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DOCUMENT DESCRIPTION: Abstracts & Index from The Journal of Industrial Hygiene and Toxicology

THE JOURNAL OF INDUSTRIAL HYGIENE

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VOLUME XII

JANUARY, 1930—DECEMBER, 1930

PUBLISHED BY

HARVARD SCHOOL OF PUBLIC HEALTH
Boston, Mass.

trophils showed a high degree of vacuolation. The sedimentation rate was greatly retarded.—K. R. D.

TOXICOLOGICAL STUDIES OF ACUTE ANILINE POISONING. I. EXPERIMENTAL STUDIES OF ACUTE ANILINE POISONING. A. G. Young, C. W. Muehlberger, and W. J. Meek. *Abstr. as follows from Jour. Pharmacol. and Exper. Therap.*, 1926, vol. 27, p. 101, in *Physiol. Abstr.*, Jan., 1930, vol. 14, p. 592.

Aniline causes a fall in the arterial pressure in dogs followed by a cessation of respiration. The fall in blood pressure is due to a stimulation of the vagal mechanism and to a direct action of the musculature of the heart; there is also some evidence of peripheral vasodilatation. Electrocardiograph tracings show that it depresses the sino-auricular node and the con-

ducting tissues of the heart; all degrees of heart block may be produced. Methemoglobin is not produced in the blood of animals poisoned with aniline, although the blood is brown in color.—C. K. D.

TOXICOLOGICAL STUDIES OF ANILINE AND ANILINE COMPOUNDS. II. HAEMATOLOGICAL STUDIES OF ANILINE POISONING. A. G. Young. *Abstr. as follows from Jour. Pharmacol. and Exper. Therap.*, 1926, vol. 27, p. 125, in *Physiol. Abstr.*, Jan., 1930, vol. 14, pp. 592-593.

Acute aniline poisoning is accompanied by an increase in the number of red cells in the blood; chronic poisoning by a diminution. The brown color of the blood is due to the presence of paraminophenol, and not of methemoglobin. This pigment also appears in the urine.—C. K. D.

DUST HAZARDS AND THEIR EFFECTS

ASBESTOS DUST AND THE CURIOUS BODIES FOUND IN PULMONARY ASBESTOSIS. W. E. Cooke. *Brit. Med. Jour.*, Sept. 28, 1929, vol. 2, pp. 578-580.

A useful account is given of asbestos and its dust, chrysotile being chosen as the variety. It belongs to the pyroxene or hornblende group of minerals and its earthy silicates are in the form of fibers. The fibers consist of colorless refractile strands in which are mingled black, brown, golden, and blue particles; asbestos dust is similar, but contains more iron in the particles than does chrysotile. The black particles are biotite and magnetite.

Lungs containing asbestos dust show the colored particles, but practically no refractile spicules. Instead, asbestos bodies are found from 20 to 100 microns in length; they are curious in shape with clubbed ends or like elongated dumb-bells. These bodies are distinctive of pulmonary asbestosis and seem to consist of central nuclei of asbestos spicules upon which colloidal aggregates of blood proteins have been adsorbed. The deposit can be dissolved by strong acids leaving the clear spicules behind. There is no reason why any fine spicule of mineral should not have colloidal matter deposited around it; but asbestos is

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unique among minerals in being fibrous and the shape of its dust is also unique. Hence these curious bodies are only known to occur in cases of asbestosis.—E. L. C.

Radiography aids diagnosis, as does also the finding of asbestos bodies in the sputum or by lung puncture.—E. L. C.

✓ CLINICAL ASPECTS OF PULMONARY ASBESTOSIS. A. C. Haddow. *Brit. Med. Jour.*, Sept. 28, 1929, vol. 2, pp. 580-581.

An interesting description is given of the clinical course of asbestosis, based on four fatalities. The average time of exposure to asbestos dust was under twenty years, and the average age at death 41. Symptoms develop slowly after five years' exposure, with shortness of breath, dry cough, and then anorexia. Variable pleuritic pains occur, but no night sweats nor hemoptysis. Pulmonary fibrosis occurs with a peripheral and mainly basal distribution with compensatory emphysema in upper lobes. Tuberculosis is not a usual complication; but the condition progresses with weakness and emaciation, and hopeless, sleepless exhaustion, until bronchopneumonia brings death at last.

✓ A METHOD OF EXAMINING THE SPUTUM FOR ASBESTOSIS BODIES. M. J. Stewart. *Brit. Med. Jour.*, Sept. 28, 1929, vol. 2, p. 581.

Half an ounce of sputum is dissolved in an equal amount of undiluted anti-formin and centrifuged; the deposit is washed and examined microscopically, after staining for the Prussian blue reaction if desired. Only one or two asbestos bodies are to be expected in a whole film.—E. L. C.

THE TECHNIC OF MEASURING COAL DUST. C. Förderreuther. *Abstr. as follows from Rauch Staub*, 1929, vol. 19, pp. 1-12; *Wasser u. Abwasser*, vol. 23, p. 29, in *Chem. Abstr.*, Oct. 10, 1929, vol. 23, p. 4821.

The methods of determining dust content, humidity, and inflammability of coal mine galleries are discussed.—P. D.

OCCUPATIONAL INFECTIOUS DISEASES: OCCURRENCE, TREATMENT, AND PREVENTION

TRAUMATIC CEREBROSPINAL MENINGITIS. Hügelmann. *Abstr. as follows from München. med. Wchnschr.*, March 29, 1929, vol. 76, p. 541, in *Jour. Am. Med. Assn.*, June 8, 1929, vol. 92, p. 1988.

A case of cerebrospinal meningitis is reported by Hügelmann. A youth, aged 18, was injured on the left nostril. After the small wound had been dressed, the patient did not complain of pain, and he was able to resume his

work as an agricultural laborer. For about a week nothing unusual was noted. Then he suddenly had convulsions and a profuse hemorrhage and collapsed. He was brought to the hospital unconscious. In connection with the previous injury of the nose, the possibility of a lesion of the brain was considered, and the case was diagnosed cerebrospinal meningitis. Death followed a few hours later. The postmortem examination verified

cells taking them in remained unaltered. Such results might be expected if pulmonary tissue can hold appreciable amounts of coal dust without being affected. In anthracosis the lungs seem to be infiltrated with coal, without the nutrition of the tissue or its respiratory function being damaged. Pulmonary anthracosis would appear to be an anatomic state, not a disease.—E. L. C.

✓ PULMONARY ASBESTOSIS. W. B. Wood and S. R. Gloyne. *Lancet*, March 1, 1930, vol. 1, pp. 445-448.

A useful summary is given of present knowledge with regard to the effects which follow industrially upon inhaling asbestos dust. The cardinal symptoms are dyspnea and cough, often accompanied by anorexia, lassitude, pains in the chest, and loss of weight. The skin may have an unhealthy leaden hue. The chest expansion is defective; asbestos corns may be present in the skin of the hands. Fine dry crackles are to be heard on auscultation, and possibly friction rubs in the axillae. Asbestosis bodies may be found in the sputum; if so they help in confirming the diagnosis. Tubercle may be present as a superimposed infection. X-ray films show fine mottling and linear shadows throughout the lungs, exhibiting a diffuse haze resembling ground glass, while the cardiac shadow may have a shaggy appearance. Prognosis is bad, if once the asbestosis bodies are present. Cessation of exposure does not control the progress of the disease. Death ultimately ensues from bronchopneumonia or tuberculosis. Thus of fifteen cases reported in 1929, three have now died. The visceral pleura is thickened, especially at the base, and the whole pleural

sac may be closed with adhesions. The lungs are firm and contracted. The fibrosis is most marked at the bases; but the apexes are also concerned. Microscopically all the pulmonary tissue is found to be affected, with increase of connective tissue and obliteration of alveoli. Asbestosis giant cells may be found and also asbestosis bodies, which later appear to possess an asbestos fragment as a central core upon which pigmented organic material has been deposited. A diagnosis may be made upon symptoms, signs, and X-ray appearances, together with a history of exposure to risk, even though asbestosis bodies are not found.—E. L. C.

✓ A CASE OF PULMONARY ASBESTOSIS: DEATH FROM TUBERCULOSIS TWO YEARS AFTER FIRST EXPOSURE TO THE DUST. W. B. Wood and D. S. Page. *Tubercle*, Jan., 1930, pp. 157-158.

The clinical history and pathologic findings are given of a fatal case in a female who, as a spinner in an asbestos factory, had been exposed to dust for fifteen months. She rapidly developed tuberculosis which affected both lungs, the peritoneum, the intestines, and the ovaries and fallopian tubes. Her father had died from phthisis in 1928. In the lungs were found a large number of asbestos fibers and asbestosis bodies in various stages of formation.—E. L. C.

ACTION OF GRAPHITE DUST ON LUNG. R. Hollmann. *Abstr. as follows from Ztschr. f. Tuberk.*, 1929, vol. 52, p. 394, in *Am. Rev. Tuberc.*, May, 1930, vol. 21, p. 111.

The author examined the workers in a pencil factory for pneumokoniosis. The workers inhale either a mixture of

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carbon dust or graphite dust. A five-year contact with this work revealed in no cases a pneumonokoniosis, although the "snowstorm phenomenon" was observed in 9.1 per cent. of those cases over five years in the industry and in 1.6 per cent. of all workers. Clinically bronchitis and emphysema were observed nineteen times. Among the tuberculous changes noted there were two with calcified primary complexes, and two with cirrhotic and slightly inactive apical disease. Graphite dust, therefore, does not act differently from pure coal dust. The presence of pneumonokoniosis with either one of these or both is a rare finding.

WHAT PLACE DOES SILICOSIS HOLD AMONG THE PULMONARY DISEASES DUE TO DUST? *D. Glibert. Méd. du travail, Jan., 1930, pp. 61-62.*

The author of this useful article summarizes the present position of knowledge with regard to silicosis. He stresses the work of British investigators, of Collis, Mavrogordato, McCrae, Watkins-Pitchford, and Kettle. The article is mainly based on communications made to the International Congress held at Lyons in April, 1929. In an able way the present state of knowledge is presented, from the moment when small particles of silica, 5 microns or less in size, enter the alveoli and are removed by macrophages into the lymph passages of the lungs, until the fibrotic changes which ensue are infected with tuberculosis. The value of radiography for detecting the process is described. Finally the author points out that today nations can be divided into two groups on the subject of silicosis: The first has ex-

amined the facts and made known its findings; the second has not recognized the facts. He holds that it is not dignified for the Latin races to find themselves in the latter category.—
E. L. C.

THE MECHANISM OF PULMONARY SILICOSIS. THE INFLUENCE OF SILICA DUST, FROM ROCK WORK IN A COAL MINE, UPON CELLS GROWN IN VITRO. *A. Policard, S. Doubrow, and M. Boucharlat. Compt. rend. Acad. d. sc., Oct. 14, 1929, vol. 189, pp. 593-594.*

The authors report the results of experiments in which sterilized suspensions of silica dust were mixed with cultures of living cells. The cultures were composed of plasma and embryonic tissue from the lungs of chicks 2 weeks old. The dust was obtained from a coal mine while work was in progress for drilling a hard quartzite rock. The cultures were observed for three or four days. So long as no more than 10 drops of the dust suspension were added to a cubic centimeter of culture, the cells grew normally; if 20 drops were added, growth slowed or stopped. Cells which had phagocytosed dust particles, although not dead, looked ill. The experiments support the theory that silica dust acts by slowly dissolving, and then poisoning the surrounding living tissues.—
E. L. C.

THE COLLOIDAL THEORY OF SILICOSIS. *P. Heffernan. Tubercle, Nov., 1929, vol. 11, pp. 61-62.*

This short note summarizes the author's view of what occurs when silica dust particles reach the pulmonary alveoli. Engulfed by macrophages they are carried into the lymph

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propagate an explosion are influenced by its position. Coal dust on the floor is least likely to ignite or propagate an explosion. Tests of dusts from forty-three different coals ranging from anthracite to high volatile bituminous are given.—P. D.

✓ PULMONARY ASBESTOSIS. A SOCIO-MEDICAL STUDY. T. Oliver. *Arch. f. Gewerbepathol. u. Gewerbehyg.*, 1930, vol. 1, pp. 67-76.

A description is given from first hand observation of how asbestos is got in Canada and subsequently worked up into cloth and fine thread. Dust is created, particularly in the factory processes. Reference is then made to clinical observations upon asbestos workers suffering from the effects of dust inhalation. These effects, in a definite case, consist in well-marked diffuse interstitial pneumonia with chronic bronchitis and emphysema; there is also well-marked anthracosis. In the air passages and interstitial fibrotic areas certain distinctive foreign bodies are found; these are illustrated. The condition which results is a generalized rather than a nodular fibrosis, with no resemblance to the orderly whorled arrangement and sharp definition of the silicotic nodule. The question as to whether such lungs succumb more readily to tuberculosis is uncertain; but this secondary infection has been reported by several observers. Apart, however, from this the disease develops slowly but surely.—E. L. C.

PNEUMONOKONIOSIS WITH ESPECIAL REGARD TO SILICOSIS. W. Mascher. *Abstr. as follows from Hygiea (Stockholm)*, March 31, 1930, vol. 32, p. 232, in *Jour. Am. Med. Assn.*, June 21, 1930, vol. 94, p. 2034.

Mascher states that pneumonokoniosis can usually be diagnosed by thorough clinical and roentgen examination. In the early stages, diagnosis solely by clinical examination is impossible. In many cases without subjective or objective symptoms, roentgen examination reveals extensive changes. Clinically, dyspnea is the most pronounced symptom, in advanced cases often dominating the picture. In the cases with old or more recent tuberculous foci, there was no evidence that either the tuberculous processes or the silicotic changes were affected by the complication. As the incidence of the condition depends largely on the silica content of the dust inhaled and on the amount of the dust, strict prophylactic measures should be observed in all industries in which silica dust is produced. In addition, preliminary examination should be required of all workers, followed by periodic examinations, and pneumonokoniosis should be legally compensable as are other occupational diseases.—K. R. D.

CHALICOSIS OF THE LUNGS IN JAPAN. T. Uchiyama. *Abstr. as follows from Beitr. z. path. Anat. u. z. allg. Pathol.*, 1928, vol. 80, pp. 218-234, in *Bull. Hyg.*, March, 1930, vol. 5, p. 249.

