Air Hygiene Foundation of America, Inc.
4400 Fifth Avenue,
Pittsburgh, Pa.
April 24, 1939.

REFERENCES TO RECENT LITERATURE ON INDUSTRIAL DISEASES

(A) News Items

258 RECENT COURT DECISION IN OHIO.
The Supreme Court of Ohio rendered a decision on March 22, 1939, which is important with respect to common law recovery for occupational disease. Ohio has always been one of the few states in which the courts have held that there was no common law right to recover for occupational disease. A firm of lawyers in Marion, Ohio, has, over a period of years, filed numerous actions seeking to recover for silicosis and pneumoconiosis. They uniformly failed. Many of those cases were carried to the Supreme Court of Ohio and several efforts were made by them to get into the Supreme Court of the United States. Last fall they made an application in the Supreme Court of Ohio for a rehearing of two cases, to-wit, Triff v. National Bronze & Aluminum Foundry Co., and Smith v. Loud d.b.a. Marion Brass & Bronze Foundry, and the Court granted the application for the rehearing. The cases were reargued in the Supreme Court on January 17th. The employers of Ohio, acting through the Ohio Manufacturers Association, intervened, participated in the argument, and filed an elaborate brief. By a four to three decision, the Court on March 22nd rendered final decision in both cases specifically overruling former decision of the Court and holding that there is a common law right to recover in Ohio for occupational disease. The effect of the decision with respect to silicosis is somewhat limited in vew of the fact that silicosis has been compensable since the adoption of the amendment to the Ohio Occupational Disease Act, which amendment became effective July 31, 1937.

259 TOWARD CONTROL OF SILICOSIS IN CALIFORNIA. Labor Standards, 2, 24, (Feb. 1939). About three years ago silicosis claims were being filed in large numbers, sometimes as many as 50 a month, but this number has gradually been reduced and is now about 3 per month, on the average. It is thought that the reduction has been the result of extensive preventive operations carried on during the past 15 years.

260 ORGANIZED LABOR ON INDUSTRIAL HEALTH. Labor Standards, 2, 21, (Feb., 1939). Attention is called to an editorial in the January issue of the American Federationalist which states the interest of labor in the promotion of industrial hygiene. The editorial asserts that technical information now exists that would protect workers and that it can be put to service through those governmental agencies charged with promoting the welfare of labor.

B. Papers on Dust, Dust Diseases and General Industrial Hygiene.

[redacted] SILICOSIS-CASE REPORTS. M. Conrozier and J. Magnin. Industrial Medicine, 8, 114-20, (March, 1939).
This article, a short notice of which appeared in our January, 1939 Abstracts (No. 16), has been translated from the French is is reproduced in part in Industrial Medicine for March, 1939. Some of the case-histories of the original paper are presented together with x-ray reproductions. The article, as translated, makes interesting reading inasmuch as it is necessary for the authors, in their presentation, to prove to French physicians that silicosis is a separate disease entity.

[redacted] VENTILATION IN THE GRANITE INDUSTRY. E.C.J. Urban. Journal Industrial Hygiene and Toxicology, 21, 57-68, (March, 1939).
This article describes the dust control methods in the granite industry in Vermont. The two most dusty operations are drilling at the pit and finishing in the shops. Without local exhaust each operation develops concentrations far above a safe limit, set at 10 million particles per cubic foot. The most common pit drill is the leyner drill, a long horizontal bar along which a vertical pneumatic drill is moved, drilling holes every 3.5 inches around the sides of the block. The exhaust on this drill consists of a specially designed hood built around the drill rod, exhausting 400 cu. ft. of air per min. Portable exhaust units consisting of hood, hose, box for dust-separating screens or bags, exhaust fan and motor, are available and in common use. In the finishing shops, specially designed hoods on flexible rubber hose are supplied for each machine. Photographs and sketches are included with the article to aid in the descriptions. Proper operation of the available equipment will reduce the operators' dust exposures to far below the accepted standard of 10 m.p.p.c.f. Included also are the approximate costs of the equipment.

