

Since the problem is a difficult one, it is advised that only those cases in which the allergen is exogenous and exists as a component of material used in the work process be considered as occupational. From the point of view of compensation it is essential that the patient should have worked with material. The diagnosis should be made on the basis of a thorough examination of the work place, the identification of the allergen, the taking of a complete case history, and a careful clinical examination of the patient, including the identification of the allergen by skin tests. The following compensation assessment is suggested: 20-40% disability for simple bronchial asthma, 40-80% for complicated bronchial asthma, and 100% for status asthmaticus and cardiac decompensation.

-- Arch. Ind. Hyg. & Occ. Med.

Studies of Occupational Cancer. Role of State Health Departments.
W. C. Hueper and T. F. Mancuso. Pub. Health Rept. 67, 644-649
(July 1952).

State health departments not only have an important stake in the problem of industrial cancer but are in an especially favorable position to assess its scope as to etiology, epidemiology, and control. Methods of collecting data are suggested. Both morbidity and mortality data should be used. A general survey should show whether cancer is more prevalent in particular industrial locations, and it should be followed by a more thorough study of morbidity, death, and employment records. Information on previous employment can be obtained from industries and from unions. In England, especially, official agencies are charged with the routine study of industrial cancers. In contrast, there is an utter lack of similar information in the United States, and the time has come when this gap in sound public health practice should be closed.

Age Aspects of Environmental and Occupational Cancers. W. C. Hueper.
Pub. Health Repts. 67, 773-779 (Aug. 1952)

Numerous observations made in connection with cancers in general and especially with environmental and occupational cancers indicate that neither embryonic cell rests nor senescing tissues play an important or essential role in the development of malignant neoplasms. The author presents a number of arguments to support this conclusion. Many cancers observed in older persons represent the result of prolonged exposures to specific environmental or occupational carcinogenic factors. The long latent period also contributes to the development of cancer late in life.

-- Cond. from Author's Summary