[It is surprising that the author should make use of a now almost obsolete word when he means silicosis.] He explains the absence of recorded cases of silicosis in Japan by the very small number of stonemasons. In this paper he occupies himself entirely with minutely described macroscopic and microscopic appearances of three cases. Among 1,500 autopsies made at the Institute in Sendai in northeastern Japan only three were on stone workers. All three cases were associated

with tuberculosis. In two tuberculosis was not prominent, but the silicosis was pronounced. In the third it was tuberculosis which brought about death, the silicosis being slight. In one case the celiac lymph glands, *i.e.*, all the glands near the head of the pancreas, the pylorus and the hilum of the liver had undergone considerable enlargement and complete silicotic change; similar isolated fibroid nodules were present in the spleen and liver, the origin of which was undoubtedly due to stone particles.

By careful examination with polarized light, Uchiyama was able to show (a) that just as many stone particles were present in the abdominal glands named as in the lungs; (b) that in the peripheral zone of the fibroid nodule were a number of small particles, while in the center not only were there very tiny particles, but also some large ones; and (c) that in the nodules in the spleen and liver the particles were of a finer caliber.

As a result of proving the presence of stone particles in the spleen and liver he concludes that their carriage by way of the circulation is possible. The two cases in which the symptoms were most marked are said to have been associated with the status lym-

phaticus. He discusses, among other points, the experimental work of Gye and Kettle and Gye and Purdy, but all his references to British research work are at second hand—from Jöten and Arnoldi's book "*Gewerbestaub und Lungentuberkulose*."—T. M. L.

SOME ASPECTS OF SILICOSIS IN INDUSTRY. G. Q. Lennane. *Abstr. as follows from Jour. State Med.*, 1929, vol. 37, pp. 602-606; *U. S. Pub. Health Engin. Abstr.*, March 8, 1930, vol. 10, IHS p. 1, in *Chem. Abstr.*, April 20, 1930, vol. 24, p. 1910.

Inhalation of silica dust causes the formation of fibrous tissue in the lung substance, gradually extending and encroaching on the aerating function of the lung tissue. Crystalline sandstone, quartz, quartzite, and flint produce a crystalline dust which is more harmful than dust containing amorphous silica. The onset of the disease is very gradual and, at first, difficult to recognize. The common complication is pulmonary tuberculosis, which is usually rapidly fatal. The use of water, steam, oil, and mechanical equipment for minimizing dust in factories, quarries, and mines is discussed.—P. D.

OCCUPATIONAL INFECTIOUS DISEASES: OCCURRENCE, TREATMENT, AND PREVENTION

ON ANGUILLULOSIS (*Strongyloides intestinalis*) AND LAMBLIOSIS, TWO RARE PARASITIC DISEASES OF MINERS. H. Teitge. *Abstr. as follows from Klin. Wchnschr.*, 1928, vol. 7, pp. 1687-1690, in *Bull. Hyg.*, March, 1930, vol. 5, pp. 255-256.

In systematic blood examinations of miners the author frequently found eosinophilia present to the extent of 10 to 20 per cent. and more. This directed his attention to the occurrence of parasites—especially of intestinal worms, and he found them extraor-

INDUSTRIAL HYGIENE

ELLIS, E. L., AND GREENWOOD, M.: The Health of the Industrial Worker. Philadelphia, P. Blakiston's Son & Co., 1921.

ENSTRICKER, E.: The Age Curve of Illness. Hagerstown Morbidity Studies No. IV. U. S. Pub. Health Rep., 1927, 48, 1565 (Reprint No. 63).

Developing Sickness among Employees of Rubber Manufacturing Establishment in 1918, 1919, and 1920. Some morbidity Statistics from the Department of Health of the B. F. Goodrich Co., Akron, Ohio. *Ibid.*, 2, 37, 3083 (Reprint No. 804).

BRUNDAGE, D. K.: Sickness among Persons in Different Occupations of Public Utility. *Ibid.*, 1928, 43, 314 (Reprint No. 1207).

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SUBJECT INDEX TO VOLUME XII

This is a subject index to all the reading matter in the JOURNAL OF INDUSTRIAL HYGIENE, and one should, therefore, look for the subject word, with the following exception: "Book Notices" are indexed under this title on page 402. The name of the author follows the subject entry in parenthesis.

For author index, see page 403.

	PAGE		PAGE
ACCIDENTS, personal qualities in causation of (Chambers).....	223	DUST inhalation and iron ore mining (Collis and Goadby).....	266
AIR conditions, rational expression for wet kata cooling power (Weeks)....	148	silica, hazard, in granite cutting industry (Thompson and Britten)....	123
conditions, total heat difference as measure of wet kata cooling (Weeks).....	233	trap (Hay).....	28
ANODIC OXIDATION.....	314	EFFICIENCY, quantitative measurement of, under factory conditions (Lovekin).....	99, 153
ARMIT, H. W., obituary.....	122	ELECTRIC shock, histopathology of, on brain (Morrison, Weeks, and Cobb).....	324, 364
ASBESTOS workers, pulmonary fibrosis and other pulmonary affections in (Merewether).....	198, 239	shock, interpretation of field notes (MacLachlan).....	291
ATMOSPHERE, <i>see</i> Air.		ELECTRICITY, abnormalities produced by (Langworthy and Kouwenhoven).....	31
AUTOMOBILE exhaust gas, <i>see</i> Gas, automobile exhaust.		ETHYLENE CHLORHYDRIN poisoning, fatal case of (Middleton).....	265
BLOOD cells, red, effect of chemically pure carbon monoxide, illuminating gas, and automobile exhaust gas on fragility of (Mayers, Rivkin, and Krasnow).....	300	EYES, effects of lead on vision (Pedley).....	359
pressure, high, arterial, in industry (Wychgel).....	319	miners' nystagmus and incapacity for work (Thomas).....	1
BRAIN, histopathology of electric shock on (Morrison, Weeks, and Cobb).....	324, 364	subhyaloid hemorrhage in lead poisoning (Pedley).....	359
CANCER, occupational (Heller).....	169	FOOD cooked or stored in contact with nickel-chromium-iron alloys, contamination of (Titus, Elkins, Finn, Fairhall, and Drinker).....	306
CARBON DIOXIDE, 5 and 10 per cent. mixtures as respiratory stimulants in carbon monoxide poisoning (Murphy and Drinker).....	92	GAS, automobile exhaust, effect of, on fragility of red blood cells (Mayers, Rivkin, and Krasnow).....	300
CARBON MONOXIDE, chemically pure, effect of, on fragility of red blood cells (Mayers, Rivkin, and Krasnow).....	300	illuminating, effect of, on fragility of red blood cells (Mayers, Rivkin, and Krasnow).....	300
poisoning, 5 and 10 per cent. carbon dioxide mixtures as respiratory stimulants in (Murphy and Drinker).....	92	GOLD mine mill workers, so-called cyanide rash in (Braddock and Tingle).....	259
CHROME plating and anodic oxidation. CHROMIUM, contamination of food cooked or stored in contact with nickel-chromium-iron alloys (Titus, Elkins, Finn, Fairhall, and Drinker).....	314	GRANITE cutting industry, silica dust hazard in (Thompson and Britten)....	123
	306	cutting tools, dust control systems for (Hatch, Drinker, and Choate).....	75
CYANIDE rash, so-called, in gold mine mill workers (Braddock and Tingle).....	259	HEATING, new methods of (Vernon)....	281
DUST coefficient, apparatus for determination of (Burstein).....	24	HEMORRHAGE, subhyaloid, in lead poisoning (Pedley).....	359
control systems for granite cutting tools (Hatch, Drinker, and Choate).....	75	HYPERTENSION, <i>see</i> Blood pressure, high.	
		ILLNESS, <i>see</i> Sickness.	
		INTERNATIONAL Medical Congress for Industrial Accidents and Occupational Diseases, sixth.....	318

IRON, contamination of food cooked or stored in contact with nickel-chromium-iron alloys (Titus, Elkins, Finn, Fairhall, and Drinker).....	306
ore mining, dust inhalation and (Collis and Goadby).....	266
KATA-THERMOMETER for hot atmospheres (Angus, Hill, and Soper).....	66
rational expression for wet kata cooling power (Weeks).....	148
total heat difference as measure of wet kata cooling (Weeks).....	233
LEAD, effects of, on vision: case of subhyaloid hemorrhage (Pedley).....	359
LUNGS, pulmonary fibrosis and other pulmonary affections in asbestos workers (Merewether).....	198, 239
MINERS' nystagmus and incapacity for work (Thomas).....	1
MINING, iron ore, dust inhalation and (Collis and Goadby).....	266

BOOK NOTICES

Anderson, V. V.: Psychiatry in Industry.....	121
Belling, J.: The Use of the Microscope.....	316
Burr, C. B.: Practical Psychology and Psychiatry.....	74
Colds, common head cold and its complications (Wells).....	74
Cowell, S. J., see Haslam, J. F. C.	
Dublin, L. I., and Lotka, A. J.: The Money Value of a Man.....	290
Emerson, W. R. P.: The Diagnosis of Health.....	74
Exercises, practical massage and corrective exercises with applied anatomy (Nissen).....	74
Haslam, J. F. C., and Cowell, S. J.: Recent Advances in Preventive Medicine.....	258
Health, diagnosis of (Emerson).....	74
Lead poisoning (Schmidt, Seiser, and Litzner).....	222
Lindsley, L. C.: Industrial Microscopy.....	168
Litzner, S., see Schmidt, P.	
Lotka, A. J., see Dublin, L. I.	
Man, money value of (Dublin and Lotka).....	290

NICKEL chromium iron alloys, contamination of food cooked or stored in contact with (Titus, Elkins, Finn, Fairhall, and Drinker).....	306
RESPIRATION, stimulation of, in carbon monoxide poisoning, by 5 and 10 per cent. carbon dioxide mixtures (Murphy and Drinker).....	92
SICKNESS among wage earning adults, incidence of (Brundage).....	338, 341
SILICA dust hazard in granite cutting industry (Thompson and Britten).....	123
SILICOSIS hazard in hard rock industries, control of (Hatch, Drinker, and Choate).....	75
infectivity of silicotic tuberculosis (Heffernan).....	236
SKIN diseases, so-called cyanide rash in gold mine mill workers (Braddock and Tingle).....	259
TUBERCULOSIS, silicotic, infectivity of (Heffernan).....	236

Mansfield, W.: Microscopic Pharmacognosy.....	316
Massage, practical massage and corrective exercises with applied anatomy (Nissen).....	74
Medicine, preventive, recent advances in (Haslam and Cowell).....	258
Microscope, use of (Belling).....	316
Microscopy, industrial (Lindsley).....	168
Money value of a man (Dublin and Lotka).....	290
Nissen, H.: Practical Massage and Corrective Exercises with Applied Anatomy.....	74
Pharmacognosy, microscopic (Mansfield).....	316
Psychiatry in industry (Anderson).....	121
Psychiatry, practical psychology and psychiatry (Burr).....	74
Psychology, practical psychology and psychiatry (Burr).....	74
Schmidt, P., Seiser, A., and Litzner, S.: Bleivergiftung.....	222
Seiser, A., see Schmidt, P.	
Wells, W. A.: The Common Head Cold and its Complications.....	74

AUTHOR INDEX

Angus, T. C., Hill, L., and Soper, H. E.: A New Kata-Thermometer for Hot Atmospheres and a Simplified Method for Computing.....	
Braddock, W. H., and Tingle, G. R.: So-Called Cyanide Rash in Gold Mine Mill Workers.....	
Brundage, R. H., see Thompson, L. R.	
Brundage, D. K.: The Incidence of Sickness among Wage Earning Adults.....	338
Choate, A. I.: An Improved Form of Heffernan Apparatus for Determination of the Dust Coefficient of the Atmosphere.....	
Cobb, E. G.: Personal Qualities in Accident Causation.....	
Cowell, S. P., see Hatch, T.	
Cobb, S., see Morrison, L. R.	
Collis, E. L., and Goadby, K. W.: Dust Inhalation and Iron Ore Mining.....	
Drinker, C. K., see Murphy, D. P.	
Drinker, C. K., see Titus, A. C.	
Drinker, P., see Hatch, T.	
Elkins, H. B., see Titus, A. C.	
Fairhall, L. T., see Titus, A. C.	
Finn, H. G., see Titus, A. C.	
Goadby, K. W., see Collis, E. L.	
Hatch, T., Drinker, P., and Choate, S. P.: Control of the Silicosis Hazard in the Hard Rock Industries. I. A Laboratory Study of the Design of Dust Control Systems for Use with Pneumatic Granite Cutting Tools.....	
Jay, P. S.: Modified Design of Hay Dust Trap.....	
Heffernan, P.: The Infectivity of Silicotic Tuberculosis.....	
Heller, I.: Occupational Cancers.....	
Hill, L., see Angus, T. C.	
Kouwenhoven, W. B., see Langworthy, O. R., and Kouwenhoven, W. B.	
Langworthy, O. R., and Kouwenhoven, W. B.: An Experimental Study of Abnormalities Produced in the Organism by Electricity.....	90
Lovekin, O. S.: The Quantitative Measurement of Human Efficiency under Factory Conditions.....	90

for 19,000,000 industrial policyholders of the Metropolitan Life Insurance Company.

SICKNESS AMONG INDUSTRIAL EMPLOYEES DURING THE LAST THREE MONTHS OF 1929. *D. K. Brundage. U. S. Pub. Health Rep., May 23, 1930, vol. 45, pp. 1203-1205 (Reprint No. 1377).*

The frequency of disability from sickness lasting more than one week was 27 per cent. lower in the fourth quarter of 1929 than in the same quarter of 1928. The respiratory group of diseases shows the greatest decrease, the rate being little more than one-half that experienced in the last quarter of 1928. This is explained by the fact that an influenza epidemic was in progress during the final month of 1928. Influenza and grip decreased 64 per cent., and pneumonia 26 per cent. from the incidence experienced in the same period of 1928. In the last three months of 1929, however, bronchitis and diseases of the pharynx

and tonsils increased 13 and 9 per cent. respectively, but the incidence of tuberculosis declined 20 per cent., and the rate for respiratory diseases other than those mentioned above dropped 5 per cent. from the rate of the fourth quarter of 1928.

For nonrespiratory diseases as a whole, there was a decrease of 4 per cent. Within this group, diseases of the stomach, diarrhea and enteritis and diseases of the skin showed the greatest declines—14 per cent. in both instances. An increase of 14 per cent. is indicated for the epidemic and endemic group of diseases, except influenza; little significance should be attached to this increase, however, on account of the small number of cases involved.

The sickness rates were computed from the reports of thirteen large industrial establishments having a combined male working force of 109,970. Only those establishments are included which reported in both years.

