installed, and operating and maintenance expenditures are markedly less. Outlet dust loa ing has been measured at 0.0007 grains per cubic foot. The relationship of gas volume to pressure drop differs by less than 10% from the prediction based on a pilot scale study. I the authors' opinion that this baghouse is properly applied to the cleaning of waste gase s fi a single oxygen-lanced open hearth furnace. -- Authors' ab

386 Byssinosis in the Waste Cotton Industry. I. Dingwall-Fordyce and J.G. O'Sullivan. Brit. J. Ind. Med. 23, 53-57 (Jan. 1966).

This paper is of some historical interest. It describes an investigation to determine whet byssinosis occurred among workers in the waste cotton industry. It was undertaken in 19! the instigation of the Minister of National Insurance. The materials used in the industry w (1) cotton that had been previously spun, and (2) waste material discarded during the prep rations for spinning higher grades of yarn. A proportion of raw cotton was sometimes ble ed with the waste. Twenty-two mills, representative of the industry, were surveyed. All in these mills, who were over 35 years of age and with at least ten years' exposure to cott dust, were seen. The investigations included a work history, a clinical examination, an assessment of effort dyspnea, and a chest radiograph. There were 140 men who had neve been exposed to any dust hazard other than waste cotton. In this group were found severn (! men with disabling byssinosis and 35 (25%) men with lesser degrees of the same disease. There were also 15 (11%) men with bronchitis or emphysema without byssinosis. Thus it was established that byssinosis did occur in the waste cotton industry. Insurance cover u the National Insurance (Industrial Injuries) Act, 1946, was subsequently extended to work e in the waste cotton industry. The survey provided no evidence that either the type of wa ste cotton processed or an admixture of raw cotton played a significant part in the etiology or dence of the disease. -- Authors' abs

387 Discriminant Function Analysis as an Aid to the Diagnosis of Flax Byssinosis. J.D. Merrett. Brit. J. Ind. Med. 23, 58-61 (Jan. 1966).

A simple discriminant function in four variates (area of mill, average number of cigarettes currently smoked per day, a complex of dyspnea, cough, and wheezing grades, and occupa was derived to discriminate between non-byssinotic (grade 0) and byssinotic (grades I and I preparers. This function diagnosed 14% of non-byssinotics as byssinotic and 35% of the by sinotics as non-byssinotic, giving a total misclassification rate (24.5%) that agreed closely with the theoretically expected rate (26.4%). Similar misclassification rates were found in a randomly selected check sample of preparers. The function did not diagnose accurately preparers with early byssinosis (grade 1/2); 64% of such workers would have been diagnose as normal. -- Author's abs

388 Farmer's Lung: A Review. J. Watkins-Pitchford. Brit. J. Ind. Med. 23, 16-23 (Jan. 19(

The disease of farmer's lung is probably as old as the settled agrarian civilizations of temp ate climates and has probably been responsible for serious ill-health through the ages. it may be a serious disease is beyond question. Staines and Forman (1961) recorded the le of illness in 111 cases; in 44 of these there was more than three months' incapacity, and fi patients were still incapacitated after a year. The assessment of the final disability after recovery from the illness showed that, out of 121 cases, 35 were judged to have a moderate severe disability in following their regular occupations and ten in doing other jobs. Only 5 were judged to have been left with no disability at all. If the "speculative incidence" in the British Isles of about 1,000 cases a year put forward by these authors is correct, it seems that about 580 persons a year are left with some assessable disability and about 290 of these experience a moderate or severe disability in following their regular occupations. Such est mates of the total yearly incidence in the British Isles cannot, of course, be used as an indi cation of the number of successful claims that may be expected from the disease being pre- scribed under the Industrial Injuries Act. Broadly speaking, persons eligible to claim indu trial injuries benefit are confined to those who are employees, and the evidence so far avail able suggests that a significant proportion of sufferers from farmer's lung are to be found among self-employed persons and their families. The disease normally presents a distinct clinical picture and, with the aid of the history and ancillary investigations, it can be diagno in the majority of cases with reasonable certainty. Difficulty may be encountered in those patients who have a chronic nonspecific lung disease of some duration and on which some de gree of pulmonary disability due to farmer's lung becomes superimposed. However, even i these patients it should be possible to recognize the presence of serum precipitins against suitable extracts of moldy hay, and the decision as to how much of the disability should be a tributed to farmer's lung will be assisted by further investigating the distensibility and dif - fusing capacity of the lungs. -- Author's conclusi



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