White, Britten, Ives, and Thompson).....	193	MALADJUSTMENT, study and treatment of problem employee (Anderson).....	258
treating window to conserve daylight (Higbie).....	220	MASSACHUSETTS Compensation Act, interpretation of, with regard to tuberculosis as industrial accident (Hawes).....	110, 170
LIME burn of eye.....	132	MEDICAL inspection of factories (Great Britain), 1928 (Bridge).....	230
LIVER, acute yellow atrophy of, in chemical worker (Hopmann).....	65	research, annual report of South African institute, 1927.....	40
chemical and pathologic study of effects of copper on (Flinn and Von-Glahn).....	121	service for industrial worker and family (O'Neil).....	194
injury, lead poisoning and icterus (Lewin).....	122	MEDICINE, industrial, Gorgas idea applied to (Walker).....	83
LOAD carrying, energy expenditure in (Atzler and Herbst).....	167	MENSTRUATION cycle, influence of, on mental and muscular efficiency (Sowton and Myers).....	18

	PAGE		PAGE
MENSTRUATION cycle, relation of, to general functional activity (Bedale).....	18	METHANE, ignition of, by frictional sparking or heating (Burgess and Wheeler).....	239
MENTAL efficiency, influence of menstrual cycle on (Sowton and Myers).....	18	use of electricity in mines in presence of (Audibert).....	15
hygiene of industry, vocational guidance and (Anderson).....	195	METHYL BROMIDE, physiologic response attending exposure to (Sayers, Yant, Thomas, and Berger).....	182
MERCURIC CHLORIDE poisoning, changes in kidneys due to (Photakis and Nikolaidis).....	206	poisoning, industrial (Glaser).....	182
MERCURY, action of minute doses of, on differential blood picture (Lüddicke).....	87	METHYL CHLORIDE, physiologic response attending exposure to (Sayers, Yant, Thomas, and Berger).....	182
in feces, quantitative determination of (Schreiber, Sollmann, and Booth).....	87	MILLERS, clinical study of (Krüger and Saupe).....	155
in urine, quantitative determination of (Schreiber, Sollmann, and Booth).....	87	MINE, accidents from explosives on Witwatersrand mines (Meyer).....	15
poisoning, acute (Hopmann).....	86	air, determination of dust in, on Witwatersrand (Boyd).....	38
poisoning, danger of, in mercury method of determining softening point of pitch (Mallison).....	87	ankylostomas in (Garin, Doubrow, and Mounier).....	66
METABOLISM, basal and resting, effect of ultraviolet radiation on (Crofts).....	99	ankylostomiasis in mines of Spain (Pacheco).....	186
basal and resting, effect of ultraviolet radiation on (Hardy).....	99	coal, absenteeism in (Vernon, Bedford, and Warner).....	25
basal, during stenographing (Personen).....	133	coal, fires (Rice, Paul, and von Bernewitz).....	15
basal, during weight lifting (Erkila, Honkanen, Ignatius, and Loimio).....	133	coal, Indian, atmospheric conditions in (Penman).....	103
basal, effect of fatigue on (Herbst and Nebuloni).....	165	coal, testing explosives for fiery coal mines.....	185
basal, effect of sun radiation and air velocity on (Jakowenko).....	21	lighting and retinal sensitivity (Allen).....	220
basal, influence of work on, with special reference to thyroid gland (Smith).....	133	metal, explosibility of sulphide dusts in (Gardner and Stein).....	124
basal, measure of vital activity (Benedict).....	98	metal, gases from blasting in (Gardiner, Howell, and Jones).....	16
basal, of different methods of carrying loads (Klingendahl and Personen).....	98	Safety in Mines Research Board and Health Advisory Committee, sixth annual report of, 1927.....	74
basal, of walking on smooth surface (Hietanen, Nikkinen, Nyyssölä, and Sternberg).....	98	Secretary for Mines and Chief Inspector of Mines, annual reports of.....	47, 232
basal, respiratory quotient determined from nomographic description of expired air (Dill and Fölling).....	214	use of electricity in, in presence of fire damp (Audibert).....	15
basal, respiratory quotient during muscular work of short duration (Lindhard).....	98	ventilation, physiologic factors of (Sayers).....	104
basal, respiratory quotient of excess metabolism during work (Bock, van Causert, Dill, Fölling, and Hurxthal).....	214	MINER, anthracosis and tuberculosis of miners (Jousset and Lecat).....	67
basal, respiratory quotient of excess metabolism of exercise (Best, Furusawa, and Ridout).....	213	coal, chemical histology of pulmonary anthracosis in (Policard, Doubrow, and Pillet).....	182
METAL mine, <i>see</i> Mine, metal.....		coal, keloidosis in (Schridde).....	33
METHANE, detection of (Heyer).....	239	lead, in Broken Hill, excretion of lead by (Tannahill).....	159
ignition of (Coward and Wheeler).....	239	miners' cramp (Brockbank).....	117
		miners' disease in Joachimstal (Löwy).....	198
		miners' nystagmus (Evans).....	95
		miners' nystagmus, light sense in (Coulter).....	96
		miners' nystagmus, technic of observation and representation of path of oscillations in (Wiedersheim).....	73
		Miners' Phthisis Medical Bureau, report of, 1927.....	91
		miners' phthisis, present position of, on Rand (Irvine).....	92

SUBJECT INDEX

273

	PAGE		PAGE
MINER, Miners' Welfare Fund, seventh annual report of, 1928.....	169	MUSCLE, extensor, weakness in lead poisoning (Vigdortschik).....	242
rheumatic diseases of (Gorn).....	233	strength in chronic lead poisoning (Uffland).....	243
Schneeberg, cancer in (Rostowski).....	27	strength, measurements of, to determine effect of gymnastics (Schlesinger).....	214
Schneeberg, cancer in (Schmorl).....	27	MUSCULAR activity, changes and adaptations in running (Talbot, Felling, Henderson, Dill, Edwards, and Berggren).....	97
South African native, mortality among.....	43	efficiency, influence of menstrual cycle on (Sowton and Myers).....	18
South African native, tuberculin reaction in (Allen).....	249	work, see Work, muscular.	
South African native, tuberculosis in (Allen).....	10	MUSTARD PLASTER maker, polyneuritis in, due to fumes of carbon disulphide (Lechelle, Girot, and Thévenard).....	120
MINERAL dust, pneumonokoniosis produced by (Badham).....	163	NAILS, paronychia among orange workers (Sutherland-Campbell).....	129
particles, penetration of, into pulmonary tissue in pneumonokoniosis (Policard and Doubrow).....	209	NATIONAL Health Council film list.....	83
MINING industry of Victoria and Tasmania, health and working conditions of employees in, 1928 (Moore).....	223	NERVE, trigeminal, irreparable paralysis of, from industrial poisoning (Gerbis).....	115
MONOTONY, comparative effects of variety and uniformity in work (Wyatt, Fraser, and Stock).....	148	NERVOUS affections in industry, cost of (Toulouse).....	176
effects of (Wyatt, Fraser, and Stock).....	255	disease in industry, significance of (Culpin).....	114
MORBIDITY, see also under Sickness.		disorder after carbon dioxide poisoning (Leppmann).....	202
MORBIDITY of quarrymen and dressers of sandstone for paving blocks (de Balsac, Agasse-Lafont, and Feil).....	140, 141	system, alterations in, in thallium poisoning (Cortella).....	183
MORTALITY among mine natives in South Africa.....	43	system, central, changes in, in carbon monoxide poisoning (Grünstein and Popowa).....	201
from general paralysis among actors (Heller).....	50	NEURITIS, occupational pressure neuritis of deep palmar branch of ulnar nerve (Harris).....	156
from pneumonia among occupational groups.....	43	of median nerve from benzene (Lande and Kalinowsky).....	120
of British merchant seamen (Home).....	152, 172	polyneuritis due to fumes of carbon bisulphide (Lechelle, Girot, and Thévenard).....	120
of quarrymen and dressers of sandstone for paving blocks (de Balsac, Agasse-Lafont, and Feil).....	140, 141	polyneuritis following acute thallium poisoning (Greving and Gagel).....	90
MOTION PICTURE artists, prophylaxis of actinic conjunctivitis in (Vigouroux).....	188	NEUROLOGY in relation to compensation decisions (Osnato).....	108
film list of National Health Council.....	83	NEW YORK State compensation statistics, July, 1928-June, 1927.....	150
industry, protection of children in (Deming).....	144	State Department of Labor, activities and functions of.....	135
MOTOR oil, see Oil.		State workmen's compensation law, with amendments, additions, and annotations to Sept. 1, 1928.....	150
MULE SPINNER, cancer in (Hoffman).....	32	NICKEL excretion (Mascherpa).....	6
cancer in (Southam).....	28, 31	NICOTINE poisoning, changes in alkali reserve in (Wolter).....	183
cancer in, and mineral oils (Twort and Ing).....	49	NIGHT WORK, employment of women on (Hopkins).....	143
cancer in, time necessary for production (Henry).....	175	NITROGEN PEROXIDE vapors in air, determination of (Kohn-Abrest).....	123
MUSCLE, ability to produce work in, at high temperatures (Volginskii and Yakovenko).....	97	NOISE, physiologic cost of (Laird).....	133
adductor, strain from horseback riding (Winn).....	116	NURSING, industrial, suggestions for increasing value of (Butzerin).....	221
cramps, miners' (Brockbank).....	117	NUTRITION, constructive nutritional work in industry (MacLay).....	97
cramps, permanent wavers' (Stephens).....	198		
extensor, weakness and lead absorption (Kojranski).....	61		
extensor, weakness and lead absorption (Teleky).....	62		

	PAGE		PAGE
NUTRITION, danger from nutritional diseases in modern industrialization (Ting-An).....	78	PETROL, <i>see</i> Gasoline.	
OCCUPATION AND HEALTH, encyclopedia of hygiene, pathology, and social welfare.....	48, 83, 175	PHOSGENE, formation of blood pigments by (Mayer).....	123
OCCUPATIONAL diseases, compensation for, in France (Cazeneuve).....	108	gas, effect of, clinical contribution on (D'Ossvaldo).....	123
diseases of digestive tract (Löwy)...	176	poisoning, clinical observations (Hegler).....	123
therapy, experiment in (McDougall).....	23	poisoning, pathologic anatomy of (Wohlwill).....	123
OFFICE workers, acute respiratory diseases among.....	110	PHOSPHORUS poisoning, experimental, effect of, on digestive enzymes of blood (v. Falkenhäusen).....	183
OIL industry, Texas, hydrogen sulphide poisoning in (Aves).....	240	PHOSPHORUS SESQUISULPHIDE, dermatitis due to (Nicolas, Gaté, and Rousset).....	187
mineral, and mule spinners' cancer (Twort and Ing).....	49	PHTHISIS, miners', <i>see</i> Silicosis.	
mineral, epithelioma of skin in female cotton operative due to (Southam and Mumford).....	127	PHYSICAL examination and health of wage earner (Ley).....	154
mineral, refineries, cancers in (Scott).....	28	examination, doctor's place in final placement (Kessler).....	146
motor, intoxication.....	65	examination, how to make it (Van Emburgh).....	146
ORANGE workers, paronychia among (Sutherland-Campbell).....	129	examination of railway employees (Page).....	146
OUTPUT, effect of rest periods on (Shepard).....	216	examination, periodic, of railroad employees (de Boissezou).....	146
industrial, influence of ultraviolet rays on (Punch, Wilkinson, Brooke, and Myers).....	105	examination, periodic, of railway employees (Everett).....	146
of men engaged in heavy work, effects of bonus on (Vernon).....	148	examination, preemployment, reasons for (Jackson).....	146
OXYGEN and oxygen-carbon dioxide therapy in acute carbon monoxide poisoning (Tscherkess).....	236	examination, reexaminations (Harvey).....	146
PAINT, lead, question, present state of (Würth).....	203	examination, relation of doctor and employment manager to employee (Crankshaw).....	146
luminous, <i>see</i> Radium paint.		PHYSICIAN and industrial disease (Henderson).....	105
red lead, poisoning due to, on board U.S.S. "Seattle" (Stepp).....	203	industrial, relation to patient and carrier (Eaves).....	173
red lead, poisoning due to, on board U.S.S. "Wyoming" (Hargrave).....	203	industrial, relation to private practitioner and to community (Cheney).....	84
PAINTER, airplane, chronic benzene poisoning in (Kranenburg and Peeters).....	235	PHYSIOLOGY of work (Atzler).....	78
apoplexy in, from lead poisoning (Rühl).....	204	PITCH cancer (Sladden).....	28
PARALYSIS, fitness of paralytics for work (Weygandt).....	50	cancer in Netherlands (de Vries)...	29
general, low mortality from, among actors (Heller).....	50	dermatitis.....	123
of trigeminal nerve from industrial poisoning (Gerbis).....	115	warts and epitheliomas in briquette factories in Baden (Teutschlaender).....	29
paresis of associated eye elevators in aviator (Kurz).....	130	PLACEMENT, <i>see</i> Vocational selection.	
PARA-PHENYLENEDIAMINE dermatitis in Australian rubber industry (Moore).....	70	PNEUMOCOCCUS, effect of fatigue on susceptibility of rabbits to intranasal infection with Type I pneumococcus (Bailey).....	117
labyrinthitis (Watson-Williams)...	88	PNEUMONIA, mortality from, among occupational groups.....	43
PARONYCHIA among orange workers (Sutherland-Campbell).....	129	PNEUMONOKONIOSIS, clinical picture of (Shellenberg).....	125
PENCIL, aniline, aseptic necrosis due to (Wilmoth).....	211	due to asbestos dust (Seiler).....	124
copying, lesions due to (Marsiglia)...	125	from sandblasting (v. Müller).....	36
PENSIONS, industrial, bibliography...	103	in quarrymen and dressers of sandstone for paving blocks (de Balsac, Agasse-Lafont, and Feil).....	140, 141
		mechanism of (Policard and Doubrow).....	209
		of porcelain workers, X-ray study of (Holst, Kaplunova, and Santotzkij).....	139