SUBJECT INDEX TO VOLUME XII

This is a subject index to all the reading matter in the ABSTRACTS OF THE LITERATURE OF INDUSTRIAL HYGIENE, and one should, therefore, look for the subject word. The name of the author follows the subject entry in parenthesis.

For author index, see page 260.

	PAGE		PAGE
ABILITY, mechanical, tests of (Earle and Macrae).....	233	AIR conditioning, fundamental principles (Bulkeley).....	182
tests of practical abilities (Vickers and Hoskin).....	21	conditions, abnormal, in mines, effect of (Sayers).....	182
ABSENCE among women operatives in cotton mills, effect of change of method on (Best).....	125	conditions in hot and deep mines, sixteenth report to committee on control of: salt lost in sweating owing to high air temperatures (Hancock, Whitehouse, and Haldane).....	206
ACCIDENTS, <i>see also</i> under Safety, specific occupations, and specific parts of body.		conditions in hot and deep mines, work of committee on control of (Haldane).....	206
ACCIDENTS, care of, by Red Cross (Betke).....	91	conditions in textile mills, improvement of (Badham, Rayner, and Broose).....	182
electric, prevention of (Hsley).....	38	conditions, results of twelve months' experience with kata-thermometer in Australian factories (Wilson)....	205
eye injuries and accident insurance (Vogt).....	26	factory, removal of steam and vapors from (Winter).....	205
in chemical industries (Burke).....	160	in schools, dust and germ content of (Grünwald).....	81
in operatives of bread mixing machines (Arce, Ivanissevich, and Ferrari).....	102	motion, effect of wind movement on skin temperature (Benedict and Parmenter).....	39
industrial, and trachoma (Morax)....	210	pollution (Liesegang).....	17
industrial, care and compensation of, in Hungary (Barla-Szabó).....	91	pollution by smoke (Owens).....	17
industrial, reactions of trachomatous eye to (Sédan).....	27	pollution, effect of, on incidence of solar ultraviolet light (Shrader, Coblenz, and Korff).....	45
metal mine, reduction of.....	83	pollution, report on suppressing harmful smoke and gas escaping from automobiles (Kohn-Abrest and Loiret).....	231
personal qualities in proneness to (Farmer and Chambers).....	84	pollution, smoke abatement work at Salt Lake City (Gudmundsen).....	231
proneness to, among employees of Cleveland Railway Company.....	38	pressure, composition of alveolar air in individuals placed under barometric depression in air and in various mixtures of gases, and maximum resistance of man to depression (Talent).....	203
relation of age to extent of disability (Stevens).....	38	sulphur dioxide content of, at Pittsburgh Experiment Station of U. S. Bureau of Mines (Meiter and Traubert).....	232
treatment of, in Rand mines (Orenstein).....	91	thermal exchanges between human body and atmospheric environment (Houghten, Teague, Miller, and Yant).....	80
ACETANILIDE poisoning, toxicologic and hematologic studies (Young and Wilson).....	55	AIRPLANES, <i>see</i> Aviation.	
ACETONE, inflammability of mixtures of ethyl alcohol, benzene, furfural, and acetone (Jones and Klick)....	32		
ACETYLENE TETRACHLORIDE, acute yellow atrophy of liver caused by (Schibler).....	33		
ACID, <i>see</i> under names of specific acids.			
ACTINOMYCOSIS in accident insurance (Reckzeh).....	50		
AGE, relation of, to extent of disability following accidents (Stevens).....	38		
AGRICULTURAL laborers, effect of diet on efficiency of (Seagar).....	153		
AIR conditioning, control of humidity and temperature in manufacturing processes (Carrier).....	105		

	PAGE		PAGE
ALUMINIUM, absorption and deposition of, in dog (Underhill and Peterman).....	68	ASBESTOS dust and curious bodies found in pulmonary asbestosis (Cooke)...	34
absorption and excretion of, in normal man (Underhill and Peterman).....	68	dust, effects of, on lungs, and dust suppression in asbestos industry (Merewether and Price).....	117
content of fresh foods (Underhill, Peterman, Gross, and Krause).....	68	fiber, reaction of tissues to (Gloyne)...	118
determination of, in biologic material (Underhill and Peterman).....	68	ASBESTOSIS bodies, method of examining sputum for (Stewart).....	35
effect of, on blood and tissues (Seibert and Wells).....	71	pulmonary (Oliver).....	172
in liver and kidney (Underhill, Peterman, Gross, and Krause).....	68	pulmonary (Wood and Gloyne).....	146
in tissues of dogs, relation of age to (Underhill and Peterman).....	68	pulmonary, clinical aspects of (Hadow).....	35
intravenously, fate of (Underhill, Peterman, and Steel).....	68	pulmonary, curious bodies in (Cooke).....	34
salts subcutaneously, toxic effects of (Underhill, Peterman, and Sperandeo).....	68	pulmonary, fatal (Wood and Page)...	146
ANGUILLULOSIS, rare parasitic disease of miners (Teitge).....	173	ASTHMA, pyrethrum as etiologic factor in (Ramirez).....	162
ANILINE hazard in rubber industry (Davis).....	72	ATMOSPHERE, <i>see</i> Air.	
pencils, hand and finger injuries caused by (Buzzi, Costa, and Derqui).....	136	AUDIOMETER, value of, in industrial medicine (Tremble).....	48
poisoning, acute (Möllerström).....	71	AUSTRALIA, activities of medical officers (Kerr).....	207
poisoning, acute, experimental studies of (Young, Muehlberger, and Meek).....	34	fourth conference on industrial hygiene.....	188
poisoning, hematologic studies of (Young).....	34	AUTOMOBILE coating and finishing with atomizers and compressed air, ventilation in (Vogt).....	19
poisoning in pharmaceutical chemistry (de Balsac).....	191	drivers, psychologic and physiologic fitness of (Weekers).....	208
poisoning, pathology of (Aiello).....	191	exhaust gas, <i>see</i> Gas, automobile exhaust.	
poisoning, respiratory function of blood in (Schmidt-Kehl and Waskewitsch).....	162	works, oil acne in turner (Pautrier and Diss).....	12
shoe dye, acute poisoning from (Alcayaga and Bercovich).....	55	AVIATION, medical supervision of commercial airplane pilot (Cooper)...	155
ANKYLOSTOMIASIS, <i>see</i> Hookworm.		BAKELITE varnish, eczema caused by (Blumenthal and Jaffe).....	100
ANTHRACOSIS, is it a disease? (Arnould).....	145	BAKERIES (Bell).....	132
pulmonary (Policard and Bouchariat).....	145	BAKERS, dermatitis venenata from sour dough.....	121
ANTHRAX, occupational, in Germany... ..	199	BATTERIES, storage, plant, lead poisoning in (Greenburg, Schaye, and Shlonsky).....	74
ARSENIC, determination of arsenical products in organism (Berat).....	136	BELGIUM, report of expert committee on compensation fund for occupational diseases.....	23
distribution of, in body after fatal poisoning by hydrogen arsenide (Grigg).....	137	BENEFIT associations, mutual, mobilizing for health (Alexander).....	50
poisoning from sheep dip (Hall and Ellis).....	137	associations, mutual, relationship of, to health of employees (Seymour)...	49
Raynaud's disease with chronic retention of (Kraetzer).....	136	BENZENE, ethyl, acute response of guinea-pigs to vapors of (Yant, Schrenk, Waite, and Patty).....	217
ARSENIURETTED HYDROGEN poisoning (Blondel).....	191	hazard in rubber industry (Davis)...	72
poisoning (Legge).....	216	inflammability of mixtures of ethyl alcohol, benzene, furfural, and acetone (Jones and Klick).....	32
poisoning, fatal, distribution of arsenic in body after (Grigg).....	137	poisoning (Legge).....	216
ARSINE, <i>see</i> Arseniuretted Hydrogen.		poisoning (McCord).....	71
ARTERIO-SCLEROSIS in coal miners (Dickson and Dickson).....	52	poisoning, chronic, improved by liver (Smith).....	92
ARTHRITIS, spinal, industrial hazard (Allard).....	80	BENZINE, toxicology of (Lazarew).....	137
		BENZOL, <i>see</i> Benzene.	
		BIRDS, peculiar occupational disease of "bird stuffers".....	79
		BLADDER, papilloma of (Macalpine)...	54

SUBJECT INDEX

243

t

ound
dust
stry
e)
min-
ad-
in
re)
ctor
trial
icars
hy-
with
ven-
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ace-
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	PAGE
BLINDNESS, monocular, from light of electrical origin (Roy).....	64
Blood, basophilic granular erythrocytes in persons without lead poisoning (Lehmann).....	112
biochemical changes in, in chronic lead poisoning (Omeljanovitch-Pavlenko).....	219
changes in white blood picture following muscular activity (Gaisböck).....	103
circulation, effect of high external temperature on (Marschak).....	81
during exposure to high temperatures, effect of ingestion of water and salt (Marschak and Dukelsky).....	106
effect of aluminium on (Seibert and Wells).....	71
effect of muscular exercise on oxygen capacity of (Harrison, Robinson, and Syllaba).....	39
effect of repeated exposure to high temperature on lymphoid tissue and on leukocyte count (Caillet and Simonds).....	43
hematologic studies of aniline poisoning (Young).....	34
leukemia following trauma (Lewsen).....	132
pressure in prisoners and prison guards (Alvarez and Stanley).....	230
pressure, increased, in chronic lead poisoning (Schnitter).....	94
pressure variations during hard and hot work (Guelmann).....	202
respiratory function of, in aniline poisoning (Schmidt-Kehl and Waskevitch).....	162
serum calcium in pneumokoniosis (Sokoloff and Cantarow).....	223
sodium chloride in, during exposure to high temperatures, effect of drinking salty water (Marschak and Kraus).....	105
BRASS founders' ague (Schmidt-Kehl).....	115
founders' fever, cause of (Schmidt-Kehl).....	92
BREAD mixing machine operatives, accidents to (Arce, Ivanissevich, and Ferrari).....	102
BRIQUETTE makers in Baden and South Wales, pitch cancers in (Teutschlaender).....	12
workers, cancer in (Teutschlaender).....	92
BROMETHYL, see Ethyl Bromide.	
BROMMETHYL, see Methyl Bromide.	
BROMINE compounds of aliphatic hydrocarbons, action of (Glaser and Frisch).....	116
BUILDING trade, rationalization in—when? (Gibson).....	160
BULBS, hyacinth and tulip, itching and dermatitis after working with (Kraenbourg).....	227
BURNS, crush, of hand (Maclure).....	38
electric (Fisher).....	151
prognosis and treatment in (Kreibich).....	152
tannic acid treatment of (Wilson).....	150

	PAGE
BURNS, thermal and chemical, of skin, roentgen treatment of (Tamiya and Koyama).....	151
BUTANE vapor, odor intensity and symptoms produced by (Patty and Yant).....	117
BUTTON, pearl, workers, occupational diseases among (Bernstein).....	59
CAISSON disease (O'Donnell).....	104
working, helium in (Hildebrand, Sayers, and Yant).....	104
CALCIUM CYANAMIDE, dermatitis caused by (Pautrier, Gaspard, and Zorn).....	121
CANCER, carcinogenicity of oils.....	222
etiology and artificial production (Oliver).....	53
in briquette workers (Teutschlaender).....	92
nature of carcinogenic agents in mineral oils (Twort and Fulton).....	10
paraffin not productive of (Wood).....	12
pitch, in briquette makers in Baden and South Wales (Teutschlaender).....	12
roentgen ray, as occupational disease (Krause).....	141
skin, caused by mineral oils (Sequeira).....	11
skin, multiple, in chimney sweep (Bedford).....	120
supervention in skin diseases (Eller and Anderson).....	120
tar (O'Donovan).....	9
tar (Périgaud).....	142
tar (Pigalew).....	194
tar epithelioma (Blum, Bralez, and de Vadder).....	142
tar, influence of dilution on carcinogenic effect of tar (Hieger).....	142
tar, multiple abdominal tumors produced by tar product mixture (Voronoff and Alexandrescu).....	142
tobacco and tobacco smoke as etiologic factor in (Lickint).....	160
CARBON BISULPHIDE, see Carbon Disulphide.	
CARBON DIOXIDE, effect on respiration of gas mixtures containing (Viethen and Grüneberg).....	39
poisoning (Schultzik).....	93
CARBON DISULPHIDE poisoning in rayon manufacture (Trossarelli).....	138
poisoning, tremor in (Gianotti).....	192
CARBON MONOXIDE, does carbon monoxide completely inhibit respiration? (Warburg and Kubowitz).....	192
effects of prolonged exposure to, compared with those produced by low oxygen pressure (Campbell).....	93
German gas masks for protection against (Wollin).....	165
in flue gas, iodine-pentoxide apparatus for determination of (Yandaveer and Gregg).....	56
poisoning (Haldane).....	165
poisoning (Legge).....	216

