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TWENTY-THIRD ANNUAL
SAFETY CONGRESS



Cleveland, Ohio

October 1 to October 5, 1934

The Cleveland, Carter and Statler Hotels

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WHEREAS, there is such pressing need for prompt executive action to put these measures into effect and stop these needless tragedies;

THEREFORE BE IT RESOLVED: That the National Safety Council respectfully urges the President of the United States to call the Governors of the several States into conference as early in the new year as practicable, to lay before them the seriousness of the situation, the remedies which have been developed for correcting these conditions and the necessity for prompt and united action in all the States to adopt and more energetically carry on an effective program for the protection of life and limb on our streets and highways.

By formal motion, and by a rising vote, the entire audience of delegates and guests approved this action of the Council Executive Committee.

Following this, Lt.-Col. Reisinger read the following letter received from the President of the United States:

THE WHITE HOUSE
WASHINGTON

September 27, 1934

My dear Mr. Long:

I wish to extend to the members of the National Safety Council, in session at the twenty-third Annual Safety Conference, my most cordial greetings and my heartiest good wishes for the success of your endeavors.

The fact that you are concerning yourselves with saving life, that you are keeping in view human values and personal security commends your program to the entire country.

I am greatly impressed and pleased with the constructive steps already taken toward the elimination of accidents, especially highway disasters, which, because avoidable, are doubly tragic. This is a problem which we must attack with the utmost energy and persistence. Ultimately we may expect to reach the solution of highway safety, provided complete cooperation on the part of all citizens is given to concerted efforts of groups such as yours. At present the rising toll of fatalities on roads and city thoroughfares indicates in a manner all too grim that we are still far from the goal.

American automotive developments and our unequalled system of highway communications which have given signal contributions to our convenience, pleasure, and commerce, must not be permitted to devolve into instruments of death and disaster.

I assure you of my keen personal interest in your efforts and commend your splendid program to induce cooperation among every citizen in our nation with the movement looking to the prevention of needless fatalities—a drain upon our most precious natural resource which must be ended.

Very sincerely yours,

FRANKLIN D. ROOSEVELT.

Mr. John E. Long,
President, National Safety Council,
c/o Cleveland Hotel,
Cleveland, Ohio.

President John E. Long then arose and introduced Mr. Harold G. Hoffman, Commissioner of Motor Vehicles of New Jersey, who presided as Toastmaster. His witty introduction of the speaker of the evening, Dr. John L. Davis, of New York City, was highly appreciated by the big audience; and was only surpassed, perhaps, by the brilliant address of Dr. Davis, himself.

Dr. Davis was listed in the program to speak on "The Spirit of America." Despite this handicap, he seized the opportunity to present a highly popular monologue—so popular in fact that his success mounted steadily throughout the evening; and it was readily agreed, after an hilarious session, that no banquet of the Council had approached this for many a year.

ADJOURNMENT

TWENTY-THIRD ANNUAL SAFETY CONGRESS
NATIONAL SAFETY COUNCIL



Dust in Industry

FRIDAY AFTERNOON SESSION

October 5, 1934

The session devoted to a discussion of Dust in Industry was called to order by Dr. E. G. Meiter, Director, Industrial Hygiene Laboratory, Employers Mutual Liability Insurance Co., Milwaukee, who presided. Dr. Meiter briefly welcomed the delegates and then introduced the first speaker.

Types of Dust That Cause Occupational Diseases

By LEROY U. GARDNER, M.D.

Director, Saranac Laboratory for the Study of Tuberculosis, of the Edward L. Trudeau Foundation, Saranac Lake, N. Y.

The speaker said in part: Experience has demonstrated that the lung tissues can tolerate very large amounts of most kinds of foreign dust particles without serious interference with function. The lung may be intensely pigmented by colored dusts with no evidence that respiration is impaired. But dusts composed, in whole or in part, of silica have been shown to be dangerous because they stimulate the growth of the connective tissues of the lungs and bring about the formation of scar tissue. This destroys the normal elasticity of the organ which is necessary for respiration and it thickens the delicate membranes so that a free interchange of gasses is impeded. Fortunately, these results only follow the prolonged inhalation of very large quantities of silica.

