

lead poisoning. However, as a matter of practical interest, I think it is very difficult to get there in ordinary industry, and I would more or less fortunate J as a safe level. I think it has also been found by other workers. However, if you get over J you certainly have the possibility of serious lead absorption.

I want to emphasize that mere lead absorption does not mean the man has lead poisoning. He may have a lead line, may have lead in the urine, .08 milligrams per liter, but that does not make lead poisoning. That is merely evidence of absorption. He must have, in addition, clinical symptoms of one of the three types of lead absorption.

As a final word in regard to the role of the medical profession in its cooperation in industry, it seems to me that the medical man should first of all be responsible to the highest man in authority in the plant, so that he can go direct to him with any problems that arise, and before any new procedure is used or any new chemical, have a conference with the physician to see whether there is any possible danger, whether there are volatile solvents or lead, so that the danger to the man may be prevented before it happens.

I am not making a plea for absolute substitution for and avoidance of the use of lead. I think industry cannot get along without the use of lead, cannot get along without the use of a number of these solvents; but if industry is forewarned, and if the worker is informed correctly so he will cooperate in the use of protective devices and, finally, the medical profession is allowed to see the patient as often as they see fit, perhaps every two or three weeks, then there need occur no occupational disease in industry.

CHAIRMAN PAINE: Are there any questions on either one of these subjects that you would like to ask?

MR. HUTTER: What is the effect of the small of mercury on the worker? Is that a permanent effect or just temporary?

DR. BELKNAP: As far as I know, there is no ill effect from the inhalation of mercury.

R. S. SEYMOUR (Employers Liability Assurance Corporation, Boston): Would Dr. Belknap recommend the direct venting of lead pots on linotype machines where the pots are electrically heated and there-

statically controlled so the temperature of the lead does not exceed 500 degrees?

DR. BELKNAP: That is a good practical question. As we know, lead melts at a much lower temperature when vulcanized. In my experience, lead does not really volatilize until around 1,500 or 1,100 degrees.

In this group of workers that I am following, some years ago, large lead pots, two or three feet in diameter, were subboxed because of certain changes in technical procedure, and the plant never got around to the hood. I disapproved of that and repeatedly said they would have cases of lead poisoning there if they didn't hood. They said they would just as soon as it was practical. It has never been practicable, and I am here to say we have had no lead cases develop on the point of disability, and we have had very little lead absorption result from that. The same men have worked there for ten years, dipping lead out of the pot, incidentally, at temperatures ranging usually from 650 to 950 degrees. In this group of linotype workers we found no evidence of lead absorption in some of the shows where they had no section. I would not say in my own experience that hooding is necessary at 500 degrees.

MR. CARR: I wonder if there is any evidence to indicate the toxic limit for butyl alcohol could be raised above that given? We had experience over some twenty years with the same group of men, working at concentrations from 200 to 400 parts per million, and under careful examination they have shown no indication of trouble.

One other question is whether much work has been done on toxic limits of diisocyanate?

DR. BELKNAP: I think Dr. Hamilton will have to state if she recalls whether we have toxic limits established for diisocyanate.

DR. HAMILTON: Diisocyanate is the trade name for diisocyanate chloride. No toxic limit has been established for that. We considered it a fairly safe solvent until some very disastrous cases occurred in England from over-exposure, causing five deaths. Since then we have looked upon it with a good deal more suspicion. There has not been enough work done on it to establish any maximum allowable concentration.

DR. BELKNAP: In regard to butyl alcohol, the butyl radical acetate is much less toxic than ethyl or methyl, particularly. So I would be interested in your point of view.

I think probably it could be made at safe limits.

MR. GUMMAR: I want to endorse completely the principle of maximum clearances of safety standards in engineering, but they should be based on factual data. As regards tobacco, there have been enormous quantities used in the lacquer industry since spray painting came into use. It is sprayed into the air as fine mist, and even though it evaporates at a slower rate than benzol, if you inhale the mist, you get severe effects, if it is toxic.

I have employers in four states, New York State, New Jersey, Ohio and Connecticut, who for the past sixteen years have not had any reported cases of chronic tobacco poisoning; yet Ohio in the past sixteen years has had over 69 cases of poisoning from gasoline in the petroleum industry.

As to the experimental results, I can find no experimental data indicating the toxicity should be such a low value. Some of the confusion arises from the failure to distinguish between chronic and acute poisoning. It is a fact that in extremely high concentrations, toluene and xylene are more toxic than benzol; that is, if you go into a chamber where there are 25,000 parts per million, you would be unconscious quicker from toluene and xylene than you would with benzene, but that is an entirely separate phenomenon from the slow chronic poisoning.

CHAIRMAN PAINE: The next topic will be "Skin Affections" and that will be handled by Dr. M. J. Reuter.

Skin Affections

DR. M. J. REUTER: When we consider to what extent the skin of the worker is exposed to injuries, the action of chemical irritants and the various infectious agents, it is not surprising that occupational skin diseases are a major problem in industry. The United States Public Health Service estimates 69 per cent of occupational diseases are skin diseases. They carried out a study in 100,000 workers and found, in the course of a year, that one per cent of these workers were affected with some skin disease as a result of their work. This did not include burns, splashes of acids and alkalis, and the ordinary pus infections of scratches or abrasions.

The problem confronting the physician is to determine the relationship between the skin disease and the occupational environment, to discover the nature of the offending agent and to adopt measures designed to cure the condition and prevent its occurrence.

There are many predisposing causes of occupational dermatosis, such as uncleanliness of workrooms, of clothes and of person. Previous skin diseases, as, for example, eczema, are potent factors, because individuals with eczema react seven times more frequently to external irritants than non-occupational individuals. The skin of the young and old is more susceptible to irritation and infection than the skin of persons in middle life. Dry skin is more vulnerable to irritants than oily skin.

The skin of certain parts of the body is especially sensitive, for instance, that of the eyelids and genitalia. Anything which lowers the normal threshold of resistance of the skin may act as a predisposing factor in the production of dermatitis and of infectious lesions. These factors include bruises, scratched sweating, and uncleanliness, prolonged exposure of the skin to water and especially to alkalis and repeated scrubbing of the skin. These agents tend to remove the normal protective coats of the skin, that is the outer horny layer, and thus expose the sensitive epidermal cells directly to irritating material. A point fairly recently emphasized is that individuals with common athlete's foot are much more prone to occupational dermatitis of the hands. Apparently this infection of the feet acts as a sensitizing factor.

The actual causes of occupational dermatoses are mechanical, physical and biologic agents and chemical irritants. Mechanical agents produce bruises and lacerations, as well as friction and pressure resulting in various inflammations and thickenings of the skin.

The physical agents which may produce an occupational dermatosis are heat and cold, either dry or wet, electricity, ultraviolet rays, either from the sun or artificial, and x-rays or radium.

The biologic agents are the common bacteria, fungi and parasites.

For the most part, however, occupational affections of the skin are the result of contact with irritants of a chemical nature,