	PAGE		PAGE
CARBON MONOXIDE poisoning (Richards).....	165	CHROMIUM dermatitis, experimental (McCord, Higginbotham, and McGuire).....	121
poisoning (Schönberg).....	193	health practices pamphlet.....	58
poisoning, acute (Kranenburg).....	193	plating.....	56
poisoning, dangers of, and measures to lessen: report of American Medical Association Committee on Poisonous Gases (Henderson).....	113	workers, perforation of nasal septum in (Dixon).....	73
poisoning, endocrine glands during (Eissahovitch).....	220	CIRCULATION, <i>see</i> Blood.	
poisoning, multiple neuritis following (Mankowsky).....	72	CLOTHING, heat insulating properties of (von Vintschger).....	106
poisoning, neurologic changes following (Mackay).....	192	materials, heat retaining properties of (Bachmann).....	233
poisoning, tissue oxygen tension in (Campbell).....	55	materials, heat retaining properties of (Leusden).....	42
poisoning while welding pipe (Schwarz).....	138	COAL derivatives, rôle of sensitiveness to light in melanoses caused by (Liebner).....	61
toxicity of carbon monoxide contaminated air (Deckert).....	138	distillation products, photodynamic and irritative properties of (Kisliakowski).....	227
CARBON TETRACHLORIDE, absorption, distribution, and excretion of, in dogs (Robbins).....	166	dust explosions, <i>see</i> Explosions.	
hazard in rubber industry (Davis).....	72	dust, technic of measuring (Förderreuther).....	35
local action and resorption of, by skin (Lapidus).....	100	dusts, relative inflammability of (Godbert and Wheeler).....	98
poisoning (Boveri).....	193	field of South Wales and Monmouth, effects of unemployment in (Lowry and Pearse).....	125
CARBORUNDUM dust, reactivation of healing primary tubercles in lungs by (Gardner).....	99, 100	field of St. Etienne, ankylostomiasis among miners in (Garin, Doubrow, and Mounier).....	148
CASEHARDENING, poisoning from cyanides in.....	72	mine, <i>see</i> Mine, coal.	
CELLOSOLVE, acute response of guinea-pigs to vapors of (Waite, Patty, and Yant).....	218	miner, <i>see</i> Miner, coal.	
CEMENT dust lung (Schott).....	223	COAL TAR, <i>see</i> Tar.	
industry, harmfulness of gases from shaft furnaces in (Jötten and Sartorius).....	164	COKE oven and by-products workers, complaints and maladies of (Oliver).....	159
workers, basophilic granular erythrocytes in blood of (Lehmann).....	112	COLD, effect of, on skin temperature (Benedict and Parmenter).....	39
CERAMIC industry, German, health of workers in (Lehmann).....	98	stimuli, physiologic response to (Bachmann).....	181
CHEMICAL burns of skin, roentgen treatment of (Tamiya and Koyama).....	151	COMFORT in industry.....	107
industries, health hazards and accidents in (Burke).....	160	COMPANIES	
injuries of eye (Sabata).....	228	Bell Telephone Company of Canada, industrial health service of (Pennoyer).....	47
laboratories, existence of symptoms of mercurialism in workers in (Holtzmann).....	170	Cleveland Railway Company, accident proneness among employees of.....	38
CHEMISTRY, pharmacologic, occupational anilism in (de Balsac).....	191	Consolidation Coal Company, Inc., of Fairmount, W. Va., medical and public health work of (Kindel).....	47
CHEST examination, fluoroscope as adjunct to (Reid).....	65	Goodyear Tire and Rubber Company, hospital association of (Capps).....	127
CHILDREN, state laws and local ordinances regulating street work of (Merritt).....	23	Milwaukee Electric Light and Power Company, use of psychologic tests in (Persons).....	85
unsolved child labor problems (Johnson).....	45	Pennsylvania Railroad, medical care for employees of (Massey).....	124
CHILLING, physiologic response to (Bachmann).....	181	Western Electric Company, Hawthorne Plant, investigation of rest periods, working conditions and other influences (Pennock).....	156
CHIMNEY SWEEP, multiple skin cancers in (Bedford).....	120	Western Electric Company, Hawthorne Plant, plan of, for improving employee relations (Futnam).....	157
CHLOROFORM, local action and resorption of, by skin (Lapidus).....	100		

SUBJECT INDEX

245

	PAGE		PAGE
		COMPENSATION, <i>see</i> Workmen's Com-	
121		pensation.	
56		COPPER in organism, physiologic as-	
56		pects (Flinn and Inouye).....	138
73		COTTON cloth factories regulations,	
		Great Britain, 1929.....	66
		mills, conditions of work in spin	
		rooms (Best).....	125
106		CYANIDE poisoning in casehardening...	72
33		DEAFNESS, noise and (Holtzmann)...	91
42		DEPARTMENT STORES, health and safety	
		survey of twenty-five department	
		stores in New York (Jacobsohn)....	207
61		DERMATOSIS, <i>see</i> Skin diseases.	
		DIAL painting, <i>see</i> Watch.	
227		DICHLORO-DIFLUORO METHANE, new	
35		refrigerant, toxicity of (Sayers,	
98		Yant, Chornyak, and Shoaf).....	166
25		DIET, effect of, on efficiency of agri-	
48		cultural laborers (Seagar).....	153
79		DISABILITY following accidents, rela-	
39		tion of age to (Stevens).....	38
51		DISABLED, rehabilitation of, <i>see</i>	
57		Rehabilitation.	
47		DIVING, deep, helium in (Hildebrand,	
3		Sayers, and Yant).....	104
17		DUST and pulmonary tuberculosis	
7		(Watkins-Pitchford).....	149
5		asbestos, effects of, on lungs, and dust	
14		suppression in asbestos industry	
6		(Merewether and Price).....	117
57		cell of lung (Jousset).....	145
		cement, lung (Schott).....	223
		city, determination of (Pesch).....	143
		coal, explosibility factors (Rice and	
		Greenwald).....	171
		coal, inflammability of (Godbert and	
		Wheeler).....	98
		coal, technic of measuring (For-	
		derreuther).....	35
		comparative estimation of (Oren-	
		stein).....	143
		content of air in schools (Grüne-	
		wald).....	81
		determination by Owens method	
		(Vigdorick).....	171
		determination in mines (Boyd).....	196
		disease of lungs among miners at	
		Broken Hill.....	197
		explosions, <i>see</i> under Explosions.	
		fuel, epithelial hyperplasia of cornea	
		following irritation of eye by	
		(Thomas).....	228
		graphite, action of, on lungs	
		(Hollmann).....	146
		hazards, occupational (Bridge).....	144
		illnesses caused by (Brezina).....	223
		immediate and remote responses to	
		invasion of living tissues by	
		(Mavrogordato).....	76
		industrial (Martin).....	196
		injury and prevention (Teleky).....	97
		mineral, in lungs of coal miners,	
		histochemical research on (Policard	
		and Devuns).....	223
		DUST problem, industrial, hygienic as-	
		pects of (Drinker).....	97
		removal in quicksilver plant	
		(Horne).....	143
		removal systems in granite cutting,	
		efficiency of (Bloomfield).....	6
		sampling in rock dusted mines	
		(Owings).....	58
		silica, exposure to, in granite indus-	
		try (Russell, Britten, Thompson,	
		and Bloomfield).....	59
		silicious, inhalation, reactivation of	
		primary healing tubercles by	
		(Gardner).....	99, 100
		slate, disease of lungs due to, in	
		Gwyrfaï district (Sutherland and	
		Bryson).....	199
		zinc, effect of, on health, and deposi-	
		tion in organs of body (Nuck,	
		Remy, and Holtzmann).....	171
		DYEHOUSE, removal of steam and	
		vapors in (Winter).....	205
		DYES, <i>see also</i> names of specific dyes.	
		DYES, acute eczema from dyed furs	
		(Gougerot, Barthélemy, and Co-	
		hen).....	122
		acute poisoning from shoe dye (Al-	
		cayaga and Bercovich).....	55
		organic, used for boots, fabrics, furs,	
		and cosmetics, poisoning from	
		(Kling).....	193
		EARS, industrial injuries of (Peyser)...	200
		value of audiometer in industrial	
		medicine (Tremble).....	48
		EFFICIENCY and accident proneness	
		(Farmer and Chambers).....	84
		industrial, and fatigue (Crowden)...	152
		influence of illumination on	
		(Schneider).....	46
		of agricultural laborers, effect of diet	
		on (Seagar).....	153
		physical, in relation to industrial	
		employment (Holt).....	177
		ELECTRIC accident prevention (Hsley)...	38
		burns (Fisher).....	151
		current injuries, first aid in (Po-	
		metta).....	179
		current, transitory dilatation of heart	
		and aorta, and vestibular distur-	
		bances caused by powerful	
		electric current (Lasius).....	41
		currents, pathologic changes pro-	
		duced by (Jaffé).....	105
		injuries, abnormalities produced in	
		central nervous system by (Lang-	
		worthy).....	178
		refrigerants, dichloro-difluoro me-	
		thane (Sayers, Yant, Chornyak,	
		and Shoaf).....	166
		refrigeration, household mechanical,	
		toxicity of refrigerants utilized,	
		report of American Medical Asso-	
		ciation Committee on Poisonous	
		Gases (McCord).....	167

	PAGE		PAGE
ELECTRIC refrigeration, methyl chloride poisoning from (Kegel, McNally, and Pope).....	76	EXPLOSIONS, protection against, in tunnels (Ringel).....	135
shock (MacMahon).....	41	EYELIDS, inflammation of, from working on teakwood (Reuscher).....	61
shock, recovery of heart in (Hooker).....	181	EYES, biomicroscopy in industrial ophthalmology, medicolegal aspects (Shuman).....	27
shock, retinal edema caused by (Jourdan).....	42	chemical injuries of (Sabata).....	228
shock, ventricular fibrillation caused by, cinematographic and electrocardiographic observations (Wiggers).....	180	color vision tests (Oblath).....	209
substation operators, specifications and tests for (Viteles).....	22	detachment of zonular lamella in glassworkers' cataract (Pflügk)....	101
ELECTRICITY, deaths from (Edenhofer).....	179	epithelial hyperplasia of cornea following irritation of eye by fuel dust (Thomas).....	228
EMPHYSEMA of lungs caused by heavy physical work (Podkaminsky).....	153	eye examination record and topographic chart (Davidson).....	184
EMPLOYEE relations, plan of Hawthorne Plant of Western Electric Company for improving (Putnam).....	157	glass blowers' cataract at Buelach glassworks (Vogt).....	63
EMPLOYMENT opportunities of women, effects of labor legislation on.....	43	glassmakers' cataract (Rollet).....	111
ENAMELING, lead poisoning from applying lead enamel to metal (Agasse-Lafont).....	219	indemnity due to monocular workman on loss of second eye (Maggiore)...	210
ETHYL ALCOHOL in fowl after exposure to alcohol vapor (Carpenter).....	167	industrial cataract (Elschnig)....	110, 227
inflammability of mixtures of ethyl alcohol, benzene, furfural, and acetone (Jones and Klick).....	32	injuries to, and accident insurance (Vogt).....	26
ETHYL BENZENE, <i>see</i> Benzene, ethyl.		injuries to, first aid procedure (Ruby).....	155
ETHYL BROMIDE, physiologic response attending exposure to (Sayers and Yant).....	92	injuries to, observed at Bratislava ophthalmic clinic, statistical survey (Solarikova).....	184
ETHYL CHLORIDE, physiologic response attending exposure to (Sayers and Yant).....	92	injuries to, prevention of, in railway shops (Kalashnikov).....	61
ETHYLENE, actual concentrations of, in air of operating room and rapid method for determination of (Cheney and Folkman).....	193	lighting and hygiene of eye (Ferree and Rand).....	18
ETHYLENE DICHLORIDE vapors, acute response of guinea-pigs to (Sayers, Yant, Waite, and Patty).....	115	miners' nystagmus (Ferguson)....	201, 201
ETHYLENE GLYCOL, monoethyl ether of, <i>see</i> Cellosolve.		miners' nystagmus (Lee).....	122
EXERCISE, muscular, effect of, on oxygen capacity of blood (Harrison, Robinson, and Syllaba).....	39	miners' nystagmus and compensation.....	238
EXPLOSIONS, coal dust explosibility factors (Rice and Greenwald).....	171	minor injuries to, in industry (Cridland).....	101
coal dust, in mines, causes, effects, and prevention (Rice).....	58	ocular lesions in sulphur miners (Mita).....	176
dust, hazards encountered in fighting fires in industrial plants (Price)....	76	ocular lesions peculiar to artificial silk industry (Colrat).....	64
effect of temperature and pressure on upper explosive limits of methane-oxygen mixtures (Cooper and Wiezevich).....	141	of cinema workers, action of light on (Hoorgina).....	63
explosive limits of industrial gases (Yeaw).....	135	of tobacco workers, study of (Iofe)...	202
gas, in rock dusted mine (McCaa)....	59	perforating injuries of (Medwed-jew).....	62
hazards in use of delay-action detonators in coal mines (Harrington and Howell).....	58	perforating injuries of, by small steel fragments (Begle).....	63
		premature presbyopia in laborers exposed to open furnace (Lederer)...	14
		pseudo-foreign bodies of (Coppes)....	177
		reactions of trachomatous eye to industrial accidents (Sédan).....	27
		retinal edema caused by electric shock (Jourdan).....	42
		silvering of cornea and glaucoma in occupational argyrosis (Hua).....	177
		traumatic chorioretinitis (Bane)....	63
		traumatic detachment of retina under Workmen's Accident Insurance Association of Czechoslovakia (Zahor).....	211
		traumatic keratitis in sugar factories (Thiel).....	13

SUBJECT INDEX

247

t

PAGE		PAGE		PAGE
135	EYES, use of special spectacles in fine processes (Weston and Adams)...	85	FURFURAL, inflammability of mixtures of ethyl alcohol, benzene, furfural, and acetone (Jones and Klick)....	32
61	visual standards for mariners and railway officers (Barrett).....	22	FURNACE, shaft, in cement industry, harmfulness of gases from (Jötten and Sartorius).....	164
27	visual standards for navigating officers (James).....	208		
228	visual test card (Cowan).....	23		
200				
101	FACE expression, changes in, following carbon monoxide poisoning (MacKay).....	192	GANGRENE, early, due to oxalic acid immersion (Grolnick).....	56
228	FACTORY inspection, annual report of Chief Inspector of Factories (Great Britain) for 1929.....	188, 189, 224,	GAS, American Medical Association Committee on Poisonous Gases, report 1 on dangers of carbon monoxide poisoning and measures to lessen these dangers (Henderson).....	113
184	regulations in Japan.....	86	American Medical Association Committee on Poisonous Gases, report 2 on household mechanical refrigeration (McCord).....	167
63	FATIGUE, industrial (Fisk).....	40	analysis, new apparatus for (Simmons).....	67
111	industrial efficiency and (Crowden).....	152	automobile exhaust, poisoning (Schoofs).....	164
210	practical considerations of (Sawyer).....	41	automobile exhaust, report on suppression of (Kohn-Abrest and Loiret).....	231
227	relation of rise in urinary acidity during work to fatigue (Reznitschenko).....	202	explosion in rock dusted mine (McCaa).....	59
26	supplanting industrial fatigue concept (Page).....	41	explosive limits of industrial gases (Yeaw).....	135
155	FEELINGS, effects of continuous work on (Poffenberger).....	21	flue, iodine-pentoxide apparatus for determination of carbon monoxide in (Vandaveer and Gregg).....	56
184	workers', study of (Kornhauser)....	157	from shaft furnaces in cement industry, harmfulness of (Jötten and Sartorius).....	164
61	FERTILIZER, chemical (calcium cyanamide), dermatitis caused by (Pautrier, Gaspard, and Zorn).....	121	illuminating, nonpoisonous (Sander)....	138
18	FINGERS, injuries to, by aniline pencils (Buzzi, Costa, and Derqui).....	136	illuminating, poisoning, relation to tuberculosis (Wolff-Eisner).....	200
201	splint for phalanges fractures (Knowles).....	202	improved apparatus for measuring gases and vapors in "dynamic" inhalation experiments (Brückner)....	67
122	FIRE hazard of spray painting (Wilcke).....	136	industry, industrial sickness in (Leybold).....	72
238	protection in tunnels (Ringel).....	135	inflammability of mixed gases (Jones).....	32
101	FIRE DAMP, <i>see</i> Methane.		lessons learned from industrial gases (Legge).....	216
176	FIREMEN, dust explosion hazards encountered by, in fighting fires in industrial plants (Price).....	76	mine, analysis of, with Orsat apparatus (Yant and Berger).....	135
64	FIRST AID in coal mines in Great Britain, general regulations for, 1930.....	212	mine, detection of (Forbes and Grove).....	135
63	in electric current injuries (Pometta).....	179	mine, protection against (Forbes and Grove).....	3
202	service in small industrial plants....	183	poisonous, and heat, simultaneous effect of, on organism (Leites).....	68
62	FLAXSEED, <i>see</i> Linseed.		sewer, poisoning, gangrene of lungs in (Barth).....	4
63	FLUOROSCOPE, <i>see</i> Roentgen Ray.		tunnel, protection against explosions of (Ringel).....	135
14	FOOD, fresh, aluminium content of (Underhill, Peterman, Gross, and Krause).....	68		
177	FRACTURES at Lynch, Ky., mines, analysis of five years' experience (Todd).....	38	GAS MASKS, <i>see</i> Respirators.	
27	of phalanges, splint for (Knowles)....	202	GASOLINE, ethyl, <i>see</i> Tetraethyl Lead gasoline.	
42	FRUIT sorting (Harding and Manning).....	185	GERMANY, occupational diseases and social legislation in.....	24
177	FUEL dust, epithelial hyperplasia of cornea following irritation of eye by (Thomas).....	228		
63	FUMES from artificial silk works (Bailey).....	20		
211	lessons learned from industrial fumes (Legge).....	216		
13				