Experiments have demonstrated that the injection of silica into the tissues of animals kills the cells where the substance lodges and excites an inflammation. When healing takes place a very dense and characteristic kind of scar tissue forms. Most non-siliceous dusts produce no inflammation and very little scar. It has been shown that such changes do not follow the injection of silica unless the particles are very fine, three microns or less in diameter, and unless enough of them localize in one area. With larger particles the rate of reaction is so slow that little change occurs within a year. As a general rule, the finer the particles, the more rapid the cellular response. The reaction to fine silica begins within four or five hours and it continues for a period of years.

If the silica is combined with bases in the form of silicates, it rarely produces such active and progressive changes. The silicate of magnesium, asbestos, does cause the formation of scar tissue in experimental animals and in the human lung, but most other silicates are not generally recognized as irritating. Recently it has been claimed that a hydrated silicate of aluminum and potassium, called sericite, is responsible for most of the cases of silicosis. This silicate, a transformed feldspar, is often associated with quartz and it has been identified in the lungs of persons suf-

fering from silicosis. However, at least two types of sericite have failed to excite significant changes when injected into animals. Experiments with this substance are still in progress. Kaolin, an aluminosilicate of potash, has also produced quite characteristic changes in the lungs of rabbits. But our present knowledge does not permit us to assume that silicates as a class will produce serious tissue damage.

Most observers now believe that uncombined silica, or quartz, is poisonous to the tissues because it is slowly dissolved in the fluids of the body. Certainly the majority of the experimental observations suggest a chemical injury, but it is difficult to understand how enough of such an insoluble substance as quartz could be dissolved within eight hours to produce a well marked, acute inflammation. If solubility were the only factor one should discover a more active response after the injection of the more readily soluble silicates, but such is not the case. Formerly it was held that silica produced its effect mechanically. The hard sharp quartz particles were believed to abrade the lung surfaces and excite the formation of scar tissue as a manifestation of healing. This theory is no longer tenable for when animals are injected with other hard, sharp particles like diamond, carbonum or aluminum oxide, there is no inflammation and practically no formation of scar tissue. Ultimately it may be shown that the irritation of silica is due to some unrecognized property possibly related to its atomic structure.

When quartz particles are inhaled they produce three specific effects which are not excited by any other type of dust yet studied. They alter the behavior of the pulmonary phagocytes; they stimulate the formation of circumscribed nodules of scar tissue; and they subsequently increase the susceptibility of the lung to infection, especially tuberculous infection.

Phagocytes that ingest too many quartz particles are killed by this irritating substance. As the cells die they liberate their burden and several new phagocytes come out to take it up again. By a repetition of this process enough phagocytes accumulate so that many of them ingest only a few particles. Under such circumstances the stimulus is not strong enough to kill but merely accelerates the motility of the cells. They naturally tend to leave the air spaces, enter the lymphatic vessels and accumulate in the lymph nodes. This process becomes more rapid under the influence of the irritating silica and very considerable numbers of particles are consequently localized in the nodes.

After six or eight years the quartz in the nodes has caused a marked overgrowth of the fibrous elements in these structures. Ultimately the reaction develops to such an extent that the node is entirely replaced by a mass of coarse, glassy scar tissue fibres, often several times as large as the original node. Such nodules encroach upon and compress the lymphatic vessels. The drainage system of the lung is choked and effective removal of subsequently inhaled dust is gradually diminished. Dust now accumulates around the lymph vessels and sheets of scar tissue develop in this location.

These preliminary changes do not constitute the disease, silicosis; they involve only the lymphatic system. The respiratory tissues are not appreciably affected. In good stereo X-ray films these preliminary changes may be visualized as a thickening and beading of the shadows cast by the blood vessels together with a widening of the shadow of the root of the lung. The blood vessels are thickened because the most important lymphatic vessels course through their walls. The beading is due to the minute nodules of siliceous scar tissue in the lymph nodes within the lung. The root shadow is widened because of the siliceous reaction in the lymph nodes in this location.