	PAGE		PAGE
PNEUMONOKONIOSIS produced by silicates and other minerals (Badham).....	163	RESPIRATION, artificial, in apparent death from electricity (Jellinek)...	216
POLISHERS, wood, dermatitis among...	70	artificial, <i>see also</i> Resuscitation.	
PORCELAIN workers, lungs of (Kaestle).....	140	effect of fatigue on (Herbst and Nebuloni).....	165
workers, X-ray study of pneumokoniosis of (Holst, Kaplunova, and Santotzkij).....	139	respiratory response to carbon dioxide (Padget).....	98
POST OFFICE, Chicago, relation of illumination to ocular efficiency and ocular fatigue among letter separators in (White, Britten, Ives, and Thompson).....	193	RESPIRATORS, comfort in use of masks (Hörnische and Bruns).....	96
POTTERY dusts, collection and removal of (Oddie).....	66	efficiencies of painters' respirators filtering lead paint, benzol, and vitreous enamel sprays (Katz, Meiter, and Gibson).....	63
PRINTER, sickness experience of, with special reference to tuberculosis (Hill).....	227	filters for gas masks (Engelhard)....	52
PSYCHIATRIC study of problem employee (Anderson).....	258	masks for protection of firemen (Warren).....	52
PSYCHOLOGY applied to vocational guidance.....	147	testing carbon monoxide gas masks (Heinrich and Petzold).....	53
PSYCHOSIS, minor, incidence of (Culpin).....	116	RESPIRATORY diseases, acute, among office workers.....	110
PULSE, effect of fatigue on (Herbst and Nebuloni).....	165	illness, relation between type of ventilation and (Greenburg).....	168
effect of gymnastics on (Schlesinger).....	214	infection, effect of fatigue on susceptibility of rabbits to intranasal infection with Type I pneumococcus (Bailey).....	117
QUARRY, safety precautions for electric firing of blasts in (Borchers).....	75	metabolism, <i>see</i> Metabolism, basal.	
sandstone, workers, keloidosis in (Schridde).....	33	tract, infections, acute, in relation to atmospheric conditions (Brown and Grabfield).....	50
QUARRYMAN, sandstone, working conditions, morbidity, and mortality of (de Balsac, Agasse-Lafont, and Feil).....	141	tract, irritation due to grain dust (Marcandier and Le Chuiton).....	50
RADIOACTIVE substances in body five years after death (St. George, Gettler, and Muller).....	208	REST pauses in five-hour spells for women (Vernon, Vernon, and Lorrain-Smith).....	19
RADIUM in body of dial painter five years after death (St. George, Gettler, and Muller).....	208	periods, effect of, on production (Shepard).....	216
paint, osteogenic sarcoma in dial painters using (Martland and Humphries).....	206	RESUSCITATION after carbon monoxide poisoning (Tervaeert and Bijlams).....	96
paint, poisoning due to, in luminous watch dial painters (Martland)....	206	RHEUMATISM, industrial, cost of (Kinnear).....	109
protection.....	208	in relation to industry (Fox).....	197
RAILROAD employees, periodic physical examination of (de Boissezou).....	146	rheumatic diseases of miners (Gorn).....	233
employees, periodic physical examination of (Everett).....	146	rheumatic heart disease in relation to industry (Coombs).....	156
employees, physical examination of (Page).....	146	RINGWORM of body, epidemic of (Ravaut, Basch, and Rabeau).....	67
RAILWAY, <i>see</i> Railroad.		ROAD tar poisoning (McCord).....	208
RECREATION activities in industrial establishments, 1926.....	106	ROENTGEN RAY, gross and microscopic changes in skin produced by (Jorstad and Lane).....	211
RED CROSS and industrial hygiene in Germany.....	107	protection.....	208
REFRIGERANTS, inflammability of (Jones).....	17	worker, splenomedullary leukemia in.....	6
REHABILITATION, Massachusetts conference (Lowney).....	42	worker, splenomedullary leukemia in (Evans and Roberts).....	124
of 6,391 disabled persons, statistical analysis.....	151	RUBBER industry, Australian, dermatitis in (Moore).....	70
training and occupation for blind (Feilchenfeld).....	226	industry, hexamethylenetetramine dermatitis in (Burrage).....	188
		tire industry, lead poisoning in (de Balsac, Agasse-Lafont, and Feil)....	122
		works of Sydney, cause of occupational dermatitis in, 1927 (Badham and Moore).....	11

	PAGE		PAGE
SAFETY, <i>see also</i> under Accidents.		SHIP, German merchant, hygiene on	
SAFETY, bibliography on (Pressman)...	48	(Bogusat).....	48
in Mines Research Board and Health		sanitation (Nicholas).....	41
Advisory Committee, sixth annual		SHOVELING, energy output in (Wen-	
report of, 1927.....	74	zig).....	132
in use of liquid air explosives (Wed-		SICKNESS among industrial employees	
ding).....	75	(Brundage).....	171
keeping interest of executives		and absenteeism (Culpin and Smith)	26
(Smith).....	18	disabling, among employees of public	
man in industry.....	17	utility, trend of (Brundage).....	44
practice and machine guards for		experience of printers, with special	
plants manufacturing or preparing		reference to tuberculosis (Hill)....	227
food products (Reid).....	75	statistics of Rhenish Sickness Socie-	
precautions for electric firing of		ties, and method of examining sick-	
blasts in quarries (Borchers).....	75	ness statistics (Teleky).....	226
proceedings of Industrial Safety Con-		SILICA, biophysics of (Heffernan).....	247
gress (Great Britain).....	74	estimation of, in tissues (King)....	211
testing explosives for use in fiery coal		in medicinal waters (Heffernan)....	248
mines.....	165	SILICATES, pneumokoniosis produced	
SAILORS, <i>see</i> Seamen.		by (Badham).....	163
SALT depletion by sweating.....	255	SILICON CARBIDE, pulmonary effect of	
rock, skin disease from exposure to,		exposure of guinea-pigs to (Wil-	
in ice cream plants (Thurber).....	12	lis).....	9
SANDBLASTING, hazards attending and		tumor-like structures in lungs of	
precautions for (Lehmann, Vogel,		guinea-pigs exposed to (Willis and	
Maukisch, and Spork).....	161	Brutsaert).....	9
pneumonokoniosis from (v. Müller)...	36	SILICOSIS (Collis).....	93
SANDSTONE industries of Sydney, dust		among sandstone workers (Suther-	
sampling in (Badham, Rayner, and		land and Bryson).....	162
Broose).....	160	and compensation in Great Britain..	22
industry, silicosis in, scheme grant-		and tuberculosis (Stewart).....	163
ing compensation for, Great Brit-		etiology of (Heffernan).....	247
ain, 1929.....	195	in sandstone industry, scheme grant-	
quarry workers, keloidosis in		ing compensation for, Great Bri-	
(Schridde).....	33	tain, 1929.....	195
quarrymen and dressers of paving		Miners' Phthisis Medical Bureau,	
blocks, working conditions, mor-		report of, 1927.....	91
bidity, and mortality of (de Balsac,		present position of miners' phthisis	
Agasse-Lafont, and Feil).....	140, 141	on Rand (Irvine).....	92
workers, silicosis among (Sutherland		results of research in England, its	
and Bryson).....	162	dominions, and America (Teleky)...	7
SANITATION of hop pickers' encamp-		roentgenologic appearance of (Oh-	
ments (Greenwood).....	111	man).....	37
on vessels (Nicholas).....	41	status of, in Great Britain (Middle-	
SARCOMA, osteogenic, in dial painters		ton).....	246
(Martland and Humphries).....	206	status of, in U. S. (Sayers, Hayhurst,	
SEAMEN, American, settlement for		and Lanza).....	246
accidents to.....	151	tuberculosis and.....	36
British merchant, occupational mor-		SILK, artificial, factories, inflamma-	
tality of (Home).....	152, 172	tion of eyes of workers in (Gut-	
German merchant, protection of		mann).....	252
health of (Bogusat).....	48	artificial, industry, amblyopia in...	212
Japanese, beriberi among (Katsur-		artificial, ocular lesions in manufac-	
ada).....	79	ture of (Klein).....	189
merchant, occupational health		artificial, problems of industrial hy-	
risks of (Dearden).....	260	giene in manufacture of (Pomilio)...	58
tuberculosis and (Wood).....	186	artificial, removal of poisonous gases	
SEX differences in proneness to motor		in viscose plant (Eggert).....	58
vehicle accidents (Viteles and		SKIN cancer, occupational (O'Dono-	
Gardner).....	257	van).....	29
periodic emotional changes in male		cancers, multiple, in mice from tar	
workers (Hersey).....	258	feeding and tar clysters (Fischer)...	128
SHIP fumigation, qualitative tests for		cutaneous injuries from dyed furs	
hydrocyanic acid in (Sherrard)....	42	(Cazeneuve).....	70
fumigation with hydrogen cyanide,		disease from exposure to rock salt	
precautions for.....	41	and water in ice cream plant	
		(Thurber).....	12

SUBJECT INDEX

277

	PAGE		PAGE
SKIN diseases, cause of occupational dermatitis in Sydney rubber works, 1927 (Badham and Moore).....	11	SMELTER workers at Port Pirie, excretion of lead by (Tannahill).....	159
diseases, chlorine acne (Nicolas and Lacassagne).....	187	SMOKE abatement (Kershaw).....	40
diseases, dermatitis among French polishers.....	70	Abatement Society of Hamburg, report of, 1927 (Kershaw).....	104
diseases, dermatitis caused by Japanese lacquer (Jeanselme, Balthazard, and Darier).....	126	toxic, action of chlorine on men poisoned by (Walton and Eldridge).....	238
diseases, dermatitis due to dinitrochlorobenzol (Wedrow).....	69	SODIUM THIOSULPHATE, effect of, on lead excretion (Curtis and Young).....	6
diseases, dermatitis due to phosphorus sesquisulphide (Nicolas, Gaté, and Rousset).....	187	SOLVENTS, lacquer, injury to health caused by (Siebert).....	202
diseases, dermatitis in Australian rubber industry (Moore).....	70	organic, toxic action of (Ebert).....	183
diseases, dermatitis of varnishers (Filippini).....	127	SOUTH AFRICA, annual report of Institute for Medical Research, 1927... ..	40
diseases, dermatosis industrialis (?) in tire builder.....	72	mortality among mine natives in... ..	43
diseases, eczema of hands in hairdressers, from spirit containing colocyth (Haxthausen).....	126	pulmonary asbestosis in (Simson)....	9
diseases, eruption caused by sap of trees (Longin).....	164	tuberculin reaction in native colliery workers (Allen).....	249
diseases, hexamethylenetetramine dermatitis in rubber industry (Burrage).....	188	tuberculosis among native colliery workers in (Allen).....	10
diseases in fruit industry (Mackay and Ireland).....	164	SPINE, compression fracture of vertebrae (Eikenbary).....	191
diseases, industrial dermatoses (Foerster).....	13	routine examination of, for industrial employees (Cushway and Maier).....	221
diseases, industrial, in Great Britain, 1928.....	250	SPLEEN, cell changes in, in experimental lead poisoning (Seifert and Arnold).....	137
diseases, industrial, in Great Britain, 1927 (Bridge).....	68	SPOROXYCOSIS among grain shovelers (Vallery-Radot and Giroud).....	118
diseases, occupational tobacco dermatitis (Karrenberger).....	129	SPOROTRICHOSIS infection due to barley (Blair and Yarian).....	94
diseases, pitch dermatitis.....	128	SPUTUM of asbestos workers, asbestosis bodies in (Stewart and Haddow)....	211
diseases, rôle of sensitization in eczema (Jansion, Lenégre, and Vendel).....	12	STENOGRAPHING, metabolism during (Pesonen).....	133
diseases, rotogravure ink dermatitis (Oliver).....	95	STOKER, hematologic investigation of (Brancato).....	256
diseases, standards in industrial dermatology (Lane).....	67	STOMACH, acid burns of (Orator).....	209
diseases, treatment of occupational (non-malignant) dermatitis (O'Donovan).....	71	mucous membrane, diseases of, in lead poisoning (Gutzeit).....	181
diseases, vanilla dermatitis (Lortat-Jacob and Solente).....	164	zinc vapor lesions of (Orator).....	209
epithelioma of, following burn with hot tar (Milian and Garnier).....	128	STRENGTH, <i>see</i> Muscle.	
epithelioma of, in female cotton operative (Southam and Mumford).....	127	SUBMARINE cruising, hygienic experiments during (Motegi).....	134
gross and microscopic changes in, produced by X-rays and lipid solvents (Jorstad and Lane).....	211	SUGAR, beet, industry, infections incident to (Young).....	136
lesions from salts of antimony in textile industry (Selisky).....	125	refinery, gas poisoning in (Leclercq and Vallee).....	84
temperature, influence of various systems of artificial heating on (Vernon, Bedford, and Warner).....	218	SULPHIDE dusts in metal mines, explosibility of (Gardner and Stein).....	124
temperature, variations in, caused by sweating (Kuno and Ikeuchi)....	217	SULPHUR DIOXIDE in air, apparatus for determination of small concentrations of (Thomas and Cross).....	66
		SUNLIGHT, effect of, on metabolism (Jakowenko).....	21
		SURGEON, industrial, problems of (Walley).....	132
		SURGERY, eye, occupational (Dean)....	76
		industrial, Gorgas idea applied to (Walker).....	83
		traumatic, in industry (Pearsall)....	190
		SWEATING caused by heat, and variations in body and skin temperatures (Kuno and Ikeuchi).....	217
		salt depletion by.....	255