	PAGE		PAGE
GLANDERS of lungs simulating pulmonary tuberculosis (Pask).....	149	HEALTH, public, industrial diseases and (Hassler).....	5
GLANDS of internal secretion during poisoning by lead and carbon monoxide (Eissahovitch).....	220	public, work in large coal company (Kindel).....	4
GLASS blowers' cataract (Elschnig).....	227	service, industrial (Pennoyer).....	4
blowers' cataract at Buelach glass-works (Vogt).....	63	service, industrial, trends in (Lange).....	1
makers' cataract (Rollet).....	111	survey of twenty-five department stores in New York (Jacobsohn)....	20
workers' cataract, detachment of zonular lamella in (Pflügk).....	101	HEART, <i>see also</i> Pulse.	
workers exposed to open furnace, premature presbyopia in (Lederer).....	14	HEART, action of mercury on (McCrea and Meek).....	17
GLASSES, protective value of special types of spectacle glass (Patton)...	102	disease, influence of occupations on (Rohrböck).....	9
special, for use in fine processes (Weston and Adams).....	85	recovery of, in electric shock (Hooker).....	16
GOLD mine, <i>see</i> Mine, gold.		transitory dilatation of heart and aorta, and vestibular disturbances caused by powerful electric current (Lagius).....	4
GRANITE cutting plants, efficiency of dust removal systems in (Bloomfield).....	6	ventricular fibrillation caused by electric shock, cinematographic and electrocardiographic observations (Wiggers).....	16
dust inhalation, reactivation of healing primary tubercles in lung by (Gardner).....	99, 100	HEAT, <i>see also</i> under Air conditions.	
industry, exposure to silica dust in (Russell, Britten, Thompson, and Bloomfield).....	59	HEAT and poisonous gases, simultaneous effect of, on organism (Leites)...	6
GRAPHITE dust, action of, on lungs (Hollmann).....	146	burns, <i>see</i> Burns.	
GREAT BRITAIN, annual report of Chief Inspector of Factories, 1929.....	188, 189, 224, 234	injuries among native miners in Witwatersrand gold mines (Orenstein).....	81
annual reports of Secretary for Mines and of Chief Inspector for Mines, 1929.....	215	insulating properties of clothing (von Vintschger).....	106
cotton cloth factories regulations, 1929.....	66	radiant, effect of, on skin temperatures of steel workers (Bloomfield, Ives, and Britten).....	232
general regulations for first aid in coal mines, 1930.....	212	regulation during exposure to high temperatures, effect of ingestion of water and salt (Marschak and Dukelsky).....	106
list of industrial diseases included in Workmen's Compensation Act of... 235		retaining properties of clothing materials (Bachmann).....	233
tanning welfare Order, 1930.....	238	retaining properties of clothing materials (Leusden).....	42
HAND, crush burns of (MacIure).....	38	thermal exchanges between human body and atmospheric environment (Houghten, Teague, Miller, and Yant).....	80
injuries caused by aniline pencils (Buzzi, Costa, and Derqui).....	136	HEATING, <i>see also</i> under Air conditioning.	
tremor of, following carbon monoxide poisoning (Mackay).....	192	HEATING in schools (Vernon, Bedford, and Warner).....	153
HAY FEVER, pyrethrum as etiologic factor in (Ramirez).....	162	HELIUM in deep driving and caisson working (Hildebrand, Sayers, and Yant).....	104
HEAD, tremor of, following carbon monoxide poisoning (Mackay).....	192	HEMOCHROMATOSIS (Funk and St. Clair).....	112
HEALTH hazards associated with tobacco products.....	58	in metal worker (Wood and Fitz-Hugh).....	32
hazards associated with turpentine... 58		HEPTANE vapor, odor intensity and symptoms produced by (Patty and Yant).....	117
in chemical industries.....	160	HEXAMETHYLENETETRAMINE poisoning in rubber industry (Davis).....	141
in painting (Wilcke).....	136	HEXANE vapor, odor intensity and symptoms produced by (Patty and Yant).....	117
relationship of mutual relations to (Seymour).....	49		
relation to (Seymour).....	214		
in relation to (Seymour).....	44		
in relation to (Seymour).....	214		
in relation to (Seymour).....	21		

- | | PAGE | | PAGE |
|--|------|---|----------|
| HOLLAND, central report of labor inspectorate of, 1928..... | 90 | INDUSTRIAL Health Research Board report no. 55 on personal qualities in accident proneness and proficiency (Farmer and Chambers)... | 84 |
| HOME WORK, social and economic aspects of..... | 17 | Health Research Board report no. 57 on use of special spectacles in fine processes (Weston and Adams).... | 85 |
| HOOKWORM, ankylostomiasis among miners in coal field of St. Etienne (Garin, Doubrow, and Mounier)... | 148 | Health Research Board report no. 58 on heating and ventilation in schools (Vernon, Bedford, and Warner)..... | 153 |
| as occupational disease (Fraguas)... | 92 | hygiene (Hichens)..... | 131 |
| HOP dermatitis (Lewith)..... | 9 | hygiene, extension of, by tuberculosis associations in U. S. (Coleman)... | 31 |
| picking, occupational diseases of (Smithies)..... | 52 | hygiene, fourth Australian conference on..... | 188 |
| HOSPITAL, employee, of Goodyear Tire and Rubber Company (Capps).... | 127 | hygiene, value of statistics in (Weisbach)..... | 92 |
| HUMIDITY, <i>see also</i> under Air conditions. | | maladies, thirty years' experience of (Legge)..... | 128 |
| HUMIDITY, control of, <i>see</i> under Air conditioning. | | medicine, <i>see</i> Medicine, industrial. | |
| in cotton cloth factories, regulations concerning, 1929..... | 66 | poisoning in Massachusetts..... | 133 |
| HUNGARY, care and compensation of industrial accidents and diseases in (Barla-Szabó)..... | 91 | poisoning through inhalation, prevention of (Wollin)..... | 92 |
| HYDROCARBONS, aliphatic, bromine compounds of, action on organism (Glaser and Frisch)..... | 116 | poisonings, <i>see also</i> under specific poisons. | |
| paraffin, odor intensity and symptoms produced by (Patty and Yant).... | 117 | poisons in woodworking industry (Lewin)..... | 5 |
| HYDROCHLORIC ACID, effect of, on phosphorus and calcium metabolism in experimental lead poisoning (Carni and Israellevie)..... | 139 | poisons, volatile, importance of (Zangger)..... | 163 |
| effect of, on variation of intermediary nitrogen metabolism in experimental lead poisoning (Suponitzka)..... | 139 | INFLAMMABILITY of coal dusts (Godbert and Wheeler)..... | 98 |
| HYDROCYANIC ACID poisoning, gradual, respiratory movements in (Taylor)..... | 162 | of mixed gases (Jones)..... | 32 |
| HYDROGEN ARSENIDE, <i>see</i> Arseniuretted Hydrogen. | | of mixtures of ethyl alcohol, benzene, furfural, and acetone (Jones and Klick)..... | 32 |
| HYDROGEN CYANIDE, <i>see</i> Hydrocyanic Acid. | | INJURIES, <i>see also</i> under specific parts of body. | |
| HYDROGEN SULPHIDE, probable cause of keratitis in sugar factories (Thiel)..... | 13 | INJURIES, occupational, of uropoietic apparatus (Dózsa)..... | 32 |
| HYGIENE, industrial, <i>see</i> Industrial hygiene. | | INSURANCE, accident, actinomycosis in (Reckzeh)..... | 50 |
| ILLNESS, <i>see</i> Sickness. | | accident, and eye injuries (Vogt).... | 26 |
| ILLUMINATION, <i>see</i> Lighting. | | compulsory, against occupational diseases in Italy..... | 28 |
| INDIAN labor, physical conditions of (Gharpure and Latey)..... | 124 | of occupational diseases, International Labour Conference and (Carozzi)..... | 212 |
| INDUSTRIAL disease of "bird stuffers"... | 79 | traumatic detachment of retina under Workmen's Accident Insurance Association of Czechoslovakia (Zabor)..... | 211 |
| disease, prophylaxis and therapy of (Michaelis)..... | 90 | INTERNATIONAL Committee on Occupational Diseases, fourth session of..... | 108, 111 |
| diseases (Betke)..... | 91 | conference on silicosis, Johannesburg, 1930 (Hall)..... | 224 |
| diseases (Quensel)..... | 92 | Congress (Fifth) on Industrial Accidents and Diseases..... | 91 |
| diseases and public health (Hassler)... | 51 | Labour Conference and insurance of occupational diseases (Carozzi)... | 212 |
| diseases, care and compensation of, in Hungary (Barla-Szabó)..... | 91 | ITALY, compulsory insurance against occupational diseases in..... | 28 |
| diseases included in Workmen's Compensation Act of Great Britain.... | 235 | | |
| diseases, plea for more reliable statistics of (Weisbach)..... | 30 | | |
| diseases, prevention of (Rolleston)... | 160 | | |

	PAGE		PAGE
JAPAN, employment of women in (Ayusawa).....	18	LEAD poisoning in tinning hollow ware (Legge).....	216
enactment of factory regulations in	36	poisoning, metabolism during (Carni).....	139
KATA-THERMOMETER investigations of hygienic conditions on coal burning steamer circling Africa (Schwarz)...	83	poisoning, symptoms of (v. Friedrich).....	91
results of twelve months' experience by Australian factories and steam boilers department (Wilson).....	205	poisoning, Underwood typewriter and (Lipkovich).....	114
use of, in naval hygiene (Brancato)...	154	possibility of formation of lead-phosphate compounds in body (Orestano).....	220
KIDNEY, aluminium in (Underhill, Peterman, Gross, and Krause)....	68	salts, solubility of, in physiologic salt solutions (Maxwell and Bischoff)...	95
occupational injuries of uropoietic apparatus (Dózsza).....	32	solderers, occupational diseases of (Weisbach).....	219
LABOR legislation, effects of, on employment opportunities of women....	43	tetraethyl, <i>see</i> Tetraethyl Lead.	
turnover among women operatives in cotton mills, effect of change of method on (Best).....	125	white, and lead sulphate, comparative toxicity of (Lehmann).....	140
LACQUER, acute eczema from (Gougerot, Barthélemy, and Arnaudet)...	122	LEAD CARBONATE and lead sulphate, comparative toxicity of (Koelsch, Lederer, and Koelsch).....	140
LAMBLIASIS, rare parasitic disease of miners (Teitge).....	173	basic lead sulphate as nontoxic substitute for? (Koelsch).....	95
LEAD compounds, toxicity of (Buck and Kumro).....	139	LEAD SULPHATE and lead carbonate, comparative toxicity of (Koelsch, Lederer, and Koelsch).....	140
detection and determination of, in ethyl gasoline (Kiemstedt).....	169	and white lead, comparative toxicity of (Lehmann).....	140
excretion of, in urine (Millet).....	57	basic, nontoxic substitute for lead carbonate? (Koelsch).....	95
health practices pamphlet.....	57	LEGISLATION, <i>see also</i> under special subjects.	
hygienic permissibility as paint of zinc oxide with more than 2 per cent. lead (Lehmann).....	95	LEGISLATION, social, and occupational diseases in Germany.....	24
in egg of domestic hen (Bishop and Cooksey).....	93	state regulations regarding spray painting.....	50
poisoning (Baader).....	91	LEUKEMIA following trauma (Lewsen)...	132
poisoning (Betke).....	91	LIGHT, action of, on eyes of cinema workers (Hoorgina).....	63
poisoning (Kohn-Abrest).....	74	LIGHTING and hygiene of eye (Ferree and Rand).....	18
poisoning (Litzner).....	94	artificial industrial (Jolley and Wilson).....	183
poisoning (Záborszky).....	92	artificial, simulating sunlight (Luckiesh).....	233
poisoning as cause of chronic nephritis in young people in Queensland (Nye).....	54	coal face (Zwanzig).....	155
poisoning, chronic, biochemical changes in blood in (Omeljanovitch-Pavlenko).....	219	in rayon manufacturing industry (Tuck).....	183
poisoning, chronic, increased blood pressure in (Schnitter).....	94	influence of, on working efficiency (Schneider).....	46
poisoning, chronic, influence of, on vaginal cycle in rats (Forster)....	140	natural, modification of Weber's instrument for determining (Leusden).....	18
poisoning, chronic, treatment of (Ludwig).....	169	of factories from economic standpoint (Fürster).....	46
poisoning, diagnosis and treatment of (Belknap).....	74	LINSEED, hypersensitiveness to (Sutherland).....	10
poisoning, endocrine glands during (Eissahovitch).....	220	LIVER, acute yellow atrophy of, caused by acetylene tetrachloride (Schibler).....	33
poisoning, experimental, influence of hydrochloric acid on phosphorus and calcium metabolism in (Carni and Israilevie).....	139	aluminium in (Underhill, Peterman, Gross, and Krause).....	68
poisoning from applying lead enamel to metal (Agasse-Lafont).....	219	LOAD carrying (Riwosch).....	40
poisoning in storage battery plant (Greenburg, Schaye, and Shliounsky).....	74	LUNGS, action of graphite dust on (Hollmann).....	146
		cement dust lung (Schott).....	223

