The industrial hygienist becomes aware that salesmanship is a necessary part of his practice. The salesman will think of the "buyer's" point of view and, first of all, develop his recommendations for environmental controls with the understanding of an economist, and then stress all the advantages. He will simplify his work by taking advantage of the views of production engineers and occasionally going them one better by saving them money in the conservation of materials or in the recovery of a by-product. One cardinal rule he learns early is not to "bluff" or try to impress his audience with his superior knowledge. Some few persons have the ability to "get away with it," but the odds are against them and it is much safer to work on the same plane as our audience whether that means a step down or a jump up, and it helps to imagine one's self in the position of the man one is trying to influence.

Industrial hygiene may be defined as *the science and art of preserving health through the recognition, evaluation, and control of environmental causes and sources of illness in industry*. It resolves itself into the problem of finding factors or conditions in workplaces that may cause or contribute to the illness or serious discomfort of employees, and of devising methods and means of eliminating or controlling such conditions.

It would be a mistake to attempt to give the impression that industrial hygiene is pure science, or that it is restricted to the art of applying scientific principles: much of it involves a liberal use of common sense or what is perhaps better known as "horse sense." The job will never become monotonous or routine because the chemist, the engineer, and the physicist will keep introducing new and more or less hazardous materials and processes that require new developments for the evaluation and control of exposures attendant to their use. Neither is the job glamorous or spectacular, and much of it is hard work bordering on drudgery, but it has its compensations.

I should like to narrate an incident that, because of its fundamentality and at the same time dramatic departure from the daily routine of an industrial hygienist, may be worth describing without retouching. One of the pioneers in industrial medicine and hygiene whom most readers will recognize without further identification might have regarded this incident as an "acorn."* However, since no tangible reward or token of appreciation was either anticipated or received and the only special remuneration was the feeling of satisfaction that goes with accomplishing any job, assumed or assigned, it was considered all-in-the-day's-work.

While busily engaged at my office one morning in the industrial hygienist's favorite occupation of pouring over survey reports, I received a telephone call: "This is Dr. ——, chemist over at —— Dry Dock. Here's something I think you should know about and maybe you will want to come over and look around. We just sent a man to the hospital and we have two more who are laid up and in a serious condition. The —— was docked here just two weeks ago for repairs and conversion and out of the 2,000 men working on her, over 100 are affected with some sort of breaking out and itch and all the men are threatening to quit if we don't find out what's wrong and correct it. The boat's been in the tropics for some time and the workmen fear some tropical disease is responsible for this outbreak."

* C. P. McCord, *A Blind Hog's Acorns*. Cloud, Inc., Chicago, 1945.

Yes, I did want to look around, and within an hour was aboard the ship and observed many of the afflicted men at work. There was considerable grumbling and an abundance of dirty looks. Several men wore bandages over vesicular patches and on a few there was evidence of a generalized fine vesiculation. We went through the ship from stem to stern and forecastle to bilge. It was like a beehive: men were cutting with torches, sawing out panels, knocking off plaster, shoveling out debris and filth, scrubbing, and removing the interior furnishings preparatory to refitting the boat completely. Admittedly the ship was dirty—in fact, in some areas it was filthy—but so what! Next we went to the first-aid room to see the attendant and find out what, if any, information could be obtained there. The place was crowded with patients, and while we waited to see the attendant first-aid man we could hear the grumblings of the waiting patients, who complained of "filthy working conditions" and that, if the health department were not called in to condemn the place, everyone should quit before they became ill—that the place was "infested with fleas" and that they didn't "want any tropical fevers." Finally the harassed attendant came to us, but he had little to offer except to comment that the cases and complaints were getting more numerous and that he certainly hoped we could do something.

We had seen the situation: a once luxuriant ship, somewhat filthy in spots, an explosive outbreak of dermatitis in nearly ten per cent of the 2,000 men at work on the ship, no reported cases among the many thousands of workmen in adjacent areas of the same shipyard, and, unless something were done quickly, work on this desperately needed troop ship and possibly in the entire yard would stop.

The job looked interesting if not easy. We collected samples of everything we could get loose—plaster, upholstery, hair stuffing, sweepings, scrapings from panels and floors, and samples of the different woods and sawdusts, and returned to the laboratory. The samples were turned over to the chemists and microscopists to look for fumigants, insecticides, alkalies, and other common irritants, as well as any signs of insects or parasites. Two members of the staff were inveigled into joining me in making patch tests with some of the materials after saturating them with alcohol as a precautionary measure. While these tests were in progress a medical associate told me with an air of finality that our company had called in, as consultant, an authority on dermatology and that he planned to leave the matter entirely in the consultant's hands. When I took the story to my immediate superior he said it was very interesting, and sometime when he had more time I should "tell him all about it." I telephoned the consultant dermatologist and inquired if he had seen the cases and had any ideas of what might cause the difficulty. Yes, he had seen them, and, except for the fact that it didn't make sense, he would say that they resembled poison-ivy cases. That agreed with what we had seen on the job, but we had not seen any poison ivy! After all of the chemical and microscopic tests proved negative except for an insignificant amount of arsenic in the sweepings, there remained only the possibility that the patch tests might indicate an irritant. After 48 hours, and with all patch tests negative, the shipyard's chemist reported that there were several more cases, including an electrician working on the dock beside the boat, and that a walkout seemed imminent even though the ship was desperately needed for a troop transport.

The fact that an electrician who possibly had not been on the boat was affected gave an indication that the problem might be attacked from epidemiological approach by personally interviewing some of the afflicted men. Discussion of personal matters with employees, especially shipyard workers, is ordinarily something to be avoided, but in this instance approval of such interviews was readily obtained from all parties concerned. Aided by the chemist and two safety engineers, we went out on the job and talked to some of the affected men, including the electrician, who had never been on the suspected ship, and a security policeman, who was seriously affected and had been aboard the ship only once for a few minutes. This introduced a strong element of doubt about the ship's