	PAGE		PAGE
SYPHILIS, recognition and care of, from industrial standpoint (Low).....	94	THALLIUM poisoning, acute, polyneuritis following (Greving and Gagel).....	90
relation of cancer to (Stevenson)....	30	poisoning, alterations in nervous system in (Cortella).....	183
TANNIC ACID treatment of burns (Barling).....	77	poisoning, experimental, histologic findings in (Buschke, Löwenstein, and Joel).....	89
treatment of burns (Beekman).....	190	poisoning, fatal, and determination of thallium in cadavers (Fridli)...	208
treatment of burns and scalds (Wilson).....	76	poisoning, industrial (Buschke).....	89
TAR and allied substances, gross and microscopic changes in skin produced by (Jorstad and Lane).....	211	poisoning, industrial (Teleky).....	88
cancer in man (Lazzarini).....	32	toxic action of, experimental (Leigheb).....	89
epithelioma following burn with hot tar (Milian and Garnier).....	128	THRASHING, energy output during (Farkas, Geldrich, and Szakáll).....	168
multiple skin cancers in mice from tar feeding and tar clysters (Fischer)...	128	THYROID gland, industrial diseases of (Kaplan, Staroschklovskaia, and Goljanitzki).....	113
road tar poisoning (McCord).....	208	gland, influence of work on basal metabolism, with special reference to thyroid gland (Smith).....	133
TAXICAB drivers, women, proneness to accidents (Viteles and Gardner)....	257	TIRE builder, dermatosis industrialis (?) in.....	72
TEMPERATURE, see also under Atmospheric conditions.		TOBACCO dermatitis, occupational (Karrenberger).....	129
TEMPERATURE, body, effect of gymnastics on (Schlesinger).....	214	TRAUMA and tuberculosis (May).....	195
body, variations in, caused by sweating (Kuno and Ikeuchi).....	217	single, followed by malignant tumor (Wainwright).....	259
high, ability to produce work in human muscles at (Volginskii and Yakovenko).....	97	TRICHLOROETHYLENE, dangers to health in degreasing with (Gerbis).....	91
moderately high, effect of, on susceptibility and resistance to tuberculosis in guinea-pigs (Baetjer and Lange).....	102	poisoning, prophylaxis against, by using oiled screen (Carriou).....	179
skin, influence of various systems of artificial heating on (Vernon, Bedford, and Warner).....	218	TUBERCULOSIS among native colliery workers (Allen).....	10
skin, variations in, caused by sweating (Kuno and Ikeuchi).....	217	and sailor (Wood).....	186
Tests for drivers (Forster).....	257	and silicosis.....	36
intelligence, see Intelligence tests.		as industrial accident (Hawes).....	110, 170
vision, see Eyes.		effect of high humidity and moderately high temperature on susceptibility and resistance to, in guinea-pigs (Baetjer and Lange).....	102
TETRAETHYL LEAD gasoline, carbon monoxide from automobiles using (Yant and Berger).....	199	in relation to occupations (Vigne, Gardère, and Jeannin).....	11
gasoline, changes in regulations proposed for.....	64	incidence of, among printers (Hill)...	227
gasoline, dangers from handling and use of (Ichok).....	122	of miners, anthracosis and (Jousset and Lecat).....	67
interim report of Departmental Committee on Ethyl Petrol.....	64	placement of tuberculous worker in industry (Bergquist).....	196
poisoning (de Balsac, Agasse-Lafont, and Feil).....	123	pulmonary, anthracosis and (Wedekind).....	35
TEXTILE factories, industrial hygiene in (Turner).....	136	silicosis and (Stewart).....	163
industry, skin lesions from salts of antimony in (Selisky).....	125	trauma and (May).....	195
mills, modern humidifying methods for (Hodge).....	104	tuberculin reaction in native colliery workers (Allen).....	249
THALLIUM, cataract production by (Mamoli).....	6	TUMOR, malignant, following single trauma (Wainwright).....	259
compounds, poisonous nature of (Lutz).....	90	of bladder in dyers (Rosenbaum and Gottlieb).....	3
detection of, in organs of animals poisoned with "Zelioweizen" (Schee).....	209	of urinary tract in chemical workers (Oppenheimer).....	4
estimation of, and toxicology (Stich).....	208	tumor-like structures in lungs of guinea-pigs exposed to silicon carbide dust (Willis and Brutsaert)...	9
		TUNNEL, gases from blasting in (Gardiner, Howell, and Jones).....	16

SUBJECT INDEX

279

	PAGE		PAGE
ULTRAVIOLET RAYS, effect of, on basal and resting metabolism (Crofts).....	99	WOMEN in industry, health of—bibliography.....	192
effect of, on basal and resting metabolism (Hardy).....	99	in industry, Victoria, 1928 (Ireland).....	218
for control of colds (Maughan and Smiley).....	177	industrial accidents to, in New Jersey, Ohio, and Wisconsin.....	144
influence of, on industrial output (Punch, Wilkinson, Brooke, and Myers).....	105	influence of menstrual cycle on mental and muscular efficiency (Sowton and Myers).....	18
prophylaxis of actinic conjunctivitis in moving picture artists (Vigou-roux).....	188	pregnancy in relation to work (Jan-nello).....	144
UNITED STATES, lead poisoning in (McCord, Minster, and Kehoe).....	242	relation of menstrual cycle to gen-eral functional activity (Bedale)...	18
URINARY TRACT, tumors of, in chemical workers (Oppenheimer).....	4	rest pauses for, in five-hour spells (Vernon, Vernon, and Lorrain-Smith).....	19
VACCINE in preventive treatment of colds and asthma associated with colds (Walker).....	176	taxicab drivers, proneness to acci-dents (Viteles and Gardner).....	257
VANILLA dermatitis (Lortat-Jacob and Solente).....	164	WOOD cutters, eruption caused by sap of trees (Longin).....	164
VARNISH, Duco, poisoning (Undine)...	57	WORK and acid production in muscle: effect of loading on fatigue (Riesser and Schneider).....	255
VARNISHER, dermatitis in (Filippini)...	127	circulation and (Mobitz).....	79
VENTILATION, mine, physiologic fac-tors of (Sayers).....	104	comparative effects of variety and uniformity in (Wyatt, Fraser, and Stock).....	148
relation between type of ventilation and respiratory illness in schools of New Haven, Conn. (Green-burg).....	168	conditions of employees in mining industry of Victoria and Tasmania, 1928 (Moore).....	223
school (Duffield).....	21, 21	conditions of quarrymen and dressers of sandstone for paving blocks (de Balsac, Agasse-Lafont, and Feil).....	140, 141
VERTEBRA, <i>see</i> Spine.		continuous (<i>Fliessarbeit</i>) (Köttgen, Streine, and von Bonin).....	112
VESSEL, <i>see</i> Ship.		determination of rate of circulation of blood during (Bock, Dill, and Talbott).....	213
VITAL CAPACITY of athletes (Schmith).....	214	dynamic changes during (Bock, van Cau-laert, Dill, Fölling, and Hurx-thal).....	214
VOCATIONAL guidance and mental hy-giene of industry (Anderson).....	195	fine, relief of eyestrain in (Weston and Adams).....	81
guidance, psychology applied to....	147	heavy, effects of bonus on output of men engaged in (Vernon).....	148
guidance, use of performance tests of intelligence in (Earle and Mil-ner).....	195	heavy, fatigue of, and influence on health and duration of industrial life (Vernon).....	166
selection, detection of capacity for learning industrial processes (Sol-lier and Drabs).....	222	industrial, energy output during (Farkas and Geldrich).....	168
service for placing handicapped workers.....	24	influence of, on basal metabolism, with special reference to thyroid gland (Smith).....	133
WALKING on smooth surface, metab-olism of (Hietanen, Nikkinen, Nyyssölä, and Sternberg).....	98	manual and sedentary, fatigue in (Heftner and Judelowitsch).....	79
WATCH dial, luminous, occupational poisoning in manufacture of (Martland).....	206	monotonous, effects of (Wyatt, Fraser, and Stock).....	255
dial painter, radioactive substances in body of, five years after death (St. George, Gettler, and Muller)...	208	muscular, at low barometric pres-sure, carbon dioxide output during (Schneider and Clarke).....	98
dial painters, osteogenic sarcoma in (Martland and Humphries).....	206	muscular, of short duration, respira-tory quotient during (Lindhard)...	98
WEIGHT lifting, metabolism during (Erkkilä, Honkanen, Ignatius, and Loimio).....	133	night, <i>see</i> Night Work.	
WELFARE, Miners' Welfare Fund, sev-enth annual report of, 1928.....	169	physiology of (Atzler).....	78
WOMEN, employment of, at night (Hopkins).....	143		
employment of, in German industry, before childbirth.....	192		

	PAGE		PAGE
WORK, respiratory quotient during, determined from nomographic description of expired air (Dill and Fölling).....	214	WORKMEN'S COMPENSATION law of New York State, with amendments, additions, and annotations to Sept. 1, 1928.....	150
"steady state" and respiratory quotient during (Bock, van Caulaert, Dill, Fölling, and Hurxthal).....	214	laws, standards for, revised to Jan., 1929.....	150
visual efficiency and working ability (Fergus).....	81	lead poisoning as occupational disease (Langelez).....	35
WORKMEN'S COMPENSATION Act, hysteria and (Gill).....	225	neurology in relation to compensation decisions (Osnato).....	108
Act of Massachusetts, tuberculosis as industrial accident (Hawes).....	110	noncompensable visual defects (McAuliff).....	147
calculation of results of ocular accidents (von Vajda).....	109	sandstone industry (silicosis) scheme, Great Britain, 1929.....	195
(Industrial Diseases) Consolidation Order, Great Britain, 1929.....	171	settlement for accidents to American seamen.....	151
decimal percentage scale for visual losses (Lewis).....	108	silicosis and compensation in Great Britain.....	22
during 1927, Great Britain.....	150	single trauma and carcinoma (Wainwright).....	259
for occupational diseases in France (Caseneuve).....	108	statistics for New York State, July, 1926-June, 1927.....	150
formulas and tables for calculating disability from ocular injuries (Ovio).....	151	WOUNDS, action of light on healing of (Gianotti).....	77
industrial disease in relation to, New South Wales (Badham).....	22	X-RAY, see Roentgen Ray.	
law of France, revision needed with regard to occupational diseases (Bénard).....	149	ZINC vapor lesions of stomach (Orator).....	209

AUTHOR INDEX TO VOLUME XI

	PAGE		PAGE
Abs, O.: The Diet of Spitzbergen Workers and the Resulting Diseases.....	255	Baetjer, A. M., and Lange, L. B.: The Effect of High Humidity and Moderately High Temperature on the Susceptibility and Resistance to Tuberculosis in Guinea Pigs.....	102
Adams, S., <i>see</i> Weston, H. C.		Bailey, G. H.: Accessory Etiologic Factors of Respiratory Infection in Rabbits. II. The Effect of Fatigue on the Susceptibility of Rabbits to Intranasal Infection with Type I Pneumococcus.....	117
Aeberly, J. J., <i>see</i> Connolly, J. I.		Balthazard, <i>see</i> Jeannelme.	
Agasse-Lafont, E., Feil, A., and de Balsac, F. H.: Certain Aspects of Occupational Arsenicism in the Chemical Industry.....	119	Barling, S.: Tannic Acid Treatment for Burns.....	77
Agasse-Lafont, E., <i>see</i> de Balsac, F. H. (4).		Basch, <i>see</i> Ravaut, P.	
Ajello, G.: Electricity and Man. The Effects of Electric Current on the Organism.....	100	Battley, J. C. S.: Chronic Carbon Monoxide Poisoning.....	35
Allen, F.: Mine Lighting and Retinal Sensitivity.....	220	Bedale, E. M.: Two Contributions to the Experimental Study of the Menstrual Cycle. II. Its Relation to General Functional Activity.....	18
Allen, F. J.: Tuberculin Reaction in Native Colliery Workers.....	249	Bedford, T., <i>see</i> Vernon, H. M. (2).	
Allen, F. J.: Tuberculosis among Native Colliery Workers.....	10	Beekman, F.: Tannic Acid Treatment of Burns: End-Results in 114 Cases Compared with 320 Treated by Other Methods.....	190
Anderson, V. V.: The Problem Employee. His Study and Treatment..	258	Bell, W. B., <i>see</i> Jowett, M.	
Anderson, V. V.: Vocational Guidance and Mental Hygiene of Industry....	195	Bellon: The Deposition of Industrial Dusts.....	185
Arnold, A., <i>see</i> Seiffert, G.		Bénard, R.: Encephalopathy in Lead Poisoning and Revision of the Law Regarding Occupational Diseases....	149
Askey, J. M.: Aplastic Anemia Due to Benzol Poisoning: Two Cases.....	178	Benedict, F. G.: Basal Metabolism: The Modern Measure of Vital Activity.....	98
Atzler, E.: Physiology of Work.....	78	Berg, R.: Detection of Traces of Lead in Organic Substances.....	86
Atzler, E., and Herbst, R.: The Economy (of Energy) of Carrying a Load over a Level Stretch.....	167	Berger, L. B., <i>see</i> Sayers, R. R.	
Aubertin, C., and Foulon, P.: Lead Colic Followed by Uremia with Latent Subacute Lead Nephritis.....	61	Berger, L. B., <i>see</i> Yant, W. P.	
Audibert: The Use of Electricity in Underground Work in Mines in the Presence of Fire Damp.....	15	Berggren, R. E. L., <i>see</i> Talbott, J. H.	
Aves, C. M.: Hydrogen Sulphide Poisoning in Texas.....	240	Bergquist, C. W.: The Tuberculous Worker and his Placement in Industry.....	196
Baader, E., and Lehmann, G.: Studies in the Physiology of Work. V. The Economy (Energy) of Work in Building a Wall.....	167	Bersch, G. M.: Health Problems of the Apple Harvesters.....	144
Bachmann, W.: Determination of the Cooling Power of the Air and its Hygienic Significance.....	22	Best, C. H., Furusawa, K., and Ridout, J. H.: Respiratory Quotient of the Excess Metabolism of Exercise.....	213
Badham, C.: Notes on a Fine Type of Fibrous Pneumonokiosis Produced by Silicates and Other Minerals....	163	Beyne, P. J. E., and Worms, G.: Nocturnal Vision and its Relation to Flying.....	222
Badham, C.: Selected Cases of Industrial Disease.....	22	Bijlma, U. G., <i>see</i> Tervaert, D. G. C.	
Badham, C., and Moore, K. R.: The Cause of Occupational Dermatitis in Sydney Rubber Works in 1927....	11	Bishop, W. B. S.: The Occurrence of Lead in the Egg of the Domestic Hen.....	158, 244
Badham, C., Rayner, H. E. G., and Broose, H. D.: Dust Sampling in Sydney Sandstone Industries.....	160	Blacktin, S. C.: Spontaneous Electrification in Dust Clouds (with Special Reference to Coal Dust Clouds).....	37