SUBJECT INDEX

251

PAGE		PAGE		PAGE
ware	216	LUNGS, disease of, from dust inhalation		
ring	139	in slate industry in Gwyrfaï district		
ied-	91	(Sutherland and Bryson).....	199	
and	114	dust cell of (Jousset).....	145	
hos-	220	dust disease of, among miners at		
ody	95	Broken Hill.....	197	
salt	219	effect of asbestos dust on (Mere-		
I)...	140	wether and Price).....	117	
of	140	emphysema of, caused by heavy phys-		
...	95	ical work (Podkaminsky).....	153	
...	219	gangrene of, in sewer gas poisoning		
...	140	(Barth).....	4	
...	140	glanders of, simulating pulmonary		
...	95	tuberculosis (Pask).....	149	
...	140	hemosiderosis of, part played by liver		
...	140	(Paviot, Chevalier, and Revol)....	111	
...	95	of coal miners, histochemical research		
...	140	on mineral particles in (Polcard		
...	95	and Devuns).....	223	
...	140	pulmonary asbestosis (Gloyne)....	118	
...	95	pulmonary asbestosis (Oliver)....	172	
...	140	pulmonary asbestosis (Wood and		
...	95	Gloyne).....	146	
...	140	pulmonary asbestosis, clinical aspects		
...	95	of (Haddow).....	35	
...	140	pulmonary asbestosis, curious bodies		
...	95	in (Cooke).....	34	
...	140	pulmonary asbestosis, fatal (Wood		
...	95	and Page).....	146	
...	140	tuberculosis of, <i>see</i> Tuberculosis.		
...	95	LUPUS patients, capacity of, for work		
...	140	(Helm).....	26	
...	95	MANGANESE poisoning (Legge).....	216	
...	140	poisoning, experimental (Grünstein		
...	95	and Popowa).....	221	
...	140	MARBLE workers in quarries and work-		
...	95	shops of Carrara (Mazzitelli)....	223	
...	140	MARINE, mercantile, visual standards		
...	95	for officers in (James).....	208	
...	140	MARINER, visual standards for		
...	95	(Barrett).....	22	
...	140	MÉDECINE du Travail, announce-		
...	95	ment of.....	89	
...	140	MEDICAL care in Chicago plants.....	123	
...	95	department, plant, organization and		
...	140	conduct of (Slater).....	123	
...	95	examinations, preventive (Sand)....	206	
...	140	inspection bureau at Broken Hill,		
...	95	radiology at (Edwards).....	198	
...	140	inspection in Netherlands, 1928....	90	
...	95	inspection of factories (Great Britain),		
...	140	1929 (Bridge).....	189	
...	95	officers, Australia, activities of		
...	140	(Kerr).....	207	
...	95	research, annual report of South Afri-		
...	140	can Institute, 1928.....	51	
...	95	Research Council, report of, 1928-		
...	140	1929.....	187	
...	95	service in large coal company		
...	140	(Kindel).....	47	
...	95	service in Rand mines (Orenstein)...	91	
...	140	service of Pennsylvania Railroad		
...	95	(Massey).....	124	
...	140	supervision of commercial airplane		
...	95	pilot (Cooper).....	155	
...	140	MEDICINE, industrial, value of audi-		
...	95	ometer in (Tremble).....	48	
...	140	MELANOSIS caused by coal and petro-		
...	95	leum derivatives, rôle of sensitive-		
...	140	ness to light in (Liebner).....	61	
...	95	Riehl's (Burnier and Eliaschaff)....	61	
...	140	MENINGITIS, cerebrospinal, traumatic		
...	95	(Hügelmann).....	35	
...	140	MENTAL decline following carbon mon-		
...	95	oxide poisoning (Mackay).....	192	
...	140	MERCURY, absorption of, from air con-		
...	95	taining mercury (Stock and		
...	140	Zimmermann).....	221	
...	95	action of, on heart (McCrea and Meek)		
...	140	determination of minute quantities		
...	95	of (Stock and Zimmermann).....	2	
...	140	determination of minute quantities of		
...	95	(Thilenius and Winzer).....	2	
...	140	determination of, new and rapid		
...	95	method (Spacu and Suciu).....	1	
...	140	determination of, ultramicrochemical		
...	95	method (Bodnár and Szép).....	2	
...	140	in body fluids and tissues, electrolytic		
...	95	determination of (Young and		
...	140	Taylor).....	140	
...	95	plant, dust removal in (Horne)....	143	
...	140	poisoning (Podroužek).....	57	
...	95	poisoning, chemical detection of		
...	140	(Friederich and Buhr).....	75	
...	95	poisoning, chronic, treatment of		
...	140	(Ludwig).....	169	
...	95	poisoning, existence of symptoms of,		
...	140	in workers in chemical laboratories		
...	95	(Holtzmann).....	170	
...	140	poisoning, mechanism of defence		
...	95	against (Francioni).....	170	
...	140	poisoning, new sources of (Bodnár)...	91	
...	95	poisoning, therapy of (Hesse).....	171	
...	140	safe handling of (Stock).....	141	
...	95	METABOLISM, apparatus for study of		
...	140	respiratory quotient and basal me-		
...	95	tabolism of mice (Ebeling and		
...	140	Corey).....	178	
...	95	calcium, in lead poisoning, influence		
...	140	of hydrochloric acid on (Carni and		
...	95	Israilevie).....	139	
...	140	during lead poisoning (Carni).....	139	
...	95	nitrogen, in lead poisoning, effect of		
...	140	hydrochloric acid on (Supo-		
...	95	nitzka).....	139	
...	140	of muscle, respiratory quotient of		
...	95	exercising muscle (Himwich and		
...	140	Rose).....	39	
...	95	phosphorus, in lead poisoning, influ-		
...	140	ence of hydrochloric acid on (Carni		
...	95	and Israilevie).....	139	
...	140	METAL mine, <i>see</i> Mine, metal.		
...	95	worker, hemochromatosis in (Wood		
...	140	and Fitz-Hugh).....	32	
...	95	METHANE-oxygen mixtures, effects of		
...	140	temperature and pressure on upper		
...	95	explosive limit of (Cooper and		
...	140	Wiezevich).....	141	
...	95	METHYL BROMIDE, physiologic response		
...	140	attending exposure to (Sayers and		
...	95	Yant).....	92	

	PAGE		PAGE
METHYL CHLORIDE, physiologic response attending exposure to (Sayers and Yant).....	92	MINER, Broken Hill, dust disease of lungs in.....	197
poisoning from domestic refrigerators (Kegel, McNally, and Pope).....	76	coal, arteriosclerosis in (Dickson and Dickson).....	52
METHYL VIOLET indelible pencils, aseptic chemical necrosis from (Fauconnet).....	217	coal, histochemical research on mineral particles in lungs of (Pollicard and Devuns).....	223
MINE, abnormal air conditions in, effect of (Sayers).....	182	coal, of St. Etienne, ankylostomiasis in (Garin, Doubrow, and Mounier).....	148
air, determination of dust in (Boyd).....	196	coal, tuberculosis of skin as occupational disease in (Fabry).....	150
analysis of fractures at Lynch, Ky., mines during five years (Todd).....	38	miners' nystagmus (Ferguson).....	201
atmospheric conditions in hot and deep mines, sixteenth report to committee on control of: salts lost by sweating owing to high air temperatures (Hancock, Whitehouse, and Haldane).....	206	miners' nystagmus (Lee).....	122
atmospheric conditions in hot and deep mines, work of committee on control of (Haldane).....	206	miners' nystagmus and compensation	238
coal, general regulation for first aid in, in Great Britain, 1930.....	212	Miners' Phthisis Medical Bureau, report of, 1928.....	7
coal, hazards in use of delay-action detonators in (Harrington and Howell).....	58	Miners' Welfare Fund, eighth annual report of, 1929.....	126
coal, lighting (Zwanzig).....	155	silicosis in (Garin and Pollicard).....	197
coal, support of underground workings in coal fields of Lancashire, Cheshire, and North Wales.....	16	sulphur, ocular lesions in (Mita).....	176
coal, use of steel pit props in (Ashley, Dixon, and Hogan).....	229	MINERAL particles in lungs of coal miners, histochemical research on (Pollicard and Devuns).....	223
gases, analysis of, with Orsat apparatus (Yant and Berger).....	135	MINING, metal, casualties reduced.....	88
gases and methods for detection (Forbes and Grove).....	135	MIRROR plater, silvering of cornea and glaucoma in (Hua).....	177
gases, protection against (Forbes and Grove).....	3	MONOTONY, boredom in industry (Wyatt).....	48
gold, of Witwatersrand, heat injuries among natives in (Orenstein).....	81	measuring susceptibility to (Thompson).....	49
medical service in Rand mines (Orenstein).....	91	MORTALITY statistics by occupation, outlook for (Truesdell).....	30
metal, ventilation, progress in (Harrington).....	19	trend in industrial population (Dublin).....	29
prevention of silicosis in, with dry methods of working (Haldane).....	77	MOTION PICTURE workers, action of light on eyes of (Hoorgina).....	63
rock dusted, gas explosion in (McCaa).....	59	MUSCLE, changes accompanying fatigue of (Wacker).....	40
rock dusted, sampling dust in (Owings).....	58	respiratory quotient of exercising muscle (Himwich and Rose).....	39
Safety in Mines Research Board and Health Advisory Committee, annual reports of, 1928, 1929.....	15, 229	tonus, increased skeletal, following carbon monoxide poisoning (Mackay).....	192
Secretary for Mines and Chief Inspector of Mines, annual reports of, 1929.....	215	MUSCULAR activity, changes in white blood picture following (Gaisbäck).....	103
ventilation (Haldane).....	83	activity, effect of, on skin temperature (Benedict and Parmenter).....	39
ventilation, engineering aspect of (Dobson).....	83	exercise, effect of, on oxygen capacity of blood (Harrison, Robinson, and Syllaba).....	39
welfare, protective, and sanitary provisions in Tatabányaer (Totis) mines (Szabó).....	92	NECROSIS, chemical, of tissues from indelible pencils (methyl violet) (Fauconnet).....	217
MINER, anguillulosis and lamblia-sis, rare parasitic diseases of (Teitge).....	173	NEPHRITIS, acute, due to turpentine poisoning (McCorkle).....	143
		chronic, in young people in Queensland (Croll).....	54
		chronic, in young people in Queensland (Nye).....	54
		NERVOUS system, central, abnormalities produced in, by electric injuries (Langworthy).....	178
		system, changes following carbon monoxide poisoning (Mackay).....	102

SUBJECT INDEX

253

PAGE		PAGE		PAGE	
disease of	197	NEURITIS, multiple, following carbon monoxide poisoning (Mankowsky).	72	OZONE, effect of, on dust and germ content of air in schools (Grünwald).	81
(Dickson)	52	NEUROLOGY, changes following carbon monoxide poisoning (Mackay).	192	pharmacodynamic and toxic properties of (Dadlez).	194
on min-		NEUROSIS, posttraumatic (Schaller and Somers).	86	PAINT, hygienic permissibility of zinc oxide with more than 2 per cent. lead (Lehmann).	95
(Policard)	223	traumatic (Bastin).	238	PAINTING, spray, health and fire hazards of (Wilcke).	136
ostomia-		traumatic, and German compensation laws (Quensel).	50	spray, practices and hazards.	33
ow, and	148	NICKEL eczema (Jadassohn and Schaaf).	175	spray, state regulations regarding.	50
occupa-	150	NICKEL CARBONYL poisoning (Legge).	216	PAPILLOMA of bladder (Macalpine).	54
n).	201, 201	NICKEL SULPHATE, acute eczema from (Gougerot, Barthélemy, and Arnaudet).	122	PARAFFIN disease (Popel).	61
ensation	238	NITRIC ACID fume poisoning.	141	keratosis and epithelioma (Wise).	227
Bureau,	7	NOISE (Vernon).	235	not productive of cancer (Wood).	12
h annual	126	and deafness (Holtzmann).	91	PARASITE, anguillulosis and lamblasis, rare parasitic diseases of miners (Teitge).	173
rd).	197	combat against.	14	PARKINSONISM following carbon monoxide poisoning (Mackay).	192
ita).	176	Nose, perforation of nasal septum in chromium workers (Dixon).	73	PARTICLE size of pigments and powders, microscopic measurements for determination of (Dunn).	171
arch on	223	OCCUPATION, influence of, on heart disease (Rohrböck).	92	PEARL button workers, occupational diseases among (Bernstein).	59
ced.	88	influence of, on susceptibility to typhoid and pneumonia (Rabinovitch and Schucher).	150	PENCIL, aniline, hand and finger injuries caused by (Buzzi, Costa, and Derqui).	136
nea and	177	OCCUPATIONAL diseases and social legislation in Germany.	24	factory workers, action of graphite dust on lungs of (Hollmann).	146
industry	48	diseases, compulsory insurance against, in Italy.	28	indelible (methyl violet), aseptic chemical necrosis from (Fauconnet).	217
Thomp-	49	diseases, definition, cause, prevalence, and prevention (Hayhurst).	32	PENTANE vapor, odor intensity and symptoms produced by (Patty and Yant).	117
pation,	30	diseases, insurance of, International Labour Conference and (Carozzi).	212	PERSONALITY, tests of (Vernon).	157
ulation	29	diseases, medicolegal aspects of (Kessler).	25	PERSONNEL health service, trends in (Lange).	46
of light	63	diseases of hop picking (Smithies).	52	selection, use of psychologic tests in (Persons).	85
fatigue	40	diseases, report of Belgian expert committee on compensation fund for.	23	PETROLEUM derivatives, rôle of sensitivity to light in melanoses caused by (Liebner).	61
rcising	39	OIL acne in turner (Pautrier and Diss).	12	PHALANGES fractures in hand, splint for (Knowles).	202
lowing	192	carcinogenicity of oils.	222	PHOSGENE, test paper for detecting (Suchier).	194
(Mac-		experimental skin tumors produced by (Twort and Twort).	161	PHOSPHORUS dermatitis (Nicolas, Gaté, and Rousset).	101
white	103	field brines, disposal of (Schmidt and Devine).	19	PHTHISIS, miners, <i>see</i> Silicosis.	
(Gais-	39	mineral, cancer and other diseases of skin caused by (Sequeira).	11	PHYSICAL conditions of Indian labor (Gharpure and Latey).	124
mpera-	39	mineral, nature of carcinogenic agents in (Twort and Fulton).	10	efficiency in relation to industrial employment (Holt).	177
capacity	39	mineral, reaction of skin to (Twort and Twort).	11	examination of employees at state quarry, Boya, Western Australia (Tyrer).	7
n, and		OPHTHALMOLOGY, medicolegal aspects of biomicroscopy in (Shuman).	27	PHYSICIAN and workmen's compensation law (Johnson).	50
from	217	OUTPUT, effects of continuous work on (Pollenberger).	21	PHYSIOLOGIC fitness of automobile drivers (Weekers).	208
violet)	143	maximum capacity and average achievement (Wyatt).	234	PICRIC ACID, acute eczema from (Gougerot, Barthélemy, and Cohen).	122
entine	54	OXALIC ACID immersion, early gangrene due to (Grolnick).	56	PITCH cancer in briquette makers in Baden and South West.	
osland	54	OXYGEN pressure, low, effects of prolonged exposure to, compared with those produced by carbon monoxide.			
reens-	54				
rmali-	178				
juries	192				
arbon					

