rates of the plant population, as well as the information usually collected by doctors on occupational injuries and diseases. The information now at hand shows that disability rates from non-occupational injuries far exceed those of the occupational; in other words, at work is the safest and healthiest place to be. The modern industrial program is organized to furnish: (1) diagnosis and treatment of all occupational injuries or illnesses; (2) temporary care of minor non-occupational ailments and first aid; (3) consultations for necessary medical advice; (4) assistance in the control of tuberculosis and other communicable diseases; (5) placement examinations; (6) periodic examinations; (7) granting of sick leaves and approval of return; and (8) plant inspection and control of possible sources of occupational diseases.

886 Chronic Occupational Benzene Poisoning. F.M. Troisi and A. Amorati. Folia med. 32, 1-8 (1949) Italian.

The symptoms found in 40 cases were: moderate brachycardia enlargement of the liver and spleen, increase of reflexes, anemia in 97.5% of the cases, less constantly hyperchromia, macrocytosis, leucopenia with relative lymphocytosis, eosinophilia. Two cases had prolonged bleeding and clotting time at normal platelet count. -- Chem. Absts.

887 Anthracosilicosis and its Symptomatic Treatment. B. Gordon, H.L. Motley, P.A. Theodos, and L.P. Lang. W. Va. Med. J. 45, 1-22 (June, 1949).

(1) The pathologic, clinical and physiologic aspects of anthracosilicosis are discussed, with special reference to the occurrence of dyspnea. (2) The frequent disproportion between the symptoms, physical signs, x-rays and the physiologic tests is noted. (3) Factors involved in the disturbances of pulmonary function are mentioned. (4) The favorable effects of intermittent positive pressure breathing and diaphragmatic elevation used in symptomatic treatment are reviewed. (5) The importance of general medical care, with surgery when indicated, is stressed as a means to relieve physical disability that may interfere with the symptomatic treatment of anthracosilicosis. -- Authors' Conclusions

888 Acute Pneumonitis in Workers Exposed To Beryllium Oxide and Beryllium Metal. J.C. Aub and R.S. Grier. J. Ind. Hyg. & Tox. 31, 123-133 (May, 1949)

Seven cases are reported of acute pneumonitis in workers exposed to dusts and fumes of pure beryllium metal and beryllium oxide. The cases are interesting because they represent the first examples of this reaction occurring following exposure to only the oxide and the metal, in contrast to other reported cases where the soluble salts of beryllium were also present. These cases tend to support the view that the beryllium ion is toxic in its own right, rather than attributing the disease associated with soluble beryllium salts to the acid radicals. -- Authors' Summary