If still more dust is inhaled it can no longer be effectively carried off through the lymph vessels. The phagocytes now carry it into the walls of the air spaces. Often the cells group themselves in nodules but sometimes they are scattered. In these locations the silica again stimulates the formation of scar tissue. The result is a general thickening of the septa between the spaces and nodulation throughout the functional portions of the lung. This change seriously interferes with function as interchange of gas cannot take place through the thickened walls of the air spaces and the tissues lose their normal elasticity. Less involved air spaces dilate and their walls stretch, producing the condition known as emphysema, which is also incompatible with effective respiration.

With the formation of siliceous nodules in the functioning parts of the lung the

disease, silicosis, is said to begin. On the X-ray film such nodules cast clear cut, round shadows. As they increase in number and size they blot out the formerly accentuated linear shadows of the blood vessels. In a well marked case both lung fields may be thickly seeded with hundreds of such sharply defined, rounded, nodular shadows. Where there is emphysema, often at the bases, no markings are visible and the film appears black.

The condition of silicosis is a progressive one and it continues to develop after a man has left his dusty occupation. Serious results only follow, however, when he leaves with many nodules in the lung tissue itself. As such nodules increase in size they replace important functional elements. Obviously the continued growth of only a few nodules situated in the lymphatic system could have little effect other than to increase the obstruction already present.

The serious part of silicosis is its frequent complication by tuberculosis. This may arise from reactivation of a pre-existent latent infection or it may result from a new infection from without. The danger of infection increases with the amount of silicosis present. The course of the infection in the silicotic is usually chronic and it often fails to produce characteristic symptoms for months or years after its onset. Many times it is accidentally discovered in routine X-ray examination of groups of active workmen. However, evidences of disability are much more marked in silicotic individuals with infection than in those with uncomplicated disease. Occasionally tuberculosis may run a very acute course in the silicotic subject but this is also true in other persons. The cause of the susceptibility of the silicotic lung to tuberculosis is not perfectly understood, but it would seem that the action of the silica on the tissues creates a medium favorable for the growth of the bacteria. The tubercle bacilli multiply and a slowly progressive tissue reaction ensues, but the usual clinical symptoms of tuberculosis are often held in abeyance for a long time because the chances for absorption of poisonous products of infection are minimized by the obstructed lymphatic system. It is also possible that some of these poisons may be absorbed on the silica particles, as Cummins has suggested. Ultimately the infection gains the upper hand, symptoms develop and death from tuberculosis ensues.

The only other type of dust which is generally recognized as a cause of severe pulmonary injury is asbestos, a silicate of magnesium. This substance is fibrous in character and is more readily soluble than quartz. Apparently the protective upper respiratory mechanisms seem inadequate to prevent the inhalation of many such fibres and even quite long ones may penetrate into the finer bronchial tubes. These structures have irregularities in their walls which seem to hold the fibrous dusts. In this location the asbestos particles are surrounded and ingested by phagocytes. The cells do not seem to be particularly irritated for they are not especially numerous nor do they migrate rapidly into clumps as in the case of phagocytes dealing with quartz. Apparently most of them carry their burden of asbestos fragments directly into the walls of the tubes in which they lie. The mildly irritating dust sets up a proliferation of the connective tissue cells in the walls resulting in collar-like thickening of the tubes. Contraction of the new connective tissue narrows or closes the tube and thereby shuts off the ingress of air to the more peripheral air spaces. These spaces then collapse, a condition known as atelectasis. This in itself is a cause of fibrosis or scarring of lung tissue. The result is a fibrosis of numerous relatively small areas in the lung due to the collar-like constricting fibrosis about many small terminal bronchial tubes. The lymphatic system seems to play little part in disposing of asbestos dust and very insignificant amounts of this dust are found in the lymph nodes.