	PAGE		PAGE
PLACEMENT, <i>see</i> Vocational selection.		RATIONALIZATION and safety (Waffen-	
PNEUMONIA, influence of occupation on		Schmidt, Gerbis, and Eibel).....	209
susceptibility to (Rabinovitch and		in building trade—when? (Gibson) ..	160
Schucher).....	150	RAYNAUD'S DISEASE (?) (Irvine).....	216
PNEUMONOKONIOSIS (Sternberg).....	110	chronic arsenical retention in	
among miners at Broken Hill.....	197	(Kraetzer).....	136
diagnosis of (Holst).....	91	RAYON manufacture, carbon disulphide	
experimental: reactivation of healing		poisoning in (Trossarelli).....	138
primary tubercles in lung by inhala-		manufacturing industry, illumination	
tion of quartz, granite, and carbo-		in (Tuck).....	183
rundum dusts (Gardner).....	99, 100	RED CROSS, care of accident cases	
in cement workers (Schott).....	223	by (Betke).....	91
in paving stone industry (de Balsac,		REFRIGERANTS, toxicity of dichloro-	
Agasse-Lafont, and Feil).....	111	difluoro methane (Sayers, Yant,	
occupational pneumonokonioses		Chornyak, and Shoaf).....	166
(Feil).....	196	REFRIGERATION, electric, methyl chlo-	
serum calcium in (Sokoloff and		ride poisoning from (Kegel,	
Cantarow).....	223	McNally, and Pope).....	76
with especial regard to silicosis		household mechanical, toxicity of re-	
(Mascher).....	172	frigerants utilized, report of Ameri-	
POISONS, industrial, <i>see</i> Industrial		can Medical Association Committee	
poisons.		on Poisonous Gases (McCord).....	167
PORCELAIN industry, German, health of		REHABILITATION of disabled (Mock)...	214
workers in (Lehmann).....	98	RESPIRATION, action of gas mixtures	
workers, tuberculosis among (Kar-		containing carbon dioxide on	
pilovsky).....	112	(Viethen and Grüneberg).....	39
PROPANE vapor, odor intensity and		does carbon monoxide completely	
symptoms produced by (Patty and		inhibit respiration? (Warburg	
Yant).....	117	and Kubowitz).....	192
PSYCHIATRY, industrial (Wertham)...	208	effect of gradual hydrocyanic acid	
PSYCHOLOGIC fitness of automobile		poisoning on (Taylor).....	162
drivers (Weekers).....	208	experiments by Douglas-Haldane	
tests, use of, in personnel selection		method (Müller).....	103
(Persons).....	85	variations during hard and hot	
PSYCHOLOGY, technopsychology in		work (Guellmann).....	202
Swiss industry (Walther).....	65	RESPIRATORS, apparatus for artificial	
PULSE variations during hard and hot		breathing under physiologic condi-	
work (Guellmann).....	202	tions (Winterstein).....	202
PYRETHRUM, etiologic factor in vaso-		does long carrying of gas masks lead	
motor rhinitis and asthma		to increase of resistance in filter?	
(Ramirez).....	162	(Englmann and Quednau).....	191
QUARRY employees at Boya, Western		for use in asphyxiating atmospheres	
Australia, examination of (Tyrer) ..	7	(Legge).....	216
marble, of Carrara, health of workers		gas masks with closed circuit	
in (Mazzitelli).....	223	(Schwenninger).....	190
QUARTZ dust inhalation, reactivation of		German gas masks for protection	
healing primary tubercles in lung		against carbon monoxide (Wollin) ..	165
by (Gardner).....	99	industrial gas masks abroad	
RADIATIONS, <i>see also</i> Radium, Roentgen		(Katz).....	166
Ray, and Ultraviolet Rays.		respiratory apparatus (Deladriere)...	190
RADIATIONS, accidents caused by		Safety in Mines Research Board gas	
(Dervieux).....	2	mask (Katz and Grice).....	131
RADIOLOGY at bureau of medical inspec-		"Spasny" inhalator (Schmid).....	190
tion, Broken Hill (Edwards).....	198	use of type N miners' gas mask (Katz	
RADIUM poisoning in luminous dial		and McCaa).....	135
painting.....	58	RESPIRATORY metabolism, <i>see</i> Metab-	
poisoning, treatment of, with para-		olism.	
thormone (Flinn and Seidlin).....	96	REST periods, investigation of, at Haw-	
worker, appliance to protect hands of		thorne Plant of Western Electric	
(Mackay).....	13	Company (Pennock).....	156
RAILROAD officers, visual standards for		RHEUMATISM in industry (Glover).....	161
(Barrett).....	22	RHINITIS, vasomotor, <i>see</i> Hay Fever.	
shops, prevention of eye injuries in		ROENTGEN RAY cancer as occupational	
(Kalashnikov).....	61	disease (Krause).....	141
RAILWAY, <i>see</i> Railroad.		fluoroscope as adjunct to routine	
		physical examination of chest	
		(Reid).....	65

	PAGE
safety (Waffen- and Eibel).....	209
hen? (Gibson).....	160
(Irvine).....	216
retention in.....	136
carbon disulphide (Trossarelli).....	138
ry, illumination.....	183
accident cases.....	91
y of dichloro- (Sayers, Yant, af).....	166
ic, methyl chlo- from (Kegel,).....	76
l, toxicity of re- report of Ameri- tion Committee (McCord).....	167
abled (Mock).....	214
f gas mixtures dioxide on (berg).....	39
de completely n? (Warburg	192
rocyanic acid (r).....	162
uglas-Haldane	103
ard and hot	202
s for artificial siologic condi-	202
gas mask lead ance in filter? (dnau).....	191
g atmospheres	216
closed circuit	190
or protection side (Wollin).....	165
asks abroad	156
Deladriere).....	190
rch Board gas (e).....	134
chmid).....	190
as mask (Katz	135
n, see Metab-	
on of, at Haw- stern Electric	156
(Glover).....	161
Hay Fever. s occupational	141
t to routine on of chest	65

	PAGE
ROENTGEN RAY, injuries of germ cells and offspring of roentgenologists (Loeffler).....	132
treatment of thermal and chemical burns of skin (Tamiya and Koyama).....	151
vertebrae roentgenologically con- sidered, including study of indus- trial accident cases (George and Leonard).....	185
ROENTGENOLOGIST, roentgen injuries of germ cells and offspring of (Loeffler).....	132
RUBBER industry, health hazards in (Healy).....	141
industry, hexamethylenetetramine poisoning in (Davis).....	141
industry, toxic substances in: ben- zene; carbon tetrachloride; aniline (Davis).....	72
SAFETY, see also under Accidents. SAFETY in industry.....	107
in Mines Research Board and Health Advisory Committee, annual re- ports of, 1928, 1929.....	15, 229
regulations for use of cyanides in casehardening.....	72
regulations, status of.....	38
safe handling of mercury (Stock).....	141
safeguarding workers and rationaliza- tion (Waffen-Schmidt, Gerbis, and Eibel).....	209
sampling dust in rock dusted mines (Owings).....	58
support of underground workings in coal fields of Lancashire, Cheshire, and North Wales.....	16
survey of twenty-five department stores in New York (Jacobsohn).....	207
use of steel pit props in coal mines (Ashley, Dixon, and Hogan).....	229
SAILORS, see Seamen. SANITATION, sanitary provisions in Tatabányaer (Totis) mines (Szabó).....	92
SCHOOL air, dust and germ content of (Grünwald).....	81
heating and ventilation in (Vernon, Bedford, and Warner).....	153
rural, ventilation in (Duffield).....	81
ventilation (Bulmer).....	82
SCLERODERMA following carbon mon- oxide poisoning (Mackay).....	192
SEAMEN, merchant, health and welfare of (Humbert).....	214
SHEEP Dir, arsenic poisoning due to (Hall and Ellis).....	137
SHIP hygiene, use of kata-thermometer in (Brancato).....	154
hygienic conditions on coal burning steamer circling Africa (Schwarz).....	83
SHOE dye, acute poisoning from (Al- cayaga and Bercovich).....	55
workers, acute yellow atrophy of liver in, caused by acetylene tetrachlo- ride (Schibler).....	33

	PAGE
SICKNESS among industrial employees (Brundage).....	87
among industrial employees during first three months of 1929 (Brundage).....	30
among industrial employees during second and third quarters of 1929 (Brundage).....	239
among industrial employees during last three months of 1929 (Brundage).....	240
in industrial occupations (Hill).....	158
industrial, in gas industry (Ley- bold).....	72
SILICA dust, exposure to, in granite industry (Russell, Britten, Thomp- son, and Bloomfield).....	59
dust, influence of, on cells grown in vitro (Policard, Doubrow, and Boucharlat).....	147
reactivation of primary healing tubercles by inhalation of silicious dusts (Gardner).....	99, 100
SILICOSIS.....	197
activities of Silicosis Joint Com- mittee, county of Cumberland....	211
among miners (Garin and Policard) ..	197
and compensation.....	238
and tuberculosis (Chapman).....	200
and tuberculosis, relation between (Scheinin).....	112
clinical study (Böhme).....	109
clinical study (Thiele).....	110
colloidal theory of (Heffernan).....	147
compensation legislation regarding (Collis).....	110
diagnosis of (Irvine).....	109
etiology of (Mavrogordato).....	108
in industry (Lennane).....	173
in Japan (Uchiyama).....	172
international conference on, Johan- nesburg, 1930 (Hall).....	224
mechanism of (Policard, Doubrow, and Boucharlat).....	147
Miners' Phthisis Medical Bureau, report of, 1928.....	7
pathology of (Belt).....	78
pneumonokoniosis with especial re- gard to (Mascher).....	172
position of, among pulmonary dis- eases due to dust (Glibert).....	147
prevalence of.....	148
prevention of, with dry methods of working (Haldane).....	77
report of departmental committee, on medical arrangements for diagnosis of silicosis (Bridge, Coutts, and Hall).....	130
with low incidence of tuberculosis (Hayhurst).....	91
SILK, artificial, carbon disulphide poisoning in rayon manufacture (Trossarelli).....	138

	PAGE		PAGE
SILK, artificial, industry, illumination in (Tuck).....	183	SKIN diseases, occupational, from biologic point of view (Bloch).....	226
artificial, industry, ocular lesions peculiar to (Colrat).....	64	diseases, oil acne in turner (Pautrier and Diss).....	12
artificial, works, fumes from (Bailey).....	20	diseases, paraffin disease (Popel).....	61
factory worker, carbon tetrachloride poisoning in (Boveri).....	193	diseases, phosphorus dermatitis (Nicolas, Gaté, and Rousset).....	101
SILVER, silvering of cornea and glaucoma in occupational argyrosis (Hua).....	177	diseases, Riehl's melanosis (Burnier and Eliaschew).....	61
SKIN burns, see Burns.		diseases, rôle of hypersensitiveness in (Rajka).....	92
cancer, occupational tar carcinoma (O'Donovan).....	9	diseases, scleroderma following carbon monoxide poisoning (MacKay).....	192
cancers, multiple, in chimney sweep (Bedford).....	120	hypersensitiveness to linseed (Sutherland).....	10
changes, occupational, ink impressions of hand in study of (Oppenheim).....	60	inflammation of eyelids from working on teakwood (Reuscher).....	61
diseases, acute eczema from dyed furs (Gougerot, Barthélemy, and Cohen).....	122	irritants.....	60
diseases, acute eczema from lacquer (Gougerot, Barthélemy, and Arnaudet).....	122	irritants (Weber).....	119
diseases, acute eczema from nickel sulphate (Gougerot, Barthélemy, and Arnaudet).....	122	itching and dermatitis after working with hyacinths and tulips (Kranenburg).....	227
diseases, acute eczema from picric acid (Gougerot, Barthélemy, and Cohen).....	122	lesions among tar workers (Wood).....	13
diseases, cancer supervention in (Eller and Anderson).....	120	paraffin keratosis and epithelioma (Wise).....	227
diseases caused by mineral oils (Sequeira).....	11	reaction of, to oils and tars (Twort and Twort).....	11
diseases, chromium dermatitis, experimental (McCord, Higginbotham, and McGuire).....	121	resorption of carbon tetrachloride and chloroform (Lapidus).....	100
diseases, dermatitis caused by chemical fertilizer (cyanamide) (Pautrier, Gaspart, and Zorn).....	121	temperature, effect of muscular activity, exposure to cold, and wind movement on (Benedict and Parmenter).....	39
diseases, dermatitis venenata from sour dough.....	121	temperatures of steel workers, effect of radiant energy on (Bloomfield, Ives, and Britten).....	232
diseases, eczema caused by bakelite varnish (Blumenthal and Jaffé).....	100	tests for detection of hypersusceptibility to eczema (Bettmann).....	119
diseases, exfoliative dermatitis following occupational dermatosis.....	119	tuberculosis of, as occupational disease in miners (Fabry).....	150
diseases, hop dermatitis (Lewith).....	9	tumors, experimental, oil and tar (Twort and Twort).....	161
diseases, industrial dermatoses, causation, recognition, prevention, and treatment.....	8	SLATE workers in Gwyrfai district, disease of lungs in (Sutherland and Bryson).....	199
diseases, industrial dermatoses, causation, recognition, prevention, and treatment (Dyson).....	9, 37	SMOKE abatement work at Salt Lake City (Gudmundsen).....	231
diseases, industrial dermatoses, causation, recognition, prevention, and treatment (Overton).....	8, 36	from automobiles, report on suppression of (Kohn-Abrest and Loiret).....	231
diseases, industrial, in Great Britain, 1929.....	224	pollution of atmosphere (Owens).....	17
diseases, nickel eczema (Jadassohn and Schaaf).....	175	recorder, photoelectric (Vedder).....	17
diseases, occupational dermatitis.....	60	SOCIAL legislation and occupational diseases in Germany.....	24
diseases, occupational dermatitis and cheilopompholyx (O'Donovan).....	175	SOLDERER, lead, occupational diseases of (Weisbach).....	219
diseases, occupational dermatitis from coal distillation products (Kistiakowski).....	227	SOLVENTS, volatile, importance of (Zangger).....	163
		SOOT determination (Hirsch).....	196
		SOUNDPROOFING of ceilings and walls (Nuck).....	183
		SOUTH AFRICA, annual report of Institute for Medical Research, 1928.....	51
		SPINAL CORD, injuries of, from weight carrying (Steinmann and Waegner).....	112
		SPINE, arthritis of, industrial hazard (Allard).....	61