	PAGE		PAGE
Blair, J.: Chrome Ulcers. Report of Twelve Cases.....	5	Concentration upon the Demonstration of the Basophilic Substance....	137
Blair, J., and Yarian, N. C.: Two Cases of Sporotrichosis Infection Due to Barberry.....	94	Brückner, H.: The Significance of Vital Staining for the Diagnosis of Lead Poisoning.....	137
Bloomfield, J. J.: Benzol Poisoning as a Possible Hazard in Chemical Laboratories.....	34	Brundage, D. K.: Sickness among Industrial Employees. Frequency of Disability Lasting Longer Than One Week from Important Causes among 165,000 Persons in Industry in 1927, and a Summary of the Morbidity Experience from 1920 to 1927.....	171
Bloomfield, J. J., and Blum, W.: Health Hazards in Chromium Plating.....	56	Brundage, D. K.: Trend of Disabling Sickness among Employees of a Public Utility.....	44
Bloomfield, J. J., <i>see</i> Thompson, L. R.		Brundage, D. K., <i>see</i> Thompson, L. R.	
Blum, W., <i>see</i> Bloomfield, J. J.		Brüning, A., and Kraft, B.: Fatal Case of Acute Lead Poisoning.....	122
Bock, A. V., Dill, D. B., and Talbott, J. H.: Muscular Activity. I. Determination of the Rate of Circulation of Blood in Man at Work.....	213	Bruna, O., <i>see</i> Hörnicke, E.	
Bock, A. V., van Caulaert, C., Dill, D. B., Fölling, A., and Hurxthal, L. M.: Muscular Activity. III. Dynamical Changes Occurring in Man at Work.....	214	Brutsaert, P., <i>see</i> Willis, H. S.	
Bock, A. V., van Caulaert, C., Dill, D. B., Fölling, A., and Hurxthal, L. M.: Muscular Activity. IV. The "Steady State" and the Respiratory Quotient during Work.....	214	Bryson, S., <i>see</i> Sutherland, C. L.	
Bogusat: Hygiene on German Merchant Ships.....	48	Bunnell, S.: Repair of Nerves and Tendons of the Hand.....	141
Booth, H. S., <i>see</i> Schreiber, N. E.		Burgeas, M. J., and Wheeler, E. V.: The Ignition of Firedamp by the Heat of Impact of Metal against Rock.....	239
Borchardt, H.: Effect on Lungs of Inspiration of Different Kinds of Carbon Particles.....	246	Burrage, W. S.: Dermatitis in the Rubber Industry Due to a Hypersensitiveness to Hexamethylenetetramine.....	188
Borchers, W.: The Electric Firing of Blasts with High Voltage Current in Quarries.....	75	Buschke, A.: Industrial Poisoning with Thallium.....	89
Boulin: Occupational Cancer.....	232	Buschke, A., Löwenstein, L., and Joel, W.: Further Histological Findings in Experimental Chronic Thallium Poisoning.....	89
Boyd, J.: The Estimation of Dust in Mine Air on the Witwatersrand.....	38	Butt, E. M., <i>see</i> Hall, E. M.	
Brancato, F.: Hematologic Investigations in Stokers.....	256	Butzerin, E. B.: Is Industrial Nursing Keeping Pace?.....	221
Brewster, J. W.: Eye Examinations as a Factor in the Reduction of Industrial Accidents.....	17	Campagna, M.: Back Injuries in Industrial Practice.....	76
Bridge, J. C.: Report of the Senior Medical Inspector.....	230	Cann, R. J.: Three Cases of Chronic Suppurative Otitis Media on the Right (i.e., the Exposed) Side of Motor Drivers.....	130
Bridge, J. C.: Skin Diseases. Report of the Senior Medical Inspector.....	68	Carozzi, L.: Some Observations upon Occupational Cancer.....	30
Bridge, J. C., and Henry, S. A.: Industrial Cancers.....	26	Carr, W. E.: To Improve Conditions in the Care of Industrial Injuries.....	190
Britten, R. H., <i>see</i> White, L. R.		Carrieu, M.-F.: Prophylaxis against Poisoning by Ethylene Trichloride by an Oiled Screen.....	179
Brockbank, E. M.: Miners' Cramp.....	117	Cazeneuve, P.: The Cutaneous Injuries Which Arise from the Coloring Materials in Dyed Furs.....	70
Brooke, R. St. C., <i>see</i> Punch, A. L.		Cazeneuve, P.: How Far Has Legislation Extended to Occupational Diseases the Privileges of Industrial Accidents?.....	108
Broose, H. D., <i>see</i> Badham, C.		Chajes, B., and Lewin, C.: On the Diagnosis of Industrial Lead Poisoning.....	60
Brown, C. L., and Grabfield, G. P.: The Relation of Acute Respiratory Infections to Atmospheric Conditions.....	50	Chajes, B., and Lewin, C.: Occupational Lead Poisoning.....	60
Brown, E. C.: Selected References on the Health of Women in Industry. Compiled March, 1929.....	192	Chalkley, H. W., <i>see</i> Kahler, H.	
Brown, H. R.: Fighting Dust Explosions.....	180		
Brown, H. R.: Value of Inert Gas as a Preventive of Dust Explosions in Grinding Equipment.....	37		
Brückner, H.: Observations on the Basophilic Substance in Young Red Blood Corpuscles. III. Fixation and the Influence of the Hydrogen-Ion			

AUTHOR INDEX

283

	PAGE		PAGE
Chance, B.: Superficial Necrosis of Entire Corneal Surfaces after Gas Explosion: Complete Restoration.....	212	Crofts, E.: Studies on Basal and Resting Metabolism after Radiation with Ultra-Violet Light. II. The Effect of Ultra-Violet Radiation on the Basal Metabolism of Human Subjects.....	99
Cheney, V. S.: Relation of Physician in Industry to Private Practitioner and to Community.....	84	Cross, R. J., <i>see</i> Thomas, M. D.	
Christie, R. V., and Loomis, A. L.: The Relation of Frequency to the Physiological Effects of Ultra-High Frequency Currents.....	134	Culpin, M.: Nervous Disease and its Significance in Industry.....	114
Christopher, F.: The Present Status of Burn Therapy.....	142	Culpin, M.: A Study of the Incidence of the Minor Psychoses—Their Clinical and Industrial Importance.....	116
Clark, W. I.: Effects of Accidents on Cardiac Employees.....	33	Culpin, M., and Smith, M.: Sickness and Absenteeism.....	26
Clarke, R. W., <i>see</i> Schneider, E. C.		Curtis, A. C., and Young, A. G.: Sodium Thiosulphate: II. Effect on Excretion of Lead.....	6
Clock, R. O., <i>see</i> Monteith, S. R.		Cushway, B. C., and Maier, R. J.: Routine Examination of the Spine for Industrial Employees.....	221
Cobb, P. W., and Moss, F. K.: Four Fundamental Factors in Vision.....	21	Dalton, C. H. C.: Arsenical Poisoning.....	234
Collis, E. L.: A Clue Suggested by Occupational Cancers.....	31	Danckwortt, P. W., and Jürgens, E.: Toxicology of Lead and its Compounds. IV. Electrolytic Detection of Lead.....	85
Collis, E. L.: Silicosis.....	93	Danckwortt, P. W., and Jürgens, E.: Toxicology of Lead and its Compounds. V. Quantitative Nephelometric Determination of Lead.....	85
Colvin, L. T.: Electrocardiographic Changes in Case of Severe Carbon Monoxide Poisoning.....	5	Danckwortt, P. W., and Jürgens, E.: Toxicology of Lead and its Compounds. VI. Distribution of Lead in the Organism, Especially in the Bones, and the Toxicity of Lead Solutions to Fish.....	121
Connolly, J. I., Martinek, M. J., and Aesberly, J. J.: The Carbon Monoxide Hazard in City Streets.....	54	Darier, <i>see</i> Jeanselme.	
Conwell, H. E.: Treatment of Severe Injuries of the Leg by Traction with the Steinmann Pin through the Os Calcis.....	191	Davis, P. A.: Fractures in Industry... ..	76
Cooke, W. E.: Pulmonary Asbestosis..	35	Davis, P. A.: Near Vision and Illumination in Industry.....	194
Cooksey, T., and Walton, S. G.: Electrolytic Determination of Lead in Urine.....	205	Dawidowa, E. W.: The Effect of Carbon Monoxide on the Antibodies in the Blood Serum.....	237
Coombs, C. F.: Rheumatic Heart Disease in its Relation to Industry.....	156	Dean, A. C.: Occupational Eye Surgery.....	76
Corbet, G. G.: Minor Hand Injuries Resulting in Death.....	132	Dearden, W. F.: Occupational Health Risks of Merchant Seamen.....	260
Cortella, E.: Alterations of the Nervous System in Thallium Poisoning..	183	de Balsac, F. H., Agasse-Lafont, E., and Feil, A.: An Inquiry into the Chronic Occupational Anilism of the Imitation Fur Industry.....	178
Cosgrove, K. W., and Hubbard, W. B.: Acid and Alkali Burns of the Eye: An Experimental Study.....	72	de Balsac, F. H., Agasse-Lafont, E., and Feil, A.: Lead Poisoning in the Rubber Tire Industry.....	122
Cotton, T. F.: Heart Disease and Industry.....	156	de Balsac, F. H., Agasse-Lafont, E., and Feil, A.: Occupational Pneumoconiosis: An Inquiry into the Working Conditions, Morbidity, and Mortality of Quarrymen and Dressers of Sandstone for Paving Blocks... ..	140, 141
Coulter, R. J.: The Light Sense in Miners' Nystagmus.....	96	de Balsac, F. H., Agasse-Lafont, E., and Feil, A.: Poisoning by Tetraethyl Lead, Used as "Anti-Knock" for Automobile Motors.....	123
Cowan, A.: Test Cards for the Determination of the Visual Acuity.....	106	de Balsac, F. H., <i>see</i> Agasse-Lafont, E.	
Cowan, A.: Test Letters Which Comply with the Physiological Requirements of a Visual Test Object.....	106		
Coward, H. C., and Jones, G. W.: Limits of Inflammability of Gases and Vapors.....	51		
Coward, H. F., and Wheeler, R. V.: The Ignition of Firedamp.....	239		
Crankshaw, C. W.: Physical Examinations in Industry: V. Relation of Doctor and Employment Manager to Employee.....	146		
Crofts, E.: Studies on Basal and Resting Metabolism after Radiation with Ultra-Violet Light. I. The Effect of Ultra-Violet Radiation on the Resting Metabolism of Birds.....	99		