Not a few cases of asbestosis die of tuberculosis or bronchopneumonia but the prevalence of the former infection is probably much less common than in silicosis. Surveys of large groups of asbestos workers fail to reveal such a high incidence of tuberculosis as found in similar studies on silica workers.

The inhalation of unusual amounts of non-siliceous dusts apparently fails to produce significant alterations in the lung. It is of course possible that injurious ones may ultimately be discovered, but none are recognized today. The non-siliceous particles enter the lung and are ingested by phagocytes as in the case of quartz. The cells are not stimulated to move very rapidly and as a consequence many of them remain within the air spaces for a long time. Some, particularly those con-

taining relatively few particles, make their way into the lymphatic system and accumulate in the lymph nodes. In sufficient concentration, or perhaps because they are mixed with small amounts of silica, they set up a low grade, non-progressive chronic inflammation. But this reaction results only in a little thickening in the lymph nodes and about the lymphatic vessels. The lung tissue may be variously pigmented, black from coal or red from iron, but there is no formation of scar tissue that interferes with function. The susceptibility to tuberculosis of the person with such pigmentation is not increased but it is apparently quite definite that pneumonia is unduly prevalent in coal miners and that chronic bronchitis results from the inhalation of cement. The X-ray films of men working in non-siliceous dusts shows either nothing at all or a more or less marked accentuation of the linear shadows cast by the blood vessels. This, of course, is due to the chronic inflammatory changes about the lymphatic trunks in walls of blood vessels.

The effects of mixtures of free silica and non-siliceous materials are less clearly defined and should receive more serious attention. It would seem unwise to assume, as has been done in the past, that the non-siliceous substances serve only as inert diluents and that only the quartz component of a dust is of significance. Experimental and clinical data are accumulating which suggest that at least some other dusts may materially modify the action of quartz, both in its capacity to produce nodular fibrosis in the lungs and to increase the susceptibility to tuberculosis. For example, animals inhaling heavy concentrations of a mixture of equal parts of pure silica and hematite dust for eight hours a day over a period of 14 months have shown not even the slightest indication of nodule formation in the lung, whereas pure quartz dust, inhaled for only two hours a day, produces definite nodulation. It also seems to be true that animals inhaling such a mixture are much less susceptible to tuberculosis than those exposed to pure quartz. In the case of the human iron miner, some lungs show definite silicotic nodulation, others only a very few nodules and many no nodules at all. All exhibit heavy deposits of iron particles with a cellular connective tissue reaction. When these findings can be correlated with chemical analysis of the lung tissues and the approximate amount of rock work which these miners have performed, some relationship between the exposure to silica and the fibrous nodule formation may be established. Tuberculosis in these iron miners is apparently less prevalent and much less severe than in men exposed to pure silica. What has been said of iron miners is also probably true of laundry workers and coal miners. It is generally accepted that men in the latter occupation have less tuberculosis than the average for the age period; Carrington believes that they have the infection but that it is so atypical and benign in its manifestations that it escapes diagnosis.

Mention should also be made of mixed dusts like certain slates and granite containing large amounts of free silica in combination with silicates. Experimentally these substances behave atypically and do not produce nodular fibrosis unless there is complicating infection. The same may also be true in human beings. Unquestionably such dusts are capable of producing typical silicotic nodules and they predispose to tuberculosis. From a theoretical standpoint they should receive much more intensive study to clarify our views on the whole subject. At the present time it appears that the action of their quartz component is modified and partially neutralized by the other substances which they contain.

Using Exhaust Systems and Respiratory Equipment To Protect Workers Exposed to Dust

By STUART W. GURNEY and DAVID S. BEYER

Liberty Mutual Insurance Company, Boston

The speaker said in part: A number of our states have had references to dust elimination in their labor laws for a good many years, but no state has as yet thoroughly enforced these laws. The codes of five states which we investigated provide that grinding, buffing and polishing wheels should be exhausted, although two of the states exempt from these provisions wheels on which water is used.

This seems ill-advised, since a study of wet and dry grinding in Connecticut by Winslow and Greenburg has shown that the application of water does not by any means eliminate the dust hazard.

