

Industrial Hygiene Digest

INDUSTRIAL HEALTH NEWS

LITERATURE ABSTRACTS

MEDICAL

ENGINEERING

CHEMICAL

TOXICOLOGICAL

LEGAL --- *decisions and trends*

SEPTEMBER, 1952
(Vol. 16, No. 9)

PLAINTIFF'S EXHIBIT 5 PetKash 8/5/11
PENGAD 800-631-6989

PLAINTIFF'S EXHIBIT IHF88

INDUSTRIAL HYGIENE FOUNDATION
MELLON INSTITUTE
4400 FIFTH AVENUE -:- PITTSBURGH 13, PA.

FOUNDATION FACTS

Foundation Facts is a monthly news-letter issued to industrial concerns holding membership in Industrial Hygiene Foundation. The Foundation is a nonprofit association of industries for the advancement of healthful working conditions.

Volume 14 | September, 1952 | No. 9

KEYNOTE SPEAKER

Mr. L. R. Boulware, Vice President of General Electric Company, will be the keynote speaker at the 17th Annual Meeting of Industrial Hygiene Foundation. His address will be given on November 20 at the General Meeting, which emphasizes management aspects. Mr. Boulware has taken a keen interest in the welfare of employees both in the plant and in the community.

NEW ADDITIONS TO FOUNDATION MEMBERSHIP

The following companies have recently affiliated with the Foundation:

Cobalt Chemicals Limited
Eaton Manufacturing Company
Kennametal, Inc.
Michigan Iron & Coke Company
Warner Company

STAFF MEMBERS ATTEND SARANAC SYMPOSIUM

The Seventh Saranac Symposium is being held September 22-26 at The Saranac Laboratory of the Edward L. Trudeau Foundation, Saranac Lake, N. Y. Two of the Foundation's Staff Members will attend. T. F. Hatch, Laboratory Director, will serve as Chairman of a discussion on "The Inhalation of Certain Industrial Substances," at the Monday, September 22 afternoon session. D. C. Braun, Medical Director, will present a paper entitled "The Presentation of Medical Evidence in Controverted Compensation Cases" on the morning of Friday, September 26.

REPRINTS AVAILABLE

Reprints of the paper "A Rational Approach to Air-Pollution Legislation," by George E. Best, are now available to member companies upon request. This paper was presented at the 16th Annual Meeting of the Foundation.

17th ANNUAL MEETING, Nov. 19-20

at Mellon Institute, Pittsburgh

1007 Findings of Bronchoscopy in Silicosis and Silico-Tuberculosis. E. Concina and O. Orlandi. Rass. med. ind. 20, 424-426 (Nov.-Dec. 1951) Italian.

The importance of the existence of bronchial lesions in silicosis has been underestimated. Bronchoscopy allows direct observations of changes in the tracheal and bronchial mucous membrane, deviations in the trachea and main bronchi, and modifications in the orifices of the lobes and segments. Lavage, aspiration of the bronchial section, and endo-bronchial administration of adrenaline and antibiotics may be conducted during the process. Inflammation of the mucous membranes and other changes characteristic of silicosis are disclosed by this method. Findings in 25 patients are reported. -- Cond. from Bull. Hyg.

1008 The Value of the Electrocardiograph for Examining Anthraco-Silicotics. F. Lavenne. Institut d'Hygiene des Mines, Hasselt, Belgium, Communication No. 90, 5pp. (1951). French.

The author used the electrocardiograph to examine 11 cases of anthraco-silicosis with clinical signs of loss of compensation of the right ventricle, and 200 cases of anthraco-silicosis, compensated for invalidity but still ambulant, who were doubly classified according to the extent of fibrosis present and according to the amount of emphysema. The findings are presented in somewhat cryptic symbolism. They are held to justify the claim that the electrocardiograph may be of considerable value in establishing early strain on the right side of the heart.

-- Bull. Hyg.

1009 Asbestosis Associated with Bronchiogenic Carcinoma. R. Stoll, R. Bass, and A. A. Angrist. Arch. Intern. Med. 88, 831-834 (Dec. 1951) German.

Data for statistical proof of any association of asbestosis with pulmonary carcinoma are hard to collect, but three investigators have found carcinoma in 7.5 to 14.8% of cases of asbestosis. A case is reported in which a worker had been exposed to asbestos for 6 years and had refused to wear a respirator. He came under notice with weakness and a persistent cough. Clumps of malignant cells were seen in the bone marrow, and x-ray showed generalized large discrete oval shadows indicative of pulmonary metastases. After death, modules varying to 4 cm. in diameter were found scattered throughout both lungs, with interstitial fibrosis. Large areas of necrosis existed throughout the lungs, and typical asbestos bodies were seen inside and outside the tumor areas. Metastases were found in the kidneys, brain, and liver. The opinion is suggested that the silicate in asbestos must itself be directly carcinogenic. It establishes an additional reason for preventive measures in the use of asbestos.

-- Cond. from Bull. Hyg.