	PAGE		PAGE
de Boissezou, P.: Periodic Examination of the Personnel of Railroads...	146	Engelhard: Filters for Gas Masks.....	52
Delaby, R.: Protection against Fire in the Chemical Industry.....	75	Erkkila, S., Honkanen, P., Ignatius, K., and Loimio, L.: The Metabolism during Weight Lifting.....	133
Deming, D.: Protection of Children in the Motion Picture Industry.....	144	Escartefigue: Three Cases of Acute Poisoning Due to Gases Formed by the Combustion of Petrol.....	157
Desoille, H., <i>see</i> Lavastine, L.		Evans, J. J.: The Disease Known as Miners' Nystagmus.....	95
de Vries, W. M.: Pitch Cancer in the Netherlands.....	29	Evans, W. H., and Roberts, R. E.: Splenomedullary Leukaemia in an X Ray Worker.....	124
Dill, D. B., and Fölling, A.: Muscular Activity. II. A Nomographic Description of Expired Air.....	214	Everett, H. B.: Importance of Periodic Physical Examinations of Railway Employees.....	146
Dill, D. B., <i>see</i> Bock, A. V. (3).			
Dill, D. B., <i>see</i> Talbott, J. H.		Farkas, G., and Geldrich, J.: Energy Expenditure of Man during Industrial Work.....	168
Dilling, W. J., <i>see</i> Jowett, M.		Farkas, G., Geldrich, J., and Szakáll, A.: Energy Output during Harvesting Work.....	168
Djatschenko, S. S.: Treatment of Anthrax in Man.....	248	Farkas, G., Geldrich, J., and Szakáll, A.: Energy Used during Threshing..	168
Donahue, F. J.: Accidents and Heart Disease: From the Court's Point of View.....	33	Feil, A., <i>see</i> Agasse-Lafont, E.	
D'Ossvaldo, E.: Clinical Contribution on the Effect of Phosgene Gas.....	123	Feil, A., <i>see</i> de Balsac, F. H. (4).	
Doubrow, <i>see</i> Garin, C.		Feilchenfeld, W.: Training and Occupation for the Blind.....	226
Doubrow, S., <i>see</i> Policard, A. (4).		Fergus, A. F.: Visual Efficiency and Working Ability.....	81
Drabs, J., <i>see</i> Sollier, P.		Ferguson, C. L.: Health in Industry..	81
Duffield, T. J.: School Ventilation. Its Effect on the Health of the Pupil.....	21	Ferre, C. E., and Rand, G.: Intensity of Light and Speed of Vision Studied with Special Reference to Industrial Situations—Part I; Part II.....	20
Duffield, T. J.: The School Ventilation Study in Syracuse, N. Y. School Year, 1926-1927.....	21	Filippini, A.: Dermatitis of Varnishers.....	127
Dunn, B. W.: Report of Chief Inspector, Bureau for the Safe Transportation of Explosives and Other Dangerous Articles, for 1927.....	16	Fischer, H.: Results of Experimental Investigations on the Production of Skin Cancers. Multiple Skin Cancers in Mice from Tar Feeding and Tar Clysters.....	128
Duvour: Occupational Diseases Caused by the Handling of Hydrocarbons and their Principal Derivatives.....	137	Fisk, E. L.: The Problem of Industrial Health.....	154
Duvour: Some Industrial Poisons. The Benzols, the Chlor and Nitro Derivatives of the Hydrocarbons, Aniline.....	179	Flinn, F. B.: Some of the Newer Industrial Hazards.....	52
		Flinn, F. B., and VonGlahn, W. C.: A Chemical and Pathologic Study of the Effects of Copper on the Liver..	121
Earle, F. M., and Milner, M.: The Use of Performance Tests of Intelligence in Vocational Guidance.....	195	Foerster, H. R.: Industrial Dermatoses. General Considerations.....	13
Eaves, J.: Industrial Physician: His Relation to Patient and Carrier.....	173	Fölling, A., <i>see</i> Bock, A. V. (2).	
Ebert, F.: Toxic Action of Organic Solvents and Dangers in their Use...	183	Fölling, A., <i>see</i> Dill, D. B.	
Edell, G. M.: Determination of Small Amounts of Carbon Monoxide in Air	55	Fölling, A., <i>see</i> Talbott, J. H.	
Edwards, H. T., <i>see</i> Talbott, J. H.		Forster, W.: A Test for Drivers.....	257
Edwards, P. W., and Harrison, R. W.: Oxygen Concentration for Explosion Prevention.....	66	Foulke, T. E.: Transmission of Visible Radiation through the Atmosphere under Hazy Conditions.....	220
Eggert, J.: Poisonous Gases in a Viscose Rayon Plant and their Removal.....	58	Foulon, P., <i>see</i> Aubertin, C.	
Eikenbary, C. F.: Compression Fracture of the Vertebrae.....	191	Fox, R. F.: Rheumatism in Relation to Industry.....	197
Eisert, H.: The Resistance to the Flow of Air in Ducts in Relation to their Size and Shape.....	104	Fraser, J. A., <i>see</i> Wyatt, S. (2).	
Eldridge, W. A., <i>see</i> Walton, D. C.		Fridli, R.: Fatal Thallium Poisoning, and Determination of Thallium in Cadavers as Thallous Iodide.....	208
Elvehjem, C. A., and Lindow, W. C.: The Determination of Copper in Biological Materials.....	202	Froboese, V.: Lead in the Air at the Breathing Level in Factories.....	243

AUTHOR INDEX

285

	PAGE		PAGE
Fulton, W. B., <i>see</i> Sayers, R. R.		Grossman, J.: A Plea for Careful Consideration of the Feet in Periodic Health Examinations.....	105
Furusawa, K., <i>see</i> Best, C. H.		Grünberg, F.: The Problem of Lead Colic.....	138
Gagel, O., <i>see</i> Greving, R.		Grünwald, M.: Industrial Carbon Monoxide Poisoning.....	178
Gardère, C., <i>see</i> Vigne, P.		Grünstein, A. M., and Popowa, N.: Changes in Central Nervous System in Carbon Monoxide Poisoning.....	201
Gardiner, E. D., Howell, S. P., and Jones, G. W.: Gases from Blasting in Tunnels and Metal-Mine Drifts.....	16	Guédé, M., <i>see</i> Rivet, L.	
Gardner, E. D., and Stein, E.: Explosibility of Sulfide Dusts in Metal Mines.....	124	Gundermann, K.: Quantitative Dust Determinations in Factories.....	184
Gardner, H. M., <i>see</i> Viteles, M. S.		Gutmann, A.: Inflammation of the Eyes in Workers in Artificial Silk Factories.....	252
Garin, C., Doubrow, and Mounier: Ankylostomas in Mines.....	66	Gutzeit, K.: Diseases of Gastric Mucous Membrane in Patients with Lead Poisoning.....	181
Garnier, <i>see</i> Millian.		Gutzeit, K.: Gastric Disturbances in Lead Poisoning.....	122
Gaté, J., <i>see</i> Nicolas, J.		Haddow, A. C., <i>see</i> Stewart, M. J.	
Geldrich, J., <i>see</i> Farkas, G. (3).		Hall, E. M., and Butt, E. M.: Experimental Pigment Cirrhosis Due to Copper Poisoning: Its Relation to Hemochromatosis.....	57
Gelman, J.: Lead Encephalopathy....	203	Hall, H. H.: Mechanical Smeller Tells Explosion Hazard of Oil-Gas Mixtures.....	184
Gerbis: Dangers to Health and Preventive Measures in Degreasing with Trichlorethylene.....	91	Hamel, C.: The Question of Blood Examination in Lead Poisoning.....	243
Gerbis, H.: Irreparable Trigeminal Paralysis from Industrial Poisoning.....	115	Hammett, F. S., and Wallace, V. L.: Studies in the Biology of Metals. VII. The Influence of Lead on the Development of the Chick Embryo....	121
Gettler, A. O., <i>see</i> St. George, A. V.		Hara, H.: Personal Experience in Reduced Atmospheric Pressure.....	134
Gianotti, M.: Experiments on the Action of Light on the Healing of Wounds.....	77	Hardy, M.: Studies on Basal and Resting Metabolism after Radiation with Ultra-Violet Light. III. The Effect of Ultra-Violet Radiation on the Resting Metabolism of Normal Rabbits.....	99
Gibson, F. H., <i>see</i> Katz, S. H.		Hardy, W. F.: A Consideration of Intraocular Foreign Bodies.....	14
Gill, A. W.: Hysteria and the Workmen's Compensation Act.....	225	Hargrave, W. W.: Five Cases of Lead Poisoning Occurring on Board U.S.S. "Wyoming" during the Year 1926....	203
Girot, L., <i>see</i> Lechelle, P.		Harris, W.: Occupational Pressure Neuritis of the Deep Palmar Branch of the Ulnar Nerve.....	156
Giroud, P., <i>see</i> Vallery-Radot, P.		Harrison, R. W., <i>see</i> Edwards, P. W.	
Glaser, E.: Industrial Bromomethyl Poisoning.....	182	Harrison, W., and Weitz, C. E.: Illumination Design Data for Industrial and Commercial Interiors: A Handbook for Lighting Specialists, Electrical Contractors and Dealers, Engineers, Architects, Students, and Instructors.....	20
Gleason, G.: Accidents and Heart Disease: From Insurance Company's Point of View.....	33	Hartgen, F. A., <i>see</i> Smith, D. F.	
Gloyne, S. R.: The Presence of the Asbestos Fibre in the Lesions of Asbestos Workers.....	210	Hartridge, H.: Carbon Monoxide Gas Poisoning.....	54
Goljanitzki, I. A., <i>see</i> Kaplan, A. D.		Harvey, J. W.: Physical Examinations in Industry: IV. Reexaminations....	146
Gorn: Rheumatic Diseases of Miners..	233	Hausen, J.: "Foam" Fire-Extinguishing Plants in the Chemical Industry..	75
Gorodetzky, G., <i>see</i> Tscherkess, A. (2).			
Gottlieb, J. I., <i>see</i> Rosenbaum, N. D.			
Grabfield, G. P., <i>see</i> Brown, C. L.			
Gray, R. N.: Disability and Cost of Industrial Fractures. A Comparison Based upon an Impersonal Study of Statistics of Fractures Treated by the Specially Trained Surgeon and the General Practitioner.....	141		
Greenburg, L.: A Study of the Relationship between Type of Ventilation and Respiratory Illness in Certain Schools of New Haven, Conn.....	168		
Greenwood, A.: The Health of Hop-Pickers and the Sanitation of Hop-Pickers' Encampments.....	111		
Greenwood, M.: The Study of Industrial Hygiene.....	153		
Greving, R., and Gagel, O.: Polyneuritis Following Acute Thallium Poisoning.....	90		
Grossman, J.: Acute Subdeltoid Bursitis, Based on the Study of Thirty-Six Cases.....	116		

	PAGE		PAGE
Hawes, J. B.: Tuberculosis as an Industrial Accident.....	110, 170	Holst, L., Kaplunova, D., and Santotzkij, M.: X-Ray Study of the Pneu- monokoniosis of Porcelain Workers..	139
Haxthausen, H.: Spirit Containing Colocynth as a Cause of Hand Ec- zema in Hairdressers.....	126	Home, W. E.: Deaths and Death-Rates in the Merchant Marine, 1928.....	152
Hayhurst, E. R., <i>see</i> Sayers, R. R.		Home, W. E.: Occupational Mortality of British Merchant Seamen.....	172
Heffernan, P.: Silica in Medicinal Waters.....	248	Honkanen, P., <i>see</i> Erkkilä, S.	
Heffernan, P.: Some Notes on the Bio- physics of Silica and the Etiology of Silicosis.....	247	Hope, E. W.: Industrial Diseases as Viewed from the Standpoint of a Medical Officer of Health.....	174
Hefter, J., and Judelowitsch, R.: Fati- gue in Manual and Sedentary Work- ers.....	79	Hopkins, M. D.: The Employment of Women at Night.....	143
Hegler, C.: The Phosgene Poisoning Catastrophe in Hamburg. I. Clinical Observations.....	123	Hopmann, A.: Acute Poisoning from Mercury Vapor.....	86
Heinrich, F., and Petzold, E.: Testing a Carbon Monoxide Gas-Mask.....	53	Hopmann, A.: A Fatal Case of Acute Yellow Atrophy of the Liver from Industrial Use of Nitrobenzol, Nitro- toluol, or Arsenic?.....	65
Heller, J.: Constitutional Factor in Low Mortality from General Paral- ysis among Actors.....	50	Hörnricke, E., and Bruns, O.: Physi- ology of Breathing in Industrial Masks. I. The Comfort of the Indi- vidual in the Use of Masks.....	96
Henderson, L. J., <i>see</i> Talbott, J. H.		Howell, S. P., <i>see</i> Gardiner, E. D.	
Henderson, V. E.: Physician and In- dustrial Disease.....	105	Hoyt, L. F.: Fumigation Tests with Ethylene Dichloride-Carbon Tetra- chloride Mixture.....	41
Henry, S. A.: Mule Spinners' Cancer: the Time Necessary for its Produc- tion.....	175	Hubbard, W. B., <i>see</i> Cosgrove, K. W.	
Henry, S. A., <i>see</i> Bridge, J. C.		Hübscher, S.: Child Labour out of School Hours.....	193
Héraux, A., <i>see</i> Roussy, G.		Humphries, R. E., <i>see</i> Martland, H. S.	
Herbst, R., and Nebuloni, A.: The Effect of Fatigue on the Metabolism, the Pulse, and the Respiration.....	165	Hurxthal, L. M., <i>see</i> Bock, A. V. (2).	
Herbst, R., <i>see</i> Atzler, E.		Ichok, G.: Tetraethyl Lead.....	122
Hersey, R. B.: Periodic Emotional Changes in Male Workers.....	258	Ignatius, K., <i>see</i> Erkkilä, S.	
Hessberg, R.: Occupational Changes and Diseases of the Eye.....	130	Ikeuchi, K., <i>see</i> Kuno, Y.	
Heubner, W., <i>see</i> Meyer, E.		Ing, H. R., <i>see</i> Twort, C. C. (2).	
Heyer: Firedamp and its Detection...	239	Ireland, I., <i>see</i> Mackay, K.	
Hietanen, A., Nikkinen, M., Nyysölä, H., and Sternberg, G.: Metabolism of Walking on Smooth Surface.....	98	Ireland, M. I.: A Survey of Women in Industry, Victoria, 1928.....	218
Higbie, H. H.: Treating the Window to Conserve Daylight.....	220	Irvine, L. G.: The Present Position of Miners' Phthisis on the Rand.....	92
Hill, A. B.: An Investigation into the Sickness Experience of Printers (with Special Reference to the In- cidence of Tuberculosis).....	227	Ives, J. E., <i>see</i> White, L. R.	
Hirsch, B.: Training of the Adult Blind in Germany.....	24	Jackson, D. C.: Lighting in Industry...	42
Hirszowski, A.: Industrial Poisoning in the Manufacture of Coal-Tar Dyes and Intermediates and Methods of Preventing It.....	136	Jackson, E. C.: Physical Examina- tions in Industry: I. Reasons for Preemployment Examinations.....	146
Ho, C. J.: Following-Up Employees...	259	Jakowenko, W. A.: The Influence of Sun Radiation and Wind Velocity on the Gas Exchange in Man.....	21
Ho, C. J.: Which Workers Have Good Attendance?.....	258	Jannello, A.: Pregnancy in Relation to Work.....	144
Hodge, W. B.: Modern Humidifying Methods.....	104	Jansion, Lenégre, and Vendel: The Rôle of Sensitization in Eczema and its Therapeutic Proof.....	12
Hoets, J.: Early Treatment of Infec- tions of the Hand.....	142	Jeannin, <i>see</i> Vigne, P.	
Hoffman, F. L.: Mule-Spinners' Can- cer.....	32	Jeanselme, Balthazard, and Darier: Dermatitis Caused by Japanese Lac- quer.....	126
Hoffman, F. L.: Statistics of Occupa- tional Cancer.....	31	Jellinek, S.: Apparent Death from Electricity.....	216
		Jellinek, S.: Characteristics of In- juries Caused by Electricity.....	80
		Jellinek, S.: Injuries Caused by Elec- tricity.....	142