It may be remarked that, with everything else equal, a high static suction will give a higher velocity at the point of origin of the dust, fume or gas than a low one; but this alone is not a measure of the effectiveness of any exhaust system. Wisconsin has adopted the principle of specifying a limit to the number of dust particles of respirable size per cubic foot of air. After all, this is what we are primarily interested in, to keep the dust contamination down to a point where it will not be harmful.

These variations and conflicting provisions in state codes merely reflect the general lack of authoritative standards. It is accordingly fortunate that definite steps are now being taken by the American Standards Association to develop the proper basis for such codes. There are two committees working on this problem; the Ventilation Code Committee, sponsored by the American Society of Heating & Ventilating Engineers, and the Exhaust Code Committee, sponsored by the International Association of Industrial Accident Boards and Commissions. It is also arranged to appoint sub-committees to take up five specific subjects: Abrasive cleaning, chromium plating, granite cutting, rock drilling, and spray coating. In addition, a Sub-Committee on Fundamental Principles of Design and Operation and Maintenance of Exhaust Systems will be appointed.

The two most important considerations in an effective exhaust system are: 1. Velocity of air flow; 2. Arrangement of the inlets (from the standpoint of nearness to the dust source, shape, etc.).

Many an installation that is otherwise all right fails to remove the dust successfully merely because there is not enough air being drawn through the system. In a series of tests that were conducted under actual working conditions by Theodore P. Hatch, Department of Industrial Hygiene, Harvard School of Public Health, a machine used in dressing stone was employed, and it was noted that with an air flow through the hood of 230 cubic feet per minute, there were over one hundred million dust particles in the surrounding air. When the air flow was increased to a little over 250 cubic feet per minute, the dust concentration had dropped to forty million, a marked improvement. As the air flow was further increased, the drop in dust concentration was relatively slower, and it took a volume of about 380 cubic feet per minute to bring the dust concentration down to ten or fifteen million particles per cubic foot, which was considered reasonably safe for this type of dust.

It is accordingly possible sometimes to take an installation that is not satisfactory and, if the remainder of the system is well designed, by merely speeding up the blower or adding a larger one, to bring about the desired results.

Another very important consideration is to get the inlets of the exhaust system as close as possible to the source of the dust. The drop in efficiency as we get further away from the inlet is really surprising to one who has not studied the principles involved. It should be remembered that if we have the open end of an exhaust pipe or air duct in operation, the air tends to flow in from all sides, even from behind the opening. As we move away from the end of the pipe, the velocity drops very rapidly, so that even at a distance of five inches from the hood the velocity may be less than 10 per cent of that right at the hood inlet. This is the most important consideration to keep in mind and one which is frequently lost sight of in designing exhaust systems. It is not uncommon to see an exhaust inlet a few inches in diameter with which the person making the installation hoped to draw dust from a distance of several feet, but the air flow even a foot or two away from the entrance to the inlet may be negligible.

Still another important consideration having to do with the design of the inlet, is the addition of a flange. The effect of this flange is to cut down the air that would flow in from behind the opening, thus drawing it nearly all from the front. Thus the efficiency of the system is substantially increased and the scope of the exhaust extended appreciably, without increasing the power consumption or otherwise adding to the expense of keeping up the system.

There are also other considerations of perhaps lesser importance. For example, air cannot be "pulled" from a distance by merely directing an exhaust pipe toward the point in question, but it can be "pushed" or blown, directionally, for a consider-

able distance. This principle may be used advantageously in directing the dust toward the opening of the exhaust inlet and thus getting the desired results with a lower exhaust velocity and power consumption than would be required if suction alone were depended upon. This principle has been applied effectively in drilling material containing asbestos, where the exhaust inlet is placed at one side of the drill and a small air jet at the opposite side of the drill, blowing across the table turns the particles that would fly out from this side and directs them back into the exhaust system. It is also being applied to foundry shake-out work.

Other considerations in designing exhaust systems include the elimination of unnecessary bends or curves, the provision of clean-out doors, and the proper construction of joints. Where there is a general ventilating installation and one or more exhaust systems, care must be taken to see that they do not conflict with each other.

