543 II. Hearing Conservation Programs. East Range Symposium. M. T. Summar. J. Occ. Med. 7, 145-146 (April, 1965).

Three fields of inquiry are involved in a hearing conservation program. Noise analysis should consist of measurement of (1) overall noise, (2) wave band distribution, (3) exposure time (intermittent or total), and distribution of noise in the workday. Hearing evaluation with controlled validity should include (1) a pre-employment test, (2) prescribed follow-up tests, and (3) evaluation of data and records. Protection of personnel may involve (1) control of source and path (quieter machines, barriers to sound, control of distance between source and man, etc.), and (2) protection of the ear. It should be strongly emphasized that once a program is started, it must be carried through all phases. Noise analyses and hearing tests without the educational phase produces a far greater liability than when all phases are completed. A "part-way" program is unsound from an economic, liability and medical standpoint.

544 Oculomotor Dysfunction as the Origin of Some Disorders of Equilibrium: Therapy by Means of Prismatic Correction. J. B. Baron. Occ. Health Rev. (Ottawa) 16, No. 4, 8-14 (1964).

The author stresses particularly oculomotor dystonias in traumatic injuries of the skull, where patients present vague and abortive disorders of equilibrium, and complain of clumsiness and fatigue. He has developed a special apparatus (statokinesimeter) and technique which provide objective evidence for such symptoms. Therapy is suggested by optical correction (prismatic lenses). After wearing these lenses from two to six months, improvement is noted in 80% of cases. In fine or precision work, prismatic lenses eliminate clumsiness and the impression of fatigue in patients suffering from temporary oculomotor dystonia, and give a sense of visual comfort. There are 47 references. -- Author's abst

545 Pulmonary "Hamartoma." B. T. LeRoux. Thorax 19, 236-243 (May, 1964).

During a 10-year period there were 27 cases of chondromatous hamartomata. During this time, 3,000 cases of carcinoma of the lung and 40 cases of bronchial adenoma were seen. Of the 27 cases, the tumor was endobronchial in two, being situated more peripherally in the lung parenchyma in the remainder. The ages of the patients ranged from 30 to 64 years, and 19 of them were men. In two patients, previous roentgenograms were available for comparison, and in both there was evidence of increase in size. In only four patients was there roentgenographic evidence of scattered calcium throughout the tumor. All of the patients with peripheral lesions were asymptomatic, but both patients with an endobronchial tumor had symptoms of obstruction. In both of these the tumor was excised without removal of lung tissue. Of the 25 tumors in the lung parenchyma, 13 were enucleated, four were removed by segmental resection, and eight were removed by lobectomy. The size of the tumors ranged from one to 6 cm. in diameter. These tumors grow slowly and are not often a danger to the patient, but because they are usually indistinguishable from malignant tumors, surgical resection is necessary. -- Am. Rev. Resp. Dis. Abstr.

546 Chronic Obstructive Lung Disease. I. Clinical and Physiologic Findings in 175 Patients and Their Relationship to Age and Sex. B. Burrows, et al. Am. Rev. Resp. Dis. 91, 521-540 (April, 1965).

Clinical and physiologic findings in 175 patients with chronic airways obstruction of uncertain etiology (patients often designated as having "emphysema" or "chronic bronchitis") have been reviewed. These patients presented a wide range of clinical, physiologic, and roentgenologic characteristics, supporting the contention that there may be more than one pathogenic mechanism in their disease. Severe blood gas abnormalities and polycythemia were relatively infrequent in these ambulant patients, who were studied during a stable phase of their disease. Evidence of peptic ulceration was noted in 23% of the gastrointestinal roentgenograms made on the study patients. Dupuytren's changes in the palmar tendons were encountered in a third of the patients and frank contractures were present in 10%. The male to female ratio was 9 to 1. Women

01 132 2664