[redacted] PREVENTION OF SILICOSIS IN SANDBLASTERS. W. Sauerteig. Zbl. f. Gewerbehyg., 25, 297-305 (1938) (German).
The article describes the new regulations for combatting silicosis by the Association of German Iron and Steel Trade Groups, which were published to go into effect in August, 1938. Following the regulations, the results of the examination of 4916 sandblasters is given, 1220 of whom (24.6%) were forbidden further work because their x-rays showed light to severe silicosis. The article also describes the various types of sandblasting, and the necessary technical preventive measures, including many illustrations. Included also is a description of the use of steel shot. Regarding the men employed, all must be over 21, must pass a pre-employment examination and a subsequent examination after two years. No worker shall be employed as a sandblaster more than two years, after which time he must do non-dusty work for another two years. He may then return to sandblasting, after another examination. The examinations are to be given by physicians authorized by the Association.

[redacted] ASBESTOSIS. R.R. Sayers and W.C. Dreessen. American Journal Public Health, 29, 205-14, (March, 1939). Read before the Industrial Hygiene Section at the American Public Health Association Meeting, Kansas City, Mo., October 28, 1938.
This paper is a review of the material contained in U.S. Public Health Bulletin No. 241 (See Abstract 804, 1938). It describes an extensive survey made by the U.S. Public Health Service together with the North Carolina State Board of Health in the asbestos textile industries. Asbestosis, a comparatively modern disease, is caused by chrysotile, a hydrated magnesium silicate containing no quartz.

[redacted]

404913

ST0013021

Its uses have increased greatly during the past 20 years. According to the results of the survey, cases of asbestosis develop quite rapidly where exposure to the dust is over 5 million particles per cubic foot. No cases were found where exposure was less than this figure and it has been accepted as a limit. Definite clinical and roentgenographic evidences of asbestosis has been observed in exposed persons after 5 to 10 years of work in exposures exceeding 5 m.p.p.c.f.

155 A STUDY OF QUARTZ-FUSING OPERATIONS WITH SPECIAL REFERENCE TO THE MEASUREMENT AND CONTROL OF FUMES. E.C. Riley and J.M. DallaValle. U.S. Public Health Reports, 54, 352-8, (March 3, 1939).
No cases of silicosis have been reported among fused quartz operators in the United States, although evidences have been found among these men in European countries. The very short hours of daily exposure may account for the lack of silicosis among them in this country. Fused quartz is blown at temperatures between 2700° and 3000°F., at which temperatures it has been shown that the vapor pressure is quite high. The authors collected the fumes in regular impingers (two in series), estimated the amount in solution by the method of King and Delan. During operations they found from 116 to 341 micrograms per cubic foot, but it is impossible to correlate these findings because of the lack of other similar studies. Because of possible toxic effects of the fumes and the discomfort of the excessive heat, it is recommended that quartz fusing operations be carried on under exhaust hoods.

156 CENTRAL MINING -- RAND MINES GROUP. HEALTH DEPARTMENT REPORT FOR THE YEAR 1937. A.J. Orenstein. Johannesburg, So. Africa.
This report deals with the various activities of the Department, particularly with the health conditions of the native labor force employed in the gold mines of the Witwatersrand. The total mortality from all diseases for the year has reached the record low level of 6.82 per 1000 and mortality due to accidents was 1.97 per 1000. The principal disease is pneumonia, the mortality rate for which was 2.60 per 1000. Although the pneumonic rate still remains high, a notable improvement has been achieved when it is noted that the mortality rate for this disease in 1911 was 13.0 per 1000. An analysis, taking into account meteorological conditions, shows that the highest incidence of pneumonia is during seasons of low temperature and high wind velocity. The incidence of pulmonary tuberculosis has also been reduced notably. In 1915 the rate was 12 per 1000, and in 1937 was 1.64 per 1000. At the same time the mortality rate for the disease has dropped from 1.48 to 0.43. The Department maintains 11 hospitals, rescue training stations and supplies the workers with adequate, fully cooked rations.