	PAGE		PAGE		PAGE
Occupational, from bio-		SPINE, vertebrae roentgenologically		TEAKWOOD, inflammation of eyelids	
view (Bloch).....	226	considered, including study of in-		from working on (Reuscher).....	61
ne in turner (Pautrier		dustrial accident cases (George and		TELEGRAPH operators, tuberculosis in	
.....	12	Leonard).....	185	(Poix).....	174
in disease (Popel).....	61	SPINNING room of cotton mills, effect of		TELEPHONE operators, tuberculosis	
phosphorus dermatitis		change of method in, on absence		in (Poix).....	174
é, and Rousset).....	101	and turnover among women opera-		TEMPERAMENT, tests of (Vernon).....	157
s melanosis (Burnier		tives (Best).....	125	TEMPERATURE, <i>see also</i> under Cold,	
T).....	61	STATISTICS of industrial diseases		Heat, Air conditions.	
of hypersensitiveness		(Weisbach).....	30	TEMPERATURE, control of, <i>see</i> under Air	
.....	92	value of, in industrial hygiene		conditioning.	
derma following car-		(Weisbach).....	92	high, effect of drinking salty water on	
de poisoning (Mac-		STEAM, removal of, from factory atmos-		concentration of sodium chloride in	
ess to linseed		pheres (Winter).....	205	sweat and blood during exposure to	
.....	10	STEAMSHIP, <i>see</i> Ship.		(Marschak and Kraus).....	105
eyelids from working		STEEL workers, effect of radiant energy		high, effect of, on blood and heat	
(Reuscher).....	61	on skin temperatures of (Bloom-		regulation, in connection with	
.....	60	field, Ives, and Britten).....	232	ingestion of water and common salt	
.....	119	STOMACH, effect of hard and hot work on		(Marschak and Dukelsky).....	106
matitis after working		gastric function (Guelmann).....	202	high effect of, on circulation	
s and tulips (Kran-		STONE, paving, industry, pneumono-		(Marschak).....	81
.....	227	koniosis in (de Balsac, Agasse-		high, effect of repeated exposure to,	
workers (Wood).....	13	Lafont, and Feil).....	111	on lymphoid tissue and on leu-	
is and epithelioma		STRAIN, occupational, death in		kocyte count (Cailliet and Si-	
.....	227	"bleeder" from (Kissinger).....	50	monds).....	43
ils and tars (Twort		SUGAR factories, traumatic keratitis		high, salts lost by sweating due to	
.....	11	in (Thiel).....	13	(Hancock, Whitehouse, and	
arbon tetrachloride		SULPHUR chlorides, illness due to		Haldane).....	206
(Lapidus).....	100	(Adler).....	91	skin, effect of muscular activity,	
t of muscular activ-		miners, ocular lesions in (Mita).....	176	exposure to cold, and wind move-	
to cold, and wind		SULPHUR DIOXIDE in air at Pittsburgh		ment on (Benedict and Par-	
(Benedict and		Experiment Station of U. S. Bureau		menter).....	39
.....	39	of Mines (Meister and Traubert).....	232	TESTS for electric substation operators	
teel workers, effect		SUNLIGHT, <i>see also</i> Ultraviolet Rays.		(Viteles).....	22
gy on (Bloomfield,		SUNLIGHT, artificial (Luckiesh).....	233	of mechanical ability (Earle and	
en).....	232	natural and synthetic (Greider and		Macrae).....	233
a of hypersuscepti-		Downes).....	232	of practical abilities (Vickers and	
(Bettmann).....	119	SWEAT, sodium chloride in, during expo-		Hoskin).....	21
s occupational dis-		sure to high temperatures, effect of		of temperament and personality	
Fabry).....	150	drinking salty water (Marschak		(Vernon).....	157
utal, oil and tar		and Kraus).....	105	psychologic, <i>see</i> Psychologic tests.	
rt).....	161	SWEATING due to high air temperatures,		vision, <i>see</i> Eyes.	
ryrfai district, dis-		salts lost by (Hancock, Whitehouse,		TETRACHLOROETHANE poisoning (Legge).....	216
(Sutherland and		and Haldane).....	206	TETRAETHYL LEAD gasoline, detection	
.....	199	TANNIC ACID treatment of burns		and determination of lead in	
ork at Salt Lake		(Wilson).....	150	(Kiemstedt).....	169
en).....	231	TANNING Welfare Order, Great		gasoline, final report of British de-	
report on suppres-		Britain, 1930.....	238	partmental committee on ethyl	
rest and Loiret).....	231	TAR cancer (O'Donovan).....	9	petrol.....	167
here (Owens).....	17	cancer (Périgaud).....	142	new source of saturnism (Ichok)....	57
tric (Vedder).....	17	cancer (Pigalew).....	194	occupational intoxication by (de	
l occupational dis-		epithelioma (Blum, Bralez, and		Balsac, Agasse-Lafont, and Feil)....	57
.....	24	de Vadder).....	142	TEXTILE mills, improvement of atmos-	
opational diseases		experimental skin tumors produced		pheric conditions in (Badham,	
.....	219	by (Twort and Twort).....	161	Rayner, and Broose).....	182
importance of		from crude petroleum, action of		THALLIUM ACETATE, biologic action of	
(Hirsch).....	163	(Shibata).....	194	(Buschke and Feiser).....	4
eilings and walls		influence of dilution on carcinogenic		TIN ore smelting, arseniuretted hydro-	
.....	183	effect of (Hieger).....	142	gen poisoning in (Blondel).....	191
d report of Insti-		multiple abdominal tumors produced		TINNING hollow ware, lead poisoning	
research, 1928.....	51	by tar product mixture (Voronoff		in (Legge).....	216
of, from weight		and Alexandrescu).....	142	TISSUES, effect of aluminium on (Sei-	
nn and Waegner).....	112	reaction of skin to (Twort and		bert and Wells).....	71
industrial hazard		Twort).....	11	TITANIUM OXIDE, effects of (Blina)....	96
		workers, skin lesions among (Wood)...	13	TOBACCO and tobacco smoke as etiologic	
				factor in cancer (Lickint).....	160

	PAGE		PAGE
TOBACCO products, health hazards associated with.....	58	TYPEWRITER, Underwood, and lead poisoning (Lipkovich).....	114
workers, study of eyes of (Iofe).....	202	TYPHOID, influence of occupation on susceptibility to (Rabinovitch and Schucher).....	150
workers, tuberculosis in (Borschtschewsky).....	200	ULTRAVIOLET RAYS of sun, window materials and fabrics for transmitting (Coblentz).....	183
TRACHOMA and industrial accidents (Morax).....	210	of sunlight, effect of atmospheric pollution on incidence of (Shrader, Coblentz, and Korff).....	45
reactions of trachomatous eye to industrial accidents (Sédan).....	27	ultraviolet light meter (Rentschler).....	232
TRAUMA and tuberculosis (Magnus).....	25	UNEMPLOYMENT, effects of, in coal field of South Wales and Monmouth (Lowry and Pearse).....	125
leukemia following (Lewsen).....	132	VAPORS, removal of, from factory atmospheres (Winter).....	205
TREMOR in industrial carbon disulphide poisoning (Gianotti).....	192	VARNISH, bakelite, eczema caused by (Blumenthal and Jaffé).....	100
of head and hands following carbon monoxide poisoning (Mackay).....	192	VENTILATION, <i>see also</i> under Air conditioning.	
TRICHLORETHYLENE washing compounds, toxic gases in manufacture of (Welwart).....	4	VENTILATION, deep mine (Haldane)...	83
TUBERCULOSIS among porcelain manufacturers (Karpilovsky).....	112	deep mine, engineering aspect of (Dobson).....	83
and silicosis, relation between (Scheinin).....	112	in coating and finishing of automobiles with atomizers and compressed air (Vogt).....	19
associations, extension of industrial hygiene by (Coleman).....	31	metal mine, progress in (Harrington).....	19
death from, following exposure to asbestos dust (Wood and Page).....	146	rural school (Duffield).....	81
employment of tuberculous (Klein and Thorburn).....	28	school (Bulmer).....	82
in postal telephone and telegraph operators (Poix).....	174	school (Vernon, Bedford, and Warner).....	153
in relation to silicosis (Chapman)...	200	VERTEBRA, <i>see</i> Spine.	
in tobacco workers (Borschtschewsky).....	200	VESSEL, <i>see</i> Ship.	
in workers after residence in tuberculosis hospital (Gordon and Cashman).....	175	VOCATIONAL selection in two firms (Moorrees and Stevenson).....	20
in workers in German ceramic industry (Lehmann).....	98	WASHING compounds, trichlorethylene, toxic gases in manufacture of (Welwart).....	4
industrial (Shipman).....	87	WATCH, luminous dial painting, radium poisoning in.....	58
industrial factors in production of (Oliver).....	36	WEIGHT carrying, injuries of spinal column due to (Steinmann and Waegner).....	112
of skin as occupational disease in miners (Fabry).....	150	lifting (Overton).....	234
pulmonary, and dust (Watkins-Pitchford).....	149	lifting by women in industry, maximum burdens (Kaploune).....	205
pulmonary, glanders of lungs simulating (Pask).....	149	WELDING, carbon monoxide poisoning while welding pipe (Schwarz).....	138
pulmonary, reactivation of healing primary tubercles by inhalation of quartz, granite, and carborundum dusts (Gardner).....	99, 100	electric, monocular blindness from watching (Roy).....	64
relation of illuminating gas poisoning to (Wolf-Eisner).....	200	zinc fume poisoning in dockyard workers welding galvanized sheets (Artur).....	195
trauma and (Magnus).....	25	WELFARE, Miners' Welfare Fund, eighth annual report of, 1929.....	126
TUMOR, skin, experimental, produced by oil and tar (Twort and Twort)...	161	provisions in Tatabányaer (Totis) mines (Szabó).....	92
TUNNELS, protection against fire and explosions in (Ringel).....	135	tanning welfare Order, Great Britain, 1930.....	238
TURPENTINE, health hazards associated with.....	58		
in air, colorimetric determination of (Andreev and Gavrilov).....	5, 143		
poisoning, acute nephritis due to (McCorkle).....	143		

SUBJECT INDEX

259

and lead
... 114
tion on
inovitch
... 150
window
unmit-
... 183
eric pol-
hrader,
... 45
chler), 232
al field
mouth
... 125
ry at-
... 205
ed by
... 100
con-
... 83
e)... 83
t of
... 83
auto-
com-
... 10
Har-
... 19
... 81
... 82
and
... 153
rms
... 20
ne,
of
... 4
im
... 58
al
nd
... 112
... 234
i-
... 205
g
... 138
... 64
1
195
126
92
238

	PAGE
Window materials and fabrics for trans- mitting ultraviolet radiation (Coblentz).....	183
Wisconsin, compensation cases settled analyzed by industry, 1927.....	23
WOMEN and girls, health of, in relation to industry (Adamson).....	44
effects of labor legislation on employ- ment opportunities of.....	43
employment of, in Japanese industry (Ayusawa).....	16
in industry, maximum burdens for weight lifting by (Kaplowne).....	205
influence of factory labor on preg- nancy, birth, and child rearing (Teleky).....	205
operatives in cotton mills, effect of change of method on absence and turnover among (Best).....	125
social and economic aspects of home work.....	17
women's work (Thiele, Krüger, Sell- heim, Juchacz, Leifer, and Küstner).....	204
workers in Flint, Mich.....	44
workers in Massachusetts, industrial poisoning among.....	133
working, injuries to, with special reference to propagation of race (Küstner).....	133
Woodworking industry, poisons in (Lewin).....	5
Work capacity of lupus patients (Helm).....	26
changes accompanying work and fatigue of muscle (Wacker).....	40
conditions, investigation of effect of, at Hawthorne Plant of Western Electric Company (Pennock).....	156
conditions on coal burning steamer circling Africa (Schwarz).....	83
continuous, effects of, on output and feelings (Poffenberger).....	21
functional reactions resulting from occupational effort (Guelmann)....	202
physical, heavy, as cause of emphy- sema of lungs (Podkaminsky).....	153
rise in urinary acidity during work, relation to fatigue (Reznit- schenko).....	202

	PAGE
WORKS, street, of children, state laws and local ordinances regulating (Merritt).....	23
WORKMEN'S COMPENSATION Act, Great Britain, list of industrial diseases included in.....	235
activities of Silicosis Joint Commit- tee, county of Cumberland.....	211
analysis by industry, of cases settled in Wisconsin, 1927.....	23
for industrial accidents and diseases in Hungary (Barla-Szabó).....	91
for industrial diseases (Legge).....	128
for miners' nystagmus.....	238
indemnity due to monocular workman on loss of second eye (Maggiore)....	210
law, medical phase of (Lawrence)....	158
law, physician and (Johnson).....	50
laws, German, traumatic neuroses and (Quensel).....	50
legislation regarding silicosis (Collis).....	110
medicolegal aspects of biomicroscopy in industrial ophthalmology (Shuman).....	27
medicolegal aspects of occupational disease (Kessler).....	25
report of Belgian expert committee on compensation fund for occupa- tional diseases.....	23
silicosis and.....	238
trachoma and industrial accidents (Morax).....	210
X-RAY, see Roentgen Ray.	
Zinc dust, effect of, on health, and deposition in organs of body (Nuck, Remy, and Holtzmann).....	171
excretion of, in health and disease (Fairhall and Hoyt).....	115
fume poisoning in dockyard work- ers welding galvanized sheets (Artur).....	195
Zinc Oxide, hygienic permissibility as paint of zinc oxide with more than 2 per cent. lead (Lehmann).....	95
production of fever by inhalation of (Schmidt-Kehl).....	115