AUTHOR INDEX

287

	PAGE		PAGE
Jellinek, S.: Lumbar Puncture in Electrical Injuries.....	80	Kershaw, J. B. C.: Three Smoke Abatement Reports.....	40
Jess, A.: Eye Injuries and their Treatment.....	130	Kessler, H. H.: Physical Examinations in Industry: III. Doctor's Place in Final Placement.....	146
Joel, W., <i>see</i> Buschke, A.		King, E. J.: The Estimation of Silica in Tissues.....	211
Jones, G. W.: The Inflammability of Refrigerants.....	17	Kinnear, W. S.: The Cost to the Country of Industrial Rheumatism.....	109
Jones, G. W., <i>see</i> Coward, H. C.		Klein, E.: Ocular Lesions in the Manufacture of Artificial Silk.....	189
Jones, G. W., <i>see</i> Gardiner, E. D.		Klingendahl, P. O., and Pesonen, N.: Metabolism of Different Methods of Carrying Loads.....	98
Jorstad, L. H., and Lane, C. W.: Gross and Microscopic Changes in the Skin Produced by X-Rays and by Lipoid Solvents.....	211	Kochmann, M.: On the Possibility of Industrial Poisoning from Ethylene Dibromide.....	239
Jousset, A., and Lecat, H.: The Anthracosis and Tuberculosis of Miners.....	67	Koelsch: Industrial Poisoning by Acrolein.....	234
Jowett, M., Dilling, W. J., and Bell, W. B.: Estimations of Lead in Tissues of Lead-Treated Patients and Animals.....	158	Kohn-Abrest, E.: The Determination of Nitrogen Peroxide Vapors in Air and its Usefulness in Industrial Hygiene.....	123
Judelowitsch, R., <i>see</i> Hefter, J.		Kohn-Abrest, E.: The Toxicological Analysis of Air: Diffusion of Fumes and Experiments at the Eiffel Tower.....	104
Judin, <i>see</i> Tschumanoff, G. M.		Kojranski, B.: Extensor Weakness and Lead Absorption.....	61
Jürgens, E., <i>see</i> Danckwortt, P. W. (3).		Köttgen, E. h. C., Streine, O., and von Bonin, W.: Continuous Work.....	112
Kaestle: The Lungs of Porcelain Workers.....	140	Kraft, E., <i>see</i> Brüning, A.	
Kahler, H., Chalkley, H. W., and Voegtlin, C.: The Nature of the Effect of a High-Frequency Electric Field upon Paramoecium.....	143	Krahnstöver, M.: Injury to the Eyes from Hydrogen Sulphide.....	253
Kahn, M. H., and Kahn, S.: Heart Strain in its Industrial Aspects.....	33	Kranenburg, W. R. H., and Peeters, H.: Chronic Benzol Poisoning.....	235
Kahn, S., <i>see</i> Kahn, M. H.		Krasso, H.: Lead Poisoning of Industrial and Alimentary Origin.....	61
Kalinowsky, L., <i>see</i> Lande, K.		Kraupa, E.: Glassblower's Cataract.....	73
Kam, A. J. H.: Impurities in the Atmosphere.....	41	Kraupa, E.: Industrial Lens Injury in Glass Makers.....	14
Kandiba, L. L.: The Effect of Carbon Monoxide Poisoning on Infection.....	238	Krüger, E., and Saupe, E.: Bread Making as a Cause of Disease.....	155
Kaplan, A. D., Staroschkowskaja, R. M., and Goljanitzki, I. A.: Industrial Diseases of the Thyroid Gland: Symptoms and Surgical Treatment.....	113	Kuno, Y., and Ikeuchi, K.: On Sweating in Man Caused by the Effects of Heat, and also the Variations of the Body and the Skin Temperatures... ..	217
Kaplunova, D., <i>see</i> Holst, L.		Kunz-Krause, H.: Poisoning from Auto Exhaust Gases.....	235
Karrenberger, C. L.: Occupational Tobacco Dermatitis.....	129	Kurz, J.: Paresis of Associated Eye Elevators in an Aviator.....	130
Katsurada, F.: Beriberi on Japanese Ships.....	79	Laborde: Fatal Poisoning Probably Due to Arseniuretted Hydrogen.....	34
Katz, S. H., Meiter, E. G., and Gibson, F. H.: Efficiencies of Painters' Respirators Filtering Lead Paint, Benzol and Vitreous Enamel Sprays.....	63	Lacassagne, J., <i>see</i> Nicolas, J.	
Kehoe, R. A., and Thamann, F.: Behavior of Lead in Animal Organism: I.....	63	Laird, D. A.: Experiments on the Physiological Cost of Noise.....	133
Kehoe, R. A., and Thamann, F.: The Excretion of Lead.....	204	Lande, K., and Kalinowsky, L.: Industrial Benzol Poisoning from the Clinical Standpoint. (1. Chronic Benzol Poisoning with Fatal Effect on the Blood and Blood Vessels. 2. Neuritis of the Median Nerve from Benzol.).....	120
Kehoe, R., <i>see</i> McCord, C. P.		Lane, C.: The Mass Diagnosis of Hookworm Infection.....	10
Kennaway, E. L.: The Occupational Incidence of Cancer of the Penis and of the Scrotum in the General Population.....	30	Lane, C. G.: Standards in Industrial Dermatology.....	67
Kerr, F. R.: An Investigation into the Health of Employees in Gas-Making Plants.....	51		
Kershaw, J. B. C.: Report of the Hamburg Smoke Abatement Society for 1927.....	104		

	PAGE		PAGE
Lane, C. W., <i>see</i> Jorstad, L. H.		Lockhart, L. P.: The Place of Industrial Hygiene in Relation to a National Health Policy.....	169
Lange, L. B., <i>see</i> Baetjer, A. M.		Loimio, L., <i>see</i> Erkkilä, S.	
Langelez: Lead Poisoning as an Occupational Disease.....	35	Longin, L. A.: A Triple Eruption Caused by the Sap of Trees.....	164
Lanza, A. J., <i>see</i> Sayers, R. R.		Loomis, A. L., <i>see</i> Christie, R. V.	
Lavastine, L., Lévy, R., and Desoille, H.: Fatal Aplastic Anemia Due to Occupational Benzene Poisoning....	119	Lorrain-Smith, I., <i>see</i> Vernon, H. M.	
Law, F. W.: Aseptic Serous Meningitis Following Intraocular Foreign Body.....	190	Lortat-Jacob and Solente: Dermatitis Caused by Vanilla.....	164
Law, J.: A Historical Account of the Cutlery Trade.....	231	Low, W.: Syphilis, its Recognition and Care from an Industrial Standpoint.....	94
Lazzarini, L.: Tar Cancer in Man.....	32	Löwenstein, L., <i>see</i> Buschke, A.	
Lecat, H., <i>see</i> Jousset, A.		Lowney, M. E. P.: Notes on Massachusetts Rehabilitation Conference..	42
Lechelle, P., Girod, L., and Thévenard, A.: A Case of Polyneuritis Due to Inhaling Fumes of Carbon Bisulphide.....	120	Löwy, J.: Miners' Disease in Joachimsthal.....	198
Le Chuiton, <i>see</i> Marcandier.		Löwy, J.: Occupational Diseases of Digestive Tract.....	176
Leclercq, J., and Vallee: Poisoning at a Sugar Refinery.....	84	Lüddicke, K.: Action of Very Minute Doses of Mercury on the Differential Blood Picture.....	87
Lehmann, E., Vogel, W., Maukisch, K. R., and Sperr, H.: Sandblasting, with Especial Consideration of the Precautions for Avoiding the Hazard Attending its Use.....	161	Lutz, G.: The Poisonous Nature of Thallium Compounds.....	90
Lehmann, G., <i>see</i> Baader, E.		Macdonald, J. R.: Hygiene in Industry.....	136
Lehmann, H.: Basophilic Granulation of the Red Blood Corpuscles in the Blood of Thuringian Cement Workers.....	139	Mackay, K., and Ireland, I.: An Investigation into the Fruit Industry..	164
Leigheb, V.: Experimental Investigations on the Toxic Action of Thallium.....	89	MacLay, E. R.: Constructive Nutritional Work in Industry.....	97
Lenégre, <i>see</i> Jansion.		Maier, R. J., <i>see</i> Cushway, B. C.	
Leppmann, F.: The Determination of Nervous Disorder after Carbon Dioxide Poisoning.....	202	Makai, E.: Local Treatment of Burns.	254
Lévy, E., <i>see</i> Sayers, R. R.		Mallison, H.: Kraemer-Sarnow Method [for Determining the Softening Point of Pitch] and Mercury Poisoning....	87
Lévy, R., <i>see</i> Lavastine, L.		Mamoli, L.: On the Mechanism of Cataract Production by Thallium.....	6
Lewin, C.: Lead Poisoning, Icterus and Hepatic Injury.....	122	Marcandier and Le Chuiton: Workers Manipulating Russian Grain Containing <i>Tyroglyphus farinae</i> of Geer Experience Respiratory Trouble.....	50
Lewin, C., <i>see</i> Chajes, B. (2).		Marsiglia, G.: Lesions Due to Copying-Pencils.....	125
Lewis, F. P.: A Decimal Percentage Scale for Visual Losses.....	108	Marti, W. C., <i>see</i> Martinek, M. J.	
Lewy, F. H., and Weiss, S.: Results of a New, Exact Method (Chronaxia) to Prove Whether Damage by Lead Is Present or Not.....	181	Martinek, M. J., and Marti, W. C.: Modified Iodine-Pentoxide Method for Determination of Carbon Monoxide in Air and Blood.....	199
Ley, H. A.: The Health of the Wage-Earner.....	154	Martinek, M. J., <i>see</i> Connolly, J. I.	
Leybold, W.: Explosion Danger of Ammonia-Air Mixtures.....	16	Martland, H. S.: Occupational Poisoning in Manufacture of Luminous Watch Dials. General Review of Hazard Caused by Ingestion of Luminous Paint, with Especial Reference to the New Jersey Cases.....	206
Lindemann, K.: Report on a Case of Blindness from Gas Emanations Following Dynamite Blasting in the Mining Industry. (A Contribution to the Question of Blindness by Carbon Monoxide Poisoning.).....	54	Martland, H. S., and Humphries, R. E.: Osteogenic Sarcoma in Dial Painters Using Luminous Paint.....	206
Lindhard, J.: A Few Experiments on the Respiratory Quotient during Muscle Work of Short Duration.....	98	Mascherpa, P.: The Excretion of Nickel and Cobalt.....	6
Lindow, W. C., <i>see</i> Elvehjem, C. A.		Mason, T. N., and Wheeler, R. V.: The Relative Inflammability and Explosibility of Coal Dusts.....	160
Ljunggren, G.: Detection of Small Amounts of Carbon Monoxide.....	199		

AUTHOR INDEX

289

	PAGE		PAGE
Master, A. M., and Oppenheimer, E. T.: Simple Exercise Tolerance Test for Circulatory Efficiency, with Standard Tables for Normal Individuals.....	215	Minster, D. K., <i>see</i> McCord, C. P.	
Mathew, R. Y.: The Blood of Workers Exposed to Lead.....	159	Mobitz, W.: Circulation and Work....	79
Maughan, G. H., and Smiley, D. F.: Irradiations from a Quartz-Mercury-Vapor Lamp as a Factor in the Control of Common Colds.....	177	Moisseyeva, L., <i>see</i> Meerovich, M.	
Maukisch, K. R., <i>see</i> Lehmann, E.		Monteith, S. R., and Clock, R. O.: The Treatment of Burns with Normal Horse Serum. Report of Cases.....	213
May, O.: The Relation between Trauma and Tuberculosis: From the Point of View of Accident Insurance.....	195	Moore, K. R.: Dermatitis in the Australian Rubber Industry.....	70
Mayer, H.: The Phosgene Poisoning Catastrophe in Hamburg. III. The Formation of Blood Pigments by Phosgene.....	123	Moore, K. R.: Report on an Investigation into the Health and Working Conditions of Employees in the Mining Industry of Victoria and Tasmania, 1928.....	223
Mayers, M. R.: The Bio-Chemical Reaction of Lead in the Body.....	158	Moore, K. R., <i>see</i> Badham, C.	
Mazzi, V.: Copper in Medicine and Industrial Pathology. II. Pathology of Copper Workers. 1. Workers with Pure Copper. 2. Workers Engaged in the Manufacture of Copper Salts and Compounds and Those Coming into Contact with Them. 3. Workers Engaged in the Manufacture of Copper Alloys.....	57	Moss, F. K., <i>see</i> Cobb, P. W.	
Mazzi, V.: Copper in Medicine and Industrial Pathology. IV. Workers Engaged in the Mining and Metallurgy of Copper.....	57	Motegi, K.: Hygienic Experiments in Course of Long Submarine Cruising.	134
McAuliff, G. R.: Noncompensable Visual Defects in Industrial Ophthalmology.....	147	Mounier, <i>see</i> Garin, C.	
McBride, A. F.: New Jersey's Experience with Benzene Poisoning.....	53	Mouzon, J.: Treatment of Electrocuted Persons.....	101
McClung, J.: Field of Hospital in Care of Industrial Workers.....	147	Muller, R. H., <i>see</i> St. George, A. V.	
McCord, C. P.: Road Tar Poisoning..	208	Mumford, P. B., <i>see</i> Southam, A. H.	
McCord, C. P., Minster, D. K., and Kehoe, R.: Lead Poisoning in the United States.....	242	Murray, H. G.: Health Supervision of Executives in Industry.....	81
McDougall, J. B.: An Experiment in Occupational Therapy and a Result.	23	Myers, C. S., <i>see</i> Punch, A. L.	
Meerovich, M., and Moisseyeva, L.: Acute Copper Sulphate Poisoning...	202	Myers, C. S., <i>see</i> Sowton, S. C. M.	
Meiter, E. G., <i>see</i> Katz, S. H.			
Melnikowa, W., <i>see</i> Tscherkess, A. (2).		Nebuloni, A., <i>see</i> Herbst, R.	
Meyer, C. E.: Accidents from Explosives on Witwatersrand Mines.....	15	Nicholas, W. A.: Sanitation on Vessels.....	41
Meyer, E., and Heubner, W.: Observations on Arsine Poisoning.....	234	Nicolas, J., Gaté, J., and Rousset, J.: Cutaneous Phosphoritis. A New External Cause of Dermatitis.....	187
Meyer, S. J.: Detachment of the Zonula Lamella.....	14	Nicolas, J., and Lacassagne, J.: A Case of Chlorine Acne.....	187
Middleton, E. L.: The Present Position of Silicosis in Industry in Great Britain.....	246	Nikkinen, M., <i>see</i> Hietanen, A.	
Milian and Garnier: Epithelioma Following a Burn with Hot Tar.....	128	Nikolaidis, E., <i>see</i> Photakis, B. A.	
Milner, M., <i>see</i> Earle, F. M.		Noack, K.: Damages to Vegetation from Gases in Smoke.....	256
Minot, A. S.: The Effect of Calcium on the Toxicity of Carbon Tetrachloride in Dogs.....	56	Nyyssölä, H., <i>see</i> Hietanen, A.	
		Oddie, W. M.: Pottery Dusts: Their Collection and Removal.....	66
		O'Donovan, W. J.: Cancer of the Skin Due to Occupation.....	29
		O'Donovan, W. J.: The Treatment of Occupational (Non-Malignant) Dermatitis.....	71
		Ohman, R. C.: Contribution to the Knowledge of the Roentgenological Appearance of Silicosis.....	37
		Oliver, E. A.: Rotogravure Ink Dermatitis.....	95
		Oliver, T.: The Influence of Industrial Poisons upon the Different Organs..	118
		Oliver, T.: Lead Poisoning in Industries.....	202
		O'Neil, D. C.: A Plan of Medical Service for the Industrial Worker and his Family.....	194
		Oppenheimer, E. T., <i>see</i> Master, A. M.	
		Oppenheimer, R.: Tumors of the Urinary Tract in Workers in the Chemical Industry.....	4
		Orator, V.: Acid Burns of Stomach and Zinc Vapor Lesions.....	209