157 TUBERCULOSIS IN INDUSTRY. G.C. Ornstein and D. Ulmer. Quarterly Bulletin, Sea View Hospital, 4, 164-81, (January, 1939).
The writers take exception to the generally accepted views as to the high incidence of tuberculosis in industry. They recommend caution in attributing an abnormal incidence of tuberculosis to environmental factors in a particular industry when its labor is recruited from sections where the incidence of such infection is abnormally high. They do not subscribe to the opinion that silicotic subjects are more susceptible to tuberculosis than others; they believe that error has arisen in mistaking the lesions due to silica for those of tuberculosis and find it impossible to diagnose tuberculosis in the absence of demonstrable tubercle bacilli. They conclude that the present positive opinions are based only on vital statistics and not on autopsy statistics. This assumption is incorrect as there is in existence sufficient autopsy data upon which to base opinions. The relation of trauma and exposure to obnoxious gases to tuberculosis is also discussed in the paper.

References to Recent Literature - [illegible].

[illegible] SILICOSIS FROM [illegible] OF [illegible] IN THE [illegible] DISTRICT. A.[illegible] [illegible]. [illegible] pp. [illegible] (1939). (German).
The distribution of ages in quarrymen and stonecutters shows that there are quite a few older men in the industry, attributed to the fact that in recent years operations in that industry have not been very active. Medical examinations of 1[illegible] quarriers and 1[illegible] stonecutters indicated that silicosis develops slowly and is more common among stonecutters than among the quarriers. Many men who had worked several decades had not developed the disease and the author concludes that other factors than dust play a large part in the etiology of silicosis.

[illegible] FURTHER CONTRIBUTIONS TO THE ROENTGENOLOGICAL DIAGNOSIS OF ASBESTOSIS. [illegible] Arch. [illegible] Gewerbepath., 9, [illegible]1-406 (1939). (German).
The author, whose recent (1933) atlas of asbestosis was based on the examination of 200 patients, has now examined an additional [illegible]0 asbestosis workers and in this paper presents interesting material on the diagnosis of the disease. The complaints and pulmonary changes noticeable by x-ray after only a few months [illegible] are caused by [illegible]. The first signs of asbestosis may appear, however, after 9-10 months exposure. Tuberculosis is rare among German asbestosis workers and the author has encountered no case of lung cancer among those examined.

[illegible] SURVEY IN [illegible] CEMENT PLANTS OF ATMOSPHERIC DUSTS AND THEIR EFFECTS UPON THE LUNGS OF TWENTY-TWO HUNDRED EMPLOYEES. L.U. Gardner, T.M. Durkan, D.M. Brumfiel and H.L. Sampson. J. Ind. Hyg. & Toxicol., 21, 279-317 (September 1939).
The paper covers a survey of environmental conditions in 17 cement plants in the United States, and physical and roentgenological examinations of 2278 persons in an attempt to correlate medical and engineering findings. Finished cement contains practically no free silica, but some raw material dust has from 1 to 30%, and occasionally [illegible]% free silica. Because of the variable character of most of the employee's occupations no definite correlations could be made between lung change and dust composition. The analysis of the data, however, indicates that prolonged inhalation of dust from finished cement produces such slight anatomic reaction that little or no abnormality is seen in the roentgenogram. The mixed dusts of the raw mills are probably responsible for a limited number of cases of well-marked linear exaggeration, non-disabling in character. Only 8 of the 2278 employees showed evidence of nodular fibrosis attributable to dust, and in 6 of these exposure to silica dust in previous exposure was presumably responsible. The incidence of tuberculosis and other chronic infections of the lungs was found to be less than that in the general population.

