1150 Poisoning by Methyl Bromide and Its Treatment. L. Roche, et al. Arch. maladies profess. 23, 379-384 (June 1962). French.

The authors describe in very great detail the course and treatment of 3 cases of methyl bromide intoxication, caused by exposure to fumes from fire extinguishers during work. In the first case the extinguisher had fallen down and emptied and in the other two the men were engaged in filling or handling extinguishers. The first patient suffered from convulsions, coma, and pulmonary edema and required tracheotomy together with rehydration, glucose saline infusions, cardiac tonics and antibiotics. He died on the 12th day. The predominant autopsy finding was degenerative cerebellar foci. The second patient had similar neurological manifestations. In addition to modern supportive treatment he was given hydrocortisone. At the end of a week he was no longer in danger, but neurological sequelae with electroencephalographic (EEG) changes, persisted for some weeks. The third patient did not develop convulsions or coma but developed dysarthria, ataxia, confusion, hallucinations and some EEG changes. His general condition returned to normal within a month, but two months later he still showed some slight residual ataxia. The authors stress the importance of modern methods of reanimation in such cases. -- Bull. Hyg.

1151 Toxicity and Metabolism of Ortho-, Meta-, and Para-Terphenyls. H. H. Cornish, R. E. Bahor, and R. C. Ryan. Am. Ind. Hyg. Assn. J. 23, 372-378 (Sept.-Oct. 1962).

The study of the acute oral toxicity of ortho-, meta-, and para-terphenyl in rats resulted in LD50 values of 1900, 2400 and greater than 10,000 mg./kg. respectively. Thirty day feeding studies suggest that continued ingestion of these compounds may produce liver and kidney damage. Metabolic studies indicate that the major metabolites of ortho-, and meta-terphenyl are glucosiduronic acids and phenols. Para-terphenyl was poorly absorbed and a large portion is exerted unchanged in the feces. -- Authors' abst.

1152 Measurement of the Exposure of Workers to Pesticides. W. F. Durham and H. R. Wolfe. Bull. World Health Organization 26, 75-91 (1962).

The work of the authors and their colleagues carried out over a number of years is brought together in this single fully-documented paper. The methods used to measure the exposure of workers using pesticides in different operations are discussed. Filters that can be attached to respirators for trapping either liquid or solid particles are described. The composition is given of pads suitable for picking up particles and droplets that may fall on the skin and clothing. This equipment can be worn by an operator doing his normay day's work. Details are provided to enable the investigator to calculate the amount of a pesticide spray that may come in contact with the skin of an operator. Tables give the quantities (mg./man/hr.) found to fall on the skin or be taken into the respiratory tract during a variety of operations such as spraying apples, checking cotton, indoor spraying, and exposure to aerial sprays. In 10 operations for which details are given, exposure to the skin exceeded by a factor of 10 to 1,000 that by inhalation. This important fact must be considered in designing safety measures when using pesticides. -- Bull. Hyg.

1153 Observations on Workers Exposed to Sevin Insecticide: A Preliminary Report. E. M. Best, Jr. and B. L. Murray. J. Occ. Med. 4, 507-517 (Oct. 1962).

Over a period of 19 months a group of employees engaged in the production, handling, and shipping of Sevin (1-naphthyl-N-methylcarbamate) were observed and followed, both clinically and by laboratory analyses, for signs of cholinesterase inhibition. The urinary excretion of 1-naphthol, a metabolite of Sevin, was believed to show that it was being absorbed into the body. It was quite obvious that, in spite of housekeeping efforts, protective measures, and hygienic practices, certain employees were absorbing considerable amounts of Sevin dust. During the early stages of the study a screening-type blood cholinesterase activity test was used and the urine was analyzed for free 1-naphthol. It was decided that these procedures were not giving a true picture of the degree of exposure to, and absorption of Sevin and, during the latter half of the study, more definitive tests were employed. These consisted of a quantitative colorimetric determination of whole-blood cholinesterase activity and