

- 101 Relation Between Accident Incidence and Type and Level of Job. E. P. Sanders. Psychological Repts. 14, 670 (June, 1964).

The study is based on a sampling of 597 hospital employees. A total of 46 positions were under investigation classified in terms of Roe's system. Results indicate that hazard exposure varies with job levels in that a greater accident rate was observed in lower than in higher level jobs. Within a given job level there are no significant differences in accident rate.

-- Aerospace Med. Absts.

- 102 Mass Casualties. H. J. Bennett. Ind. Med. & Surg. 33, 728-731 (Oct. 1964).

The primary purpose of medical service in a catastrophe should be to give adequate care in order to prevent or reduce death and personal injury; to sort properly so that appropriate disposition of the cases can be made; to ensure proper transportation to regular medical installation for more thorough treatment. The question always arises as to what type and how much medical equipment should be stocked in preparation for an emergency. Various schema have been presented in the past suggesting specific supplies be stored or stockpiled per 100 employee casualties. Other plans recommend that enough medical supplies be stored to take care of 40 to 50% of the employee population in a catastrophe. In any event, medical supplies and equipment for the care of mass casualties should be determined on the basis of the expected capability of the industrial medical department rather than the expected number of casualties, the medical and paramedical personnel available and the number of reserves that can be called in if necessary. The geographical location of the plant also has some bearing on a plan. There will be a difference in thinking if the plant is located in or near a metropolitan area with several well-stocked hospitals and medical suppliers or if it is located in a relatively isolated area where it has to depend on its own resources. The usual medical facilities and equipment in an industrial medical department are not only adequate for day-to-day work but will in most cases be sufficient for a catastrophe. Additional trained personnel and equipment may, however, have to be brought in depending on the situation. Clinical judgment is the best guide in sorting patients for proper disposition. When in doubt, it is best to be conservative and evacuate for definitive medical care.

MISCELLANEOUS

- 103 "Sleepy Lagoon". J. McAnulty. Can. Med. Assn. J. 91, 1064-1071 (Nov. 14, 1964).

Lagooning of raw wastes constitutes a health hazard and violates one of the concepts of modern waste treatment. Since this primitive practice provides an excellent opportunity for the transmission and spread of communicable disease, there exists at present a potential unchecked plague. In a cynical age of political opportunism and expediency, the general public may find it difficult to imagine any group, including the medical profession, taking an unselfish stand on public affairs. Yet the time has come for such a scientific and dedicated discipline as the medical profession to take this stand and place this absurd and stupid method of waste treatment where it really belongs—in the museum of sanitation history. There are 30 references.

-- Author's conclusion

- 104 A Review of the Literature of 1963 on Wastewater and Water Pollution Control. Part I. D.A. Okun, et al. J. Water Pollution Control Fed. 36, 535-572 (May, 1964).

Subjects included are: Analytical methods, wastewater, physical and chemical methods, biological filtration, activated sludge, disinfection, detergents, sludge digestion, sludge disposal and utilization, waste stabilization ponds, and reuse. There are 351 references.

-- Public Health Eng. Absts.