[illegible] PULMONARY CHANGES IN CEMENT WORKERS. G. [illegible] and [illegible] dell' [illegible]. Med. [illegible] lavoro, 30, 97-110 (1939). (Italian).
After describing cement work and reviewing the literature, the authors report on their examination of [illegible]0 cement workers whose work of sacking cement involved a great deal of dust. Ten detailed case reports are presented with some roentgenograms. The workers suffered catarrh of the upper respiratory tract, their lungs showed signs of pneumoconiosis and several of the x-rays showed fibrosis and nodulation. Tuberculosis is rare and its course favorable. In some cases the heart was hypertrophic.

[illegible] TUBERCULOSIS IN RELATION TO THE PNEUMOCONIOSES. W.E. Cooke. J. Roy. Inst. Pub. Health & Hyg., [illegible], 299-304 (May 1939). (British).
Evidence is accumulating that various silicate dusts are by no means innocuous, and it may be expected that silicatosis, by whatever mineral produced, will render the lungs less resistant to tubercular infection. Almost every industrial dust has been blamed as a cause of pneumoconiosis, often with no foundation in fact, e.g. the case of [illegible], the [illegible] attributed to cotton dust.

ST0013026

404915

112

Industrial Health Conference Set

CHRONICLE Sept. 27, 1953

An industrial health conference to be held here Thursday through Saturday will consider virtually every phase of health in industry.

Discussions will range from the executive's faltering heart to the effect of noise on the worker.

Many of the nation's outstanding authorities on special health problems will be here for the conference, which will open at 8:30 a.m. Thursday in the Shamrock Hotel.

These include such men as Vice-Adml. Ross McIntire, who was the late President Franklin D. Roosevelt's personal physician; Dr. Philip Drinker, inventor of the iron lung, and Dr. Robert L. King, president of the American Heart Association.

The roster of speakers was completed Saturday. Here it is, together with when they're scheduled to speak:

Thursday morning: Charles A. Fleetwood, vice-president of Prudential Insurance Company of America and chairman of the public health committee; Roy Hofheinz, mayor of Houston, Howard J. Stroud, chairman of the conference and director of public health education for the Houston health department, R. B. Kahle, president of the Eastern States Petroleum Company; Dr. George M. Saunders, medical director of the Socony-Vacuum Oil Company of New York; Dr. C. H. Hine, consulting toxicologist, Shell Development Company, Emeryville, Cal.; Dr. R. E. Eckhardt, director of medical research for the Standard Oil Development Company, Linden, N. J.

Thursday noon, Dr. King and Dr. H. M. Marvin, past president of the American Heart Association and professor of clinical medicine at Yale University.

Thursday afternoon (a symposium): Dr. Marvin; Stokes Marshall, personnel manager, Hughes Tool Company, Houston; Paul C. Sparks, executive secretary, Texas State Federation of Labor; Albert Jones, Houston, a fellow of the American College of Trial Lawyers; James J. Healy of the Arbitration and Mediation Board for Labor Disputes, Boston; Vice Adml. McIntire, and Dr. King.

Thursday night: Mr. Fleetwood and Dr. Harry Kemp, chairman of the department of public health and preventive medicine, Baylor University College of Medicine.

Friday morning: Dr. C. Richard Walmer, managing director of the Industrial Hygiene Foundation of the Mellon Institute, Pittsburgh, Pa.; Dr. James H. Sterner, medical director of the Eastman Kodak Company, Rochester, N. Y.; Rear Adml. Lamont Pugh, surgeon general of the United States Navy's Bureau of Medicine and Surgery; Dr. Jack L. Bangs, director of the Houston Speech and Hearing Center and associate professor of speech pathology and audiology at the Baylor College of Medicine, and Dr. Charles Dickson.