	PAGE		PAGE
Orzechowski, G.: Effect of Benzene Poisoning on Blood.....	235	Factory Management, Hours of Work, Fatigue and Rest Periods, Lighting, Heating, Ventilation, and Sanitation and Literature on These Subjects in their Relation to Safety and Production.....	48
Osnato, M.: Neurology in Relation to Compensation Decisions.....	108	Pressmann, L. P.: Cardiovascular System in Fatigue.....	79
Ovio, G.: Formulae and Tables of Industrial Disability from Ocular Injuries.....	151	Price, D. F.: Some Economic Aspects of Dust Explosion and Fire Prevention.....	66
Owens, J. S.: Coal Treatment and its Effect on Atmospheric Pollution.....	40	Price, D. J.: Dust Menaces Industrial Plants.....	8
Pacheco, D. H.: The Problem of Ankylostomiasis in the Mines of Spain....	186	Punch, A. L., Wilkinson, R., Brooke, R. St. C., and Myers, C. S.: The Influence of Ultra-Violet Rays on Industrial Output.....	105
Padgett, P.: The Respiratory Response to Carbon Dioxide.....	98	Rabeau, <i>see</i> Ravaut, P.	
Page, D. S., <i>see</i> Wood, W. B.		Rand, G., <i>see</i> Ferree, C. E.	
Page, H. N.: Physical Examination of Railway Employees.....	146	Rasmussen, R. P.: Air Conditioning in the Baking Industry.....	21
Palmieri, V. M.: Cancers of Occupational Origin.....	176	Ravaut, P., Basch, and Rabeau: Epidemic of Ringworm of the Body.	67
Patrizi, M. L.: Fatigue in Baggage Carriers.....	79	Rayner, H. E. G., <i>see</i> Badham, C.	
Patterson, M. B., <i>see</i> Sheplar, A. E.		Reid, H. L.: An Analysis of Three Hundred Accidents in Plants Manufacturing or Preparing Food Products with Suggestions as to Safe Practice and Suitable Machine Guards.....	75
Paul, J. W., <i>see</i> Rice, G. S.		Rice, G. S., Paul, J. W., and von Bernerwitz, M. W.: Fifty-Nine Coal-Mine Fires. How They Were Fought and What They Teach.....	15
Pearsall, B. S.: Traumatic Surgery in Industry.....	190	Ridout, J. H., <i>see</i> Best, C. H.	
Pedley, F. G., and Sproule, G.: Lead Poisoning in Bronze Foundries.....	138	Riesser, O., and Schneider, W.: Work and Acid Production in Muscle. I. Effect of Loading on Fatigue.....	255
Peters, H., <i>see</i> Kranenburg, W. R. H.		Rivet, L., and Guédé, M.: Fatal Benzene Poisoning.....	119
Peisachowitsch, I. M.: Carbon Monoxide and the Organs of Internal Secretion.....	238	Roberts, R. E., <i>see</i> Evans, W. H.	
Penman, D.: Atmospheric Conditions in Indian Coal-Mines.....	103	Rolleston, H.: Industrial Diseases and their Prevention.....	174
Pesonen, N.: The Metabolism during Stenographing.....	133	Rollet: Glass Worker's Cataract.....	212
Pesonen, N., <i>see</i> Klingendahl, P. O.		Rosenbaum, N. D., and Gottlieb, J. I.: Tumors of the Bladder in Dyers.....	3
Petzold, E., <i>see</i> Heinrich, F.		Rosenson, W.: Occupational Disorders of the New York Public School Child.....	84
Photakis, B. A., and Nikolaidis, E.: Changes in the Kidneys Due to Mercuric Chloride Poisoning.....	206	Rostoski, O.: Clinical and Radiological Study of Schneeberg Lung Cancer.....	27
Pillet, D., <i>see</i> Policard, A. (2).		Rousset, J., <i>see</i> Nicolas, J.	
Polakov, W. N.: Influence of Illumination on Accident Rate.....	145	Roussy, G., and Héraux, A.: Occupational Cancer.....	3
Policard, A., and Doubrow, S.: Histochemical Study of Anthracosed Lung.....	245	Rowley, W. H.: Solving a Fume Problem.....	185
Policard, A., and Doubrow, S.: Mechanism of Pneumonokoniosis.....	209	Rühl, A.: Genesis of Apoplexy Illustrated in Case of Lead Poisoning....	204
Policard, A., Doubrow, S., and Pillet, D.: The Chemical Histology of Pulmonary Anthracosis among Miners..	162	Russell, A. E., <i>see</i> Thompson, L. R.	
Policard, A., Doubrow, S., and Pillet, D.: Pulmonary Anthracosis Investigated by Histochemical Methods....	162	Sabata, J.: Chalcosis.....	189
Polson, C. J.: Chronic Copper Poisoning.....	238	Salkind, B.: The Pathogenesis of the Erythrocytosis in Chronic Carbon Monoxide Poisoning.....	237
Pomilio, U.: Industrial Hygiene and its Relation to the Manufacture of Artificial Silk in Italy.....	58	Santotzkij, M., <i>see</i> Holst, L.	
Popowa, N., <i>see</i> Grünstein, A. M.			
Poppen, J. R.: Aviation Goggles: Their Effect on Vision.....	188		
Prati, M.: Death from Coal Gas.....	5		
Prausnitz, C.: Origin, Treatment, and Prevention of Electrical Injuries....	80		
Pressman, M. B.: A Review of General Literature on Industrial Accidents,			

AUTHOR INDEX

291

	PAGE		PAGE
Sappington, C. O.: Dust.....	245	Scott, A.: Cancers in Mineral Oil Refineries.....	28
Saupe, E., <i>see</i> Krüger, E.		Seiffert, G., and Arnold, A.: Cell Changes in Bone Marrow, Blood, and Spleen in Experimental Lead Poisoning.....	137
Sayers, R. R.: Physiological Factors of Mine Ventilation.....	104	Seiler, G.: The Quantitative Determination of Dusts.....	184
Sayers, R. R., Hayhurst, E. R., and Lanza, A. J.: Status of Silicosis.....	246	Seiler, H. E.: A Case of Pneumoconiosis. Result of the Inhalation of Asbestos Dust.....	124
Sayers, R. R., Yant, W. P., Levy, E., and Fulton, W. B.: Effect of Repeated Daily Exposure of Several Hours to Small Amounts of Automobile Exhaust Gas.....	200	Seitz, A.: Adsorption of Pigments in Serum of Patients with Lead Poisoning.....	63
Sayers, R. R., Yant, W. P., Thomas, B. G. H., and Berger, L. B.: Physiological Response Attending Exposure to Vapors of Methyl Bromide, Methyl Chloride, Ethyl Bromide and Ethyl Chloride.....	182	Seitz, A.: Early Diagnosis of Lead Poisoning.....	180
Schee, J.: The Detection of Thallium in the Organs of Small Animals Which Have Been Poisoned with "Zeliowizen".....	209	Seliak, A. B.: Industrial Skin Lesions from Salts of Antimony in the Textile Industry.....	125
Schellenberg, G.: Clinical Picture of Pneumonokoniosis.....	125	Shepard, G. H.: Effect of Rest Periods on Production.....	216
Schlesinger, E.: The Effects of Gymnastics on Male and Female Students. Measurements of Strength (Fatigue), Pulse, Blood Pressure, and Temperature.....	214	Shepard, W. P.: Organization Needs of Western Industrial Hygiene.....	173
Schmith, O.: Spirometric Examinations Made during the Office Hours of a Medical Expert in Sports.....	214	Sheplar, A. E., and Patterson, M. B.: Virulent Anthrax Bacillus from a Case of Malignant Pustule in Man.....	248
Schmorl, G.: Pathological Study of Schneeberg Lung Cancer.....	27	Sherrard, G. C.: The Practical Application of Two Qualitative Tests for HCN in Ship Fumigation.....	42
Schneider, E. C., and Clarke, R. W.: Studies of Muscular Exercise under Low Barometric Pressure. III. The Output of Carbon Dioxide.....	98	Siebert, G.: Injury to Health Caused by Lacquer Solvents.....	202
Schneider, P.: Mechanism Involved in Death from Electric Shock.....	216	Sieke, F., <i>see</i> Schwarz, L.	
Schneider, W., <i>see</i> Riesser, O.		Simson, F. W.: Pulmonary Asbestosis in South Africa.....	9
Schreiber, N. E., Sollmann, T., and Booth, H. S.: The Determination of Traces of Mercury. III. The Quantitative Determination of Mercury in Urine and Feces and the Influence of Medication.....	87	Sklianskaja, R., <i>see</i> Speranski, J.	
Schridde, H.: "Keloidosis" in Man.....	33	Sladden, A. F.: Pitch Cancer.....	28
Schrimpf, A.: Explosion in Dynamite Factory at Grängesberg, Sweden, Jan. 2, 1927.....	16	Slot, G.: Chronic Carbon Monoxide Poisoning.....	157
Schultzk, R.: Contribution to the Prevention of Poisoning by Carbon Monoxide and Carbon Dioxide in Factories.....	236	Small, W. L.: Industrial Visual Efficiency Loss.....	109
Schwartz, W. A.: Copper Foreign Bodies in the Eye, with Report of Thirty-Seven Cases.....	13	Smiley, D. F.: Cold-Susceptibles vs. Normals. Physique and Past Medical History.....	177
Schwarz, L.: Experiences of Medical Supervision of Lead Industries.....	59	Smiley, D. F.: A Study of the Weekly Incidence of Colds in Normal and in Cold-Susceptible Groups throughout a Winter.....	177
Schwarz, L., and Sieke, F.: The Toxicity of Lead Sulphate in Comparison with That of Carbonate of Lead (White Lead).....	244	Smiley, D. F., <i>see</i> Maughan, G. H.	
Schwarzacher, W.: A Simple Device for the Recognition of Carbon Monoxide Blood.....	199	Smith, D. F., and Hartgen, F. A.: The Explosibility of Suspensions of Soap Dust in Air.....	186
		Smith, F. W.: How to Keep the Industrial Executive Interested in Safety.....	18
		Smith, J. H.: Basal Metabolism. III. Influence of Work with Special Reference to the Thyroid Gland.....	133
		Smith, M., and Vernon, M. D.: Two Studies on Hours of Work. II. The Two-Shift System in Certain Factories.....	19
		Smith, M., <i>see</i> Culpin, M.	
		Solente, <i>see</i> Lortat-Jacob.	
		Sollier, P., and Drabs, J.: Is Detection of Aptitude for Improvement in Motor Capacity Possible?.....	222
		Sollmann, T., <i>see</i> Schreiber, N. E.	

