

- 255 A Clinical and X-Ray Study of the Action of Jute Dust on the Respiratory Apparatus. G. Cascelli. Igiene e Sanita Pubblica 10, 245-266 (May-June, 1954). Italian.

A clinical study of workers exposed to dust in a jute factory for at least ten years led to the following conclusions: (1) jute does not cause pneumoconiosis within the definition adopted by the International Labor Office; (2) some workers suffered from acute or chronic inflammation of the upper respiratory tract, sometimes made worse through spasm of the bronchial muscle; (3) no dust can be inhaled repeatedly without harm to the pulmonary tissue, and jute, which is more hygroscopic than other vegetable dusts, absorbs moisture from the atmosphere and in the bronchial tree and soon settles within the latter and there exerts its irritant effects; and (4) jute dust does not favor either the incidence or the progress of pulmonary tuberculosis.

-- Cond. from Bull. Hyg.

- 256 Corneal Changes in Stone Cutter's Eyes: Contribution to Occupational Hygiene of Eyes. W. Buttner-Wobst. Klin. Monatsbl. Augenheilk. 125, 572 (1954). German.

Studies were made on the eyes of 15 stone cutters, nine of whom had been in this occupation for over ten years. Practically all the work was done outdoors, so that dust did not constitute a great problem. There was no fibrosis of the lung. The sensitivity of the cornea was normal in eight eyes, somewhat reduced in 13 eyes, and greatly reduced in the remaining nine. Completely protective goggles were worn only by one worker. Efforts were made to establish a possible connection between the reduction in corneal sensitivity and the presence of healed-in foreign bodies (stone particles). These bodies or corneal scars were found in 24 eyes. The bodies were between 50 and 150 microns in diameter. The granules seemed to be surrounded by a connective tissue membrane. They were usually in the sub-epithelial layer, partly within Bowman's membrane and partly below it. Some of the foreign bodies were surrounded by a corona of bluish-white turbidity. Wimple-like streamers of turbidity radiated from others. The author assumes that the wimple-like areas are probably caused by silica particles, and the coronal areas presumably enclose limestone particles. There was no evidence that the visual acuity was impaired by the small areas of turbidity, and so the author believes that they cannot be regarded as an occupational disease, the less so since they do not impair working capacity and cause no subjective complaints.

-- Cond. from Arch. Ind. Health

PHYSICAL ASPECTS OF THE ENVIRONMENT

- 257 Quarterly Report No. 7, Subcommittee on Noise in Industry of the Committee on Conservation of Hearing of the American Academy of Ophthalmology and Otolaryngology. July 1 to Sept. 30, 1955. 12 pp.

Progress on the following research projects is reported: relation of hearing loss to noise exposure; temporary threshold shift; long term recovery from permanent hearing loss; evaluation of speech test material; and automatic audiometry. Three papers by members of the staff of the Subcommittee are included:

Industrial Audiometric Environments. D. E. Wheeler.

The possible influence of the noise environment in the test room is studied, and recommendations are made.

Some of the Steps Necessary for Gathering Data in Industry. J. A. Gustafson.

The success of a hearing research program involves not only accurate testing, but also the cooperation of many people in the plant. The necessary steps are outlined: (1) preliminary conferences with the medical and safety departments; (2) submission to the company of a general research outline; (3) orientation and briefing of supervisory personnel; (4) insuring that the subjects arrive at scheduled times; (5) advance preparation of the exact recording of pertinent data; (6) preparation of a list of instructions when more than one tester is to collect audiograms; and (7) explanations to the subject as a research participant.

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