Dr. Kenneth Markuson; Ione Clark, personnel manager of Converted Rice Company, Houston; Ina Joubert, Southern Minerals Corporation, Corpus Christi, Dr. J. T. Furdick, physician in charge of the Ethyl plant here; John W. Sylvester, assistant employe relations manager at Baytown-Humble Refining Company, B. Ross Carr, coordinator of safety and training for the Gulf Oil Corporation here; Rita Dingman, rehabilitational nurse for the Liberty Mutual Insurance Company, Dallas.

F[illegible]

George Marquette and Dr. Albert Halff, consulting engineer from Dallas as cochairman; W. L. Stewart, Jr., executive vice-president of Union Oil Company, Los Angeles, and director of the Stanford Research Institute, Los Angeles, Dr. Arthur J. Vorwald, director of the Edward J. Trudeau Foundation and the Saranac Laboratory, Saranac Lake, N. Y.; Doctor Drinker; George F. Smith, president of Johnson & Johnson; E. B. McCormick of Cosman Petroleum Corporation, and Otto K. Wetzel, Jr., of Purvin and Gertz, Dallas, and Doctor Halff.

Saturday morning (a symposium, with Jean Lloyd and Antoinette Erwin, registered nurses, as cochairmen): Dr. Alex Frazier, assistant director of curriculum for the Houston Independent School District; Lucille Harmon, Phillips Petroleum Corporation, Sweeney; Dorothea Kassell, the Sheffield Steel Corporation; Serene McQuire, Ethyl Corporation, Houston; Dorothy Riekiere, American Brake Shoe Company, Houston, Mary Kerley, Gulf Atlantic Warehouse Company, Houston, James Weaver, Liberty Mutual Insurance Company, Dallas; Ann Means, Braniff International Airways, Dallas; Lillian Costley, Reed Roller Bit Company, Houston; Mavis Pennington, Sacred Heart Dominican College, Houston; Pearl Verret, Gulf Oil Corporation, Port Arthur; Irene McCann, Houston Transit Company; Virginia Jackson, Ethyl Corporation, Houston. All participants in this symposium except Doctor Frazier, are registered nurses.

A business session also will be held Saturday morning. A trip down the Ship Channel will end the conference.

500 Due Health P[...]

PRESS 9/2

More than 500 [...] medical and indu[...] meet in Houst[...] and Saturday for [...] Industrial Healt[...].

Largest conve[...] the country, [...] sponsored by th[...] Chamber of Commerce and 2[...] other local, sta[...] and national or[...]ganizations.

Dr. H. M. Marvin of New Haven, Conn., past president of the American Hear[t] Assn., will spea[k] Thursday at conference head[...]quarters in th[e] Shamrock on "[...] His Heart."

Charles Fleetw[ood] the Chamber o[f] Health Commit[tee] open the confe[rence] Thursday.

Fire Pr[...] Week

CHRON.

Mayor R[...] a proclama[...] Week Oct[...] fice Thurs[...]

Present [...]mation wil[...] the Housto[...] the Chamb[...] during con[...]

A repre[...] Public Lib[...]ent. A bo[...] to be done[...] Week will [...]

Industrial Health Conference Will [...]

Health is an important thing to individuals, but it also is important to industry. Industry wants its workers healthy, if for no other reason than that it costs money to train them and there is an economic loss when they fail in health, or die.

The part that industry can take in assuring that its workers maintain good health will be discussed in Houston this week by leaders in the field of medicine and industry who will be here for the 6th Annual Industrial Health Conference, sponsored by the Houston Chamber of Commerce and 23 other medical, professional and business organizations.

What started a few years ago as a local meeting has grown into one of the largest annual conferences of its kind in the nation. When Charles Fleetwood, chairman of the Health Committee of the Chamber of Commerce, calls the conference to or-

for [...] len[...] em[...] tiv[...]

in[...] ce[...] pl[...] an[...] e[...] wi[...]

di[...] pc[...] tic[...] he[...] gr[...] as[...]

p[...] p[...] p[...] i[...]