

under electrical and flow conditions similar to those that often prevail in practice. experimental data are presented suggesting that the electric wind makes a significant contribution to gas collection, and so probably should be considered in any comprehensive analysis of precipitator performance. There are 13 references.
--Author's abst.

Health Risks in the Foundry. Anon. Michigan's Occ. Health 13, No. 2, 2-5 (Winter, 1968).

In a recent investigation of foundries conducted by the Division of Occupational Health of the Michigan Department of Public Health, it was found that the Michigan foundry industry faces a serious situation. Based on a survey of 291 plants more than 7% of the employees of this industry are exposed to serious health risks. Management in few of these plants understands or is equipped to handle the problem and little concern is currently expressed. The health problems in the foundry industry can and must be overcome. The responsibility for providing a healthful working environment rests with foundry management.
--Cond. from text

Chronic Respiratory Disease in Hemp Workers. A. Bouhuys, et al.
Am. Rev. Resp. Dis. 98, 150 (July, 1968). Abstr. of paper presented at annual meeting of American Thoracic Soc., May 19-22, 1968.

Workers in the soft hemp industry suffer from byssinosis caused by dust inhalation; acute dust exposure causes a decrease of ventilatory capacity in them as well as in healthy subjects (Bouhuys et al., Arch. Environ. Health 14, 533, 1967). The authors studied the prevalence of chronic respiratory symptoms, forced expiratory volume (FEV_{1.0}), and smoking habits in 216 men with histories of prolonged exposure (20 years or more in 76 per cent) to hemp dust, and in 285 men in farming and other industries. Eighty-seven per cent of the hemp workers gave a history of byssinosis (chest tightness and/or cough on Mondays during work in dust).
--Authors' abst. cond.

Role of Silica in Progressive Massive Fibrosis. In Coal Workers' Pneumoconiosis. P. C. Pratt.
Arch. Environmental Health 16, 734-737 (May, 1968).

The hypothesis that silica is the cause of progressive massive fibrosis in coal workers' pneumoconiosis (CWP) would be supported if more silica were present in fibrotic than in non-fibrotic tissue of lungs from coal workers. The present recalculation of data from a previous paper designed to test this hypothesis shows that there is an average of more than twice as much silica, in grams per lung, in fibrotic tissue as compared to nonfibrotic tissue in 17 coal workers' lungs. Excess silica is present in progressive massive fibrosis (PMF) tissue of every lung. It is concluded that silica is responsible for the fibrotic component seen in PMF and that continued search for other fibrogenic mechanism is unnecessary. The excessive local accumulation of dust at certain sites in the lung which permits local concentration of silica to reach levels capable of eliciting fibrosis may be due to coexistent centrilobular emphysema, caseous foci, or scars. Further study of the actual mechanism is suggested. There are 15 references.

--Author's summary

Ultrasonic Examination of Pleural Thickening and Calcifications in Occupational Asbestosis. M. Viikari, J. Jaaskelainen, and E. Tahti. Diseases of Chest 54, 17-20 (July, 1968).

The roentgenologic diagnosis of occupational asbestosis is based upon typical pulmonary fibrosis and anteriorly detected pleural calcifications, which appear much later than parenchymal changes. Therefore, a definite diagnosis usually demands a long observation period. We used ultrasonic A- and B-mode methods to examine pleural changes in nine occupational asbestosis patients and five normal persons. In normal persons the parietal pleura was shown as a thin, sharp line when the B-mode method of examination was used. Roentgenographically observed calcifications were easily detected and distinguished from the normal pleura by this examination. It is noteworthy and similar echo peaks were seen in A-mode examinations in lateral and posterior pleura where roentgenograms did not reveal pleural calcifications, and their size could be traced well with the B-mode examination. Thus it is possible to find early pleural changes, which, in our opinion, are connected with occupational asbestosis. Diagnosis could be made earlier without a long observation time. There are 3 references.

--Authors' abst.