neighborhood air contamination) are presented in detail in relation to the evolution of the disorder and its complications. Extensive data on the patients are presented and discussed in terms of lung volume, pulmonary efficiency in relation to work, relation of ventilation and arterial saturation to the alveolar gradient, maximum breathing capacity, alveolar pressure, physiological dead spaces, cardiovascular measurements at rest, exercise responses, and the effects of congestive heart failure in one patient. Twenty-four references. NUCLEAR SC. ABST.

OCCUPATIONAL TUBERCULOSIS AMONG INTERNS AND NURSES. LEOPOLD BRAHDY, Indust. Med. **19**:584-586 (Dec.) 1950.

Tuberculosis is a recognized occupational disease among nurses and interns. Routine roentgenologic examination of the chests of patients and personnel and tuberculin testing of personnel would aid greatly in eliminating this hazard. A few hospitals have successfully decreased or eliminated tuberculosis as an occupational disease and others owe it to themselves, their employees and the public to make similar efforts. MARY O. AMDUR, Boston.

OCCUPATIONAL CANCER IN A CHROMATE PLANT: AN ENVIRONMENTAL APPRAISAL. H. G. BOURNE JR. and H. T. YEE, Indust. Med. **19**:563-567 (Dec.) 1950.

Bourne and Yee report chromium concentrations of the atmosphere of a plant producing sodium bichromate from chromite ore. Their studies were done in connection with an environmental and epidemiological study conducted by the Ohio Department of Health to add to the knowledge of the role of chromium compounds in the incidence of cancer of the respiratory tract. The composition of the ore and details of the manufacturing process are described. Employees were exposed to air-borne chromite, monochromate and bichromate dust and mist. Insoluble trivalent chromium was in excess of chromate in seven of nine departments. The median size of the air-borne dust was 1.7 microns. In the plant studied, all employees were exposed to measurable concentrations of chromium. Weighted average eight-hour exposures are given for various occupations within the plant. The authors feel that the carcinogenic hazard in the chromate industry can be successfully controlled by proper industrial hygiene engineering methods. MARY O. AMDUR, Boston.

THE CLASSIFICATION OF RADIOGRAPHIC APPEARANCES IN COALMINERS' PNEUMOCONIOSIS. C. M. FLETCHER, K. J. MANN, I. DAVIES, A. L. COCHRANE, J. C. GILSON and P. HUGH-JONES, J. Fac. Radiologists **1**:40 (July) 1949.

A radiograph of the chest provides the only certain method of diagnosing pneumoconiosis and estimating the severity of the disease during life. It follows, therefore, that an accurate method of classifying radiographs is essential in order to estimate the prevalence of the disease in an occupational group, the effectiveness of preventive or curative measures and the progression in individual cases. The authors of the present paper describe the various systems of classification which were available when the Pneumokoniosis Research Unit of the Medical Research Council began its investigations of coalminers' pneumoconiosis. They then proceed to criticize these in the light of what they regard as the principles on which any sound classification should be based, and show why they found it necessary to evolve a new system.

The chief defect of the earlier radiological classifications is that they fail to distinguish between the dual effects of dust accumulation and infection, which are the two main processes concerned in the evolution of coalminers' pneumoconiosis. In a chest radiograph the former are represented by relatively small generalized opacities and the latter by larger localized shadows.

In the new radiographic classification described in this paper these two appearances are described separately. Four categories of increasing abnormality are defined for each disease process, and a scheme for indicating the areas involved by the infected nodules is also given. The paper also contains some excellent reproductions of chest radiographs, a brief description