	PAGE		PAGE
Southam, A. H.: Mule-Spinners' Cancer.....	28	Svonitzkiy, N. S.: Cancer in Various Professions.....	176
Southam, A. H.: Occupational Cancer of Mule-Spinners.....	31	Szakáll, A., <i>see</i> Farkas, G. (2).	
Southam, A. H., and Mumford, P. B.: Epithelioma of the Skin in a Female Cotton Operative.....	127	Talbott, J. H., Fölling, A., Henderson, L. J., Dill, D. B., Edwards, H. T., and Berggren, R. E. L.: Studies in Muscular Activity. V. Changes and Adaptations in Running.....	97
Sowton, S. C. M., and Myers, C. S.: Two Contributions to the Experimental Study of the Menstrual Cycle. I. Its Influence on Mental and Muscular Efficiency.....	18	Talbott, J. H., <i>see</i> Bock, A. V.	
Spacu, G., and Suci, G.: A New and Rapid Method for the Gravimetric Determination of Cadmium.....	235	Tannahill, R. W.: A Critical Survey of the Methods for the Determination of Lead in Biological Material.....	159
Speranski, J., and Sklianskaja, R.: The Mechanism of Lead Poisoning. Bone Marrow Changes in Experimental Lead Poisoning.....	86	Tannahill, R. W.: The Distribution of Lead in the Body after Absorption..	159
Sperk, H., <i>see</i> Lehmann, E.		Tannahill, R. W.: The Excretion of Lead by Mine Workers at Broken Hill.....	159
Sproule, G., <i>see</i> Pedley, F. G.		Tannahill, R. W.: Lead Excretion of Workers at the Smelters, Port Pirie.....	159
Stahl: The Use of Chemical Liquid Fire Extinguishers in Factories from the Point of View of their Effect on the User.....	240	Taylor, H. B.: The Determination of Minute Quantities of Metals in Biological Material. Part I. The Determination of Lead in Urine.....	85
Staroschkowskaja, R. M., <i>see</i> Kaplan, A. D.		Teleky: Extensor Weakness.....	62
Stauffer, H.: Cancer Following Burn..	198	Teleky: Industrial Thallium Poisoning.....	88
Stebbins, F. H.: The Dust Hazard in Granite Working.....	246	Teleky, L.: Report on the Result of Researches into Dust Problems in England, its Dominions, and America.....	7
Stein, E., <i>see</i> Gardner, E. D.		Teleky, L.: The Statistics of Sickness in the Sickness Societies of the Rhenish Provinces, with a Contribution on the Method of Examining Sickness Statistics.....	226
Stephens, G. A.: A "Permanent Waver's" Cramp.....	198	Teräskell, H.: Severe Ammonia Burns of Both Eyes.....	13
Stepp, J.: Lead Poisoning on Board the U. S. S. "Seattle".....	203	Tervaert, D. G. C., and Bijlma, U. G.: Resuscitation after Carbon Monoxide Poisoning with Air, Oxygen and Five Percent Carbon Dioxide.....	96
Sternberg, G., <i>see</i> Hietanen, A.		Teutschlaender, A.: Occupational Cancer in Two Briquette Factories in Baden (Germany).....	29
Stevenson, T. H. C.: The Relation of Cancer to Syphilis and Alcoholism..	30	Thamann, F., <i>see</i> Kehoe, R. A. (2).	
Stewart, J. L.: Silicosis and Tuberculosis.....	163	Thévenard, A., <i>see</i> Lechelle, P.	
Stewart, M. J.: The Immediate Diagnosis of Pulmonary Asbestosis at Necropsy.....	35	Thies, O.: Eye Injuries in the Chemical Industry.....	252
Stewart, M. J., and Haddow, A. C.: Demonstration of the Peculiar Bodies of Pulmonary Asbestosis ("Asbestos Bodies") in Material Obtained by Lung Puncture and in the Sputum.	211	Thies, O.: Eye Lesions Produced by Ammonia.....	131
St. George, A. V., Gettler, A. O., and Muller, R. H.: Radioactive Substances in Body Five Years after Death.....	208	Thies, O.: Industrial Eye Injuries and their Prevention.....	72
Stich, C.: Estimation of Thallium and its Toxicology.....	208	Thomas, B. G. H., <i>see</i> Sayers, R. R.	
Stiefler, G.: Epilepsy Following Benzene Poisoning.....	53	Thomas, M. D., and Cross, R. J.: Automatic Apparatus for the Determination of Small Concentrations of Sulfur Dioxide in Air.....	66
Stock, F. G. L., <i>see</i> Wyatt, S. (2).		Thompson, G. H.: Electrical Shock: Two Cases with Strabismus Produced by It.....	134
Streine, O., <i>see</i> Köttgen, E. h. C.		Thompson, L. R., Brundage, D. K., Russell, A. E., and Bloomfield, J. J.: The Health of Workers in Dusty Trades. I. Health of Workers in a Portland Cement Plant.....	38
Suci, G., <i>see</i> Spacu, G.			
Sutherland, C. L., and Bryson, S.: Report on the Occurrence of Silicosis among Sandstone Workers.....	162		
Sutherland-Campbell, H.: Paronychia: An Attempt to Prove the Etiologic Factor in an Epidemic among Orange Workers.....	129		

	PAGE		PAGE
Thompson, L. R., <i>see</i> White, L. R.		Vernon, H. M.: The Effects of a Bonus on the Output of Men Engaged in Heavy Work.....	148
Thurber, F.: Occupational Skin Disease from Exposure to Rock Salt and Water.....	12	Vernon, H. M.: The Fatigue of Heavy Industrial Work, and its Influence on the Health and Duration of Industrial Life.....	166
Ting-An, L.: Danger from Nutritional Diseases in Modern Industrialization.....	78	Vernon, H. M., Bedford, T., and Warner, C. G.: The Influence of Various Systems of Artificial Heating on Skin Temperature.....	218
Toulouse: The Cost of Nervous Affections to Industry.....	176	Vernon, H. M., Bedford, T., and Warner, C. G.: A Study of Absenteeism in a Group of Ten Collieries.....	25
Tscherkess, A.: Experimental Contributions to the Pathology and Therapy of Carbon Monoxide Poisoning. IV. Oxygen Therapy and Oxygen-Carbon Dioxide Therapy in Acute Carbon Monoxide Poisoning.....	236	Vernon, H. M., Vernon, M. D., and Lorrain-Smith, I.: Two Studies on Hours of Work. I. Five-Hour Spells for Women, with Reference to Rest Pauses.....	19
Tscherkess, A., and Gorodetzky, G.: Experimental Contributions to the Pathology and Therapy of Carbon Monoxide Poisoning. II. The Changes in the Electrolytes of the Blood in Acute Carbon Monoxide Poisoning.....	236	Vernon, M. D., <i>see</i> Smith, M.	
Tscherkess, A., and Gorodetzky, G.: Experimental Contributions to the Pathology and Therapy of Carbon Monoxide Poisoning. III. The Late Effects of Acute Carbon Monoxide Poisoning.....	236	Vernon, M. D., <i>see</i> Vernon, H. M.	
Tscherkess, A., and Melnikowa, W.: Experimental Contributions to the Pathology and Therapy of Carbon Monoxide Poisoning. I. The Biochemical Changes in the Organism in Acute Carbon Monoxide Poisoning.....	236	Vigdortschik, N. A.: Further Remarks on Extensor Weakness in Lead Poisoning.....	242
Tscherkess, A., and Melnikowa, W.: Experimental Contributions to the Pathology and Therapy of Carbon Monoxide Poisoning. V. Lobeline Therapy in Carbon Monoxide Poisoning.....	236	Vigne, P., Gardère, C., and Jeannin: Tuberculosis in Relation to Occupations.....	11
Tschumanoff, G. M., and Judin: The Determination of Carbon Monoxide by Means of Copper Oxide.....	238	Vigouroux, V.: Prophylaxis of Actinic Conjunctivitis in Moving Picture Artists.....	188
Turner, B.: The Factory Worker and Industrial Hygiene.....	136	Viteles, M. S., and Gardner, H. M.: Women Taxicab Drivers. Sex Differences in Proneness to Motor Vehicle Accidents.....	257
Twort, C. C., and Ing, H. R.: Investigation of Agents That Produce Cancer.....	112	Voegtlin, C., <i>see</i> Kahler, H.	
Twort, C. C., and Ing, H. R.: Mule-Spinners' Cancer and Mineral Oils..	49	Vogel, K.: Significance of Arsenic in Excretions.....	52
Ufand, I. M.: Muscular Strength in Chronic Lead Poisoning.....	243	Vogel, W., <i>see</i> Lehmann, E.	
Undine, C. A.: Duco Poisoning: Report of Case.....	57	Volginskii, V. A., and Yakovenko, A.: The Ability to Produce Work in Human Muscles at High Temperatures.....	97
Vainstein, I. G.: Ischialgia and Lumbago in Laborers.....	117	von Bernewitz, M. W., <i>see</i> Rice, G. S.	
Vallee, <i>see</i> Leclercq, J.		von Bonin, W., <i>see</i> Kottgen, E. h. C.	
Vallery-Radot, P., and Giroud, P.: Sporomycosis among Men Shoveling Grain.....	118	v. Falkenhausen, M. F.: Effect of Experimental Phosphorus Poisoning upon the Digestive Enzymes of the Blood.....	183
van Caulaert, C., <i>see</i> Bock, A. V. (2).		VonGlahn, W. C., <i>see</i> Flinn, F. B.	
Van Emburgh, G. H., Jr.: Physical Examinations in Industry: II. How to Make Them.....	146	v. Müller, E.: Pneumonokoniosis from Sandblasting.....	36
Vendel, <i>see</i> Janson.		von Vajda, B.: Industrial Compensation.....	109
		Waeser, B.: The Theory of Dust Removal from Gases by Dry Methods..	209
		Wainwright, J. M.: Single Trauma, Carcinoma and Workmen's Compensation.....	259
		Waite, C. P., and Yant, W. P.: Microscopic Pathology Attending Exposure of Guinea Pigs to Vapors of Ethyl Bromide.....	55
		Walker, I. C.: Colds, and Asthma Associated with Colds. Preventive Treatment with Vaccines.....	176

	PAGE		PAGE
Walker, R. H.: Gorgas Idea Applied to Industrial Medicine and Surgery....	83	Willis, H. S., and Brutsaert, P.: Tumor-Like Structures in the Lungs of Guinea Pigs Artificially Exposed to Silica Dust.....	9
Wallace, V. L., <i>see</i> Hammett, F. S.		Wilmoth, P.: Aseptic Necrosis by an Aniline Pencil.....	211
Walley, D.: Problems of Industrial Surgeon.....	132	Wilson, W. C.: Treatment of Burns and Scalds by Tannic Acid.....	76
Walton, D. C., and Eldridge, W. A.: The Action of Chlorine on Men Poisoned by Toxic Smokes.....	238	Winkelmann, H.: Points in the Construction and Use of Dust Collecting Apparatus.....	9
Walton, S. G., <i>see</i> Cooksey, T.		Winn, D. F.: Riders' Leg.....	116
Warner, C. G., <i>see</i> Vernon, H. M. (2).		Wohlfeil, T.: On the Energy Consumption in Canoeing. Part I.....	191
Warren, S.: The Protection of Firemen against Occupational Hazards.....	52	Wohlwill, F.: The Phosgene Poisoning Catastrophe in Hamburg. II. Pathological Anatomy of the Phosgene Poisoning.....	123
Watson-Williams, E.: Paraphenylene-Diamine Labyrinthitis.....	88	Wolter, S. W.: Changes in the Alkali Reserve in Nicotine Poisoning.....	183
Wedding, F. W.: The Question of Safety in Use of Liquid Air Explosives.....	75	Wood, J. F.: Tuberculosis and the Sailor.....	186
Wedekind, T.: Anthracosis and Pulmonary Tuberculosis.....	35	Wood, W. B.: Pulmonary Asbestosis.....	210
Wedrow, N.: The Question of Dermatitis Due to Dinitrochlorobenzol....	69	Wood, W. B., and Page, D. S.: A Case of Pulmonary Asbestosis.....	245
Weiss, S., <i>see</i> Lewy, F. H.		Worms, G., <i>see</i> Beyne, P. J. E.	
Weitz, C. E., <i>see</i> Harrison, W.		Würth, K.: The Present State of the Lead Paint Question.....	203
Wenzig, K.: Studies in the Physiology of Work. VII. Physiology (Energy Economy) of Shoveling.....	132	Wyatt, S., Fraser, J. A., and Stock, F. G. L.: The Comparative Effects of Variety and Uniformity in Work.....	148
Weston, H. C., and Adams, S.: On the Relief of Eyestrain among Persons Performing Very Fine Work.....	81	Wyatt, S., Fraser, J. A., and Stock, F. G. L.: The Effects of Monotony in Work.....	255
Weygandt, W.: Fitness of Paralytics for Carrying on Professional Work after Treatment.....	50		
Wheeler, R. V., <i>see</i> Burgess, M. J.		Yakovenko, A., <i>see</i> Volginskii, V. A.	
Wheeler, R. V., <i>see</i> Coward, H. F.		Yant, W. P., and Berger, L. B.: Carbon Monoxide from Automobiles Using Ethyl Gasoline.....	199
Wheeler, R. V., <i>see</i> Mason, T. N.		Yant, W. P., <i>see</i> Sayers, R. R. (2).	
White, L. R., Britten, R. H., Ives, J. E., and Thompson, L. R.: Studies in Illumination. II. Relationship of Illumination to Ocular Efficiency and Ocular Fatigue among the Letter Separators in the Chicago Post Office.....	193	Yant, W. P., <i>see</i> Waite, C. P.	
Wiedersheim: Technique of Observation and Representation of the Path of Oscillations in Miner's Nystagmus.....	73	Yao, H.: Industrial Health Work in the Peking Special Health Area.....	221
Wignall, T. H.: Incidence of Disease of the Bladder in Workers in Certain Chemicals.....	233	Yarian, N. C., <i>see</i> Blair, J.	
Wilkinson, R., <i>see</i> Punch, A. L.		Young, A. G., <i>see</i> Curtis, A. C.	
Willis, H. S.: The Pulmonary Effect of Over Three Years' Exposure of Guinea Pigs to Silica Dust.....	9	Young, F. B.: Infections Incident to Beet-Sugar Industry.....	136
		Zabor, A.: Intracocular Foreign Bodies.....	189
		Zimand, G. F.: Child Labor and the Future.....	20
		Zimmerman, A. H.: Economic Reduction of Atmospheric Pollution.....	220