

Industrial Medical Practice

- 28 Recent Developments in the Field of Education in Industrial Medicine.
E.W. Brown. South Med. J. 42, p. 591 (July, 1949).

The author shows that the Council on Industrial Health of the American Medical Association has taken the position that occupational medicine should be officially recognized as a part of the standard undergraduate curriculum. The physician should be able to cope with those problems of industrial medicine which may arise in the course of general practice. The author has studied the present status of courses on industrial medicine in 36 approved medical schools.

--- Condensed from Arch. Ind. Hyg. & Occ. Med.

- 29 Medical Progress: Industrial Medicine. I.R. Tabershaw.
New Eng. J. Med. 240, 508-516 (March 31, 1949).

This is a review of the important developments in industrial medicine during 1948. It covers the following topics: beryllium and atomic radiation, pneumoconiosis, specific chemicals, dermatitis, rehabilitation and job placement, psychiatry, education, and medical services. 115 references.

-- J. Ind. Hyg. & Toxicol.

- 30 The Health Committee. Irene M. Willoughby.
Ind. Med. 18, 503-504 (Dec. 1949).

The organization of an active health committee is urged as an effective measure for promotion of health among industrial employees and their families. In the smaller plant, the committee can also take the responsibilities pertaining to hygiene and sanitation. Methods of organization, functions, and topics for campaign promotion are suggested.

- 31 Evaluation of Several Methods of Functional Examination of Respiration in the Diagnosis of Silicosis. M.V. Evgenova. Klin. Med. Mosk. 26, p. 43 (1948) Russian.

An investigation was made into the functional capacity of the lungs in workers exposed to dust and workers whose lungs showed evidence of silicosis. Vital capacity was measured in 431 cases, including 98 controls. The results in men and women were the same. With increasing severity of silicosis the vital capacity fell markedly. The initial vital capacity was slightly greater than in the control group, which was thought due to the development of a compensatory emphysema in the initial stages of the disease. The reduction in vital capacity was mainly due to a fall in the complementary air, and to a lesser extent to a fall in the reserve air. There was a fall in tidal air only in stage 3. A rise in ventilation rate per minute was observed in the cases of silicosis compared with normal subjects. Grade exercises led to a normal response (pulse and respiration rate returned to a normal within three minutes) in 84% of the control group and