method and results are given, dealing with ventilation, heart rate, oxygen debt; and signs of circulatory strain. The reduction in physical-fitness index in the case of normal subjects who were under unusual stress was comparable to that observed in the case of patients moderately disabled by circulatory or pulmonary insufficiency.

-- Cond. from Authors' Summary

956 A Simple Method for the Determination of Vital Capacity-Time Relationships. M. S. Segal, J. A. Herschfus, and M. J. Dulfano. Diseases of Chest 22, 123-129 (Aug. 1952).

A simple ruler-graph device has been described for use with single determinations of the vital capacity on a recording drum apparatus. This permits the rapid determination of the volume of air ejected during each second of the vital capacity tracing on a graphic record. The same record also affords an opportunity for analyzing the contour of the graph for evidence of trapping or change in mid-position. These time relationships enhance the value of the simple vital capacity determination. The relative efficacies of bronchodilator preparations in relieving the bronchospasm of the patient with bronchial asthma or pulmonary emphysema can be determined readily with this technique. This method was compared with the vitalometer. Both methods yield comparable values. The ruler-graph method, however, affords additional significant data, easily obtained by employing the apparatus which is generally in use in laboratories studying pulmonary function. -- Authors' Summary

957 How the Industrial Medical Department Functions in the Vision Program. D. C. Braun. Sight-Saving Rev. 22, 106-109 (Summer 1952). Reprints available from the Foundation.

The five vision hazards are listed: injuries, corrosive or toxic chemicals, radiant energy, fatigue, and disease. The author adds a sixth, that of improper, inadequate, or inexpert treatment of eye injuries, once they are sustained. Preventive measures for eye hazards are effective, well perfected, and easily applied. It is the industrial physician's responsibility to see that they are carried out. He should have full knowledge of potential eye hazards in the plant and of visual requirements for the various jobs. Testing methods, good lighting, and treatment of injuries, are discussed briefly.

958 Occupational Bronchial Asthma. K. Rejsek. Pracovni Lekarstivi 3, 319 (Dec. 1951) Czechoslovakian

Bronchial asthma can be an occupational disease. It is therefore most important to define what constitutes occupational bronchial asthma.