After an exhaust system has been installed it should be tested by taking actual dust counts to see that the dust is really being cut down to the desired point, and such counts should be taken at intervals after the installation has been made, to see that it is still functioning properly.

The fact that the dust particles that cause the trouble are so small that they are invisible under ordinary conditions (less than 10 microns or 1/2500th of an inch in diameter) often makes it hard to convince the practical plant manager that there is any dust present; it also makes it impossible to tell, without the use of special instruments, whether the completed exhaust system is actually removing the dust.

It might seem like an insult to one's intelligence to say that after an exhaust system has once been installed it should be maintained in good operating condition. However, the numerous cases one encounters in the plants where this obvious necessity is not carried out, indicates that it is really one of the major considerations in connection with the elimination of dust or fumes. Cases are not unknown where the blower has in some manner become reversed so that the air is being ejected and diffusing the dust, rather than drawing it in; other instances where the efficiency of the system has been lowered or its value nullified by clogging up, disconnection or wearing out of the piping, etc., are all too common.

One concern, of which the writers have knowledge, has a "U" tube permanently installed in one of its main exhaust systems so that the foreman or safety man can tell at a glance whether there are any changes that would indicate a break-down in the system. All such installations should have regular inspections by some competent person as a routine part of their upkeep.

It will be sufficient here to discuss respiratory equipment very briefly. The simplest form of this equipment is the filter respirator. Such respirators have a definite value for temporary use such as sweeping up, cleaning out bins, shoveling materials, etc., but they require careful fitting and constant supervision to see that they are being properly used.

It is our opinion, after watching the sincere efforts in a number of plants to enforce the use of these respirators, that it is rather impracticable to require them to be used on full-time operation. One notices the men, under these conditions, surreptitiously pushing the respirator aside and gasping in free air like a fish out of water. Certainly, if they are to be used any considerable length of time, frequent rest periods should be allowed where the men can get out into the free air for a few minutes refreshment.

There are also the large air-fed helmets, with which most of us are familiar, used for sandblasting, etc., which have been carried to a high state of perfection for the purposes to which they are adapted.

We believe, however, that much more use could be made advantageously of the type of apparatus that lies midway between the filter respirator and the air-fed helmet, namely, the light, air-fed respirator which covers the nose and mouth and leaves the rest of the face exposed. With a light hose attachment, this device offers considerable freedom of movement, and if air outlets were supplied so the hose could be quickly transferred from one outlet to another it would seem to be practicable to use them over a considerable area. They afford the advantages of a pure air supply without excessive weight and without the restriction to breathing that is imposed by the filter respirator.

The Medical Supervision of Workers Exposed to Dust

By W. J. McCONNELL, M.D.

Assistant Medical Director, Metropolitan Life Insurance Co., New York City

The speaker said in part: The harmfulness of dusts varies widely in accordance with the physical and chemical natures of each individual substance. Certain dusts are soluble or slightly soluble in the body fluids and their harmful effects are proportional to the toxicity of the compounds formed. Lead, mercury, and arsenic are examples of poisonous dust. Other dusts exert their harmful effects locally on the skin and mucous membranes and through irritation to the respiratory passages. Chronic acid and alkalis are examples. Attention recently has been called to the probably harmful effect of dusts arising from radio-active ores. A fourth group of dusts which are insoluble or very difficultly soluble in the body fluids may initiate harmful pathological lung conditions. These may be subdivided into non-fibrosis and fibrosis producing dusts. The organic dusts, mainly the vegetable fibers, such as cotton, jute, hemp, etc., are non-fibrosis producing dusts. The fibrosis producing dusts are limited, so far as we have evidence, to a few of the inorganic mineral dusts, such as free silica, crystalline silicon, quartz, and certain combined silicates. Of the fibrosis producing dusts, those having a high percentage of free silica are admittedly the most important because exposure over a period of years to such dusts distinctly predisposes the individual to tuberculosis.

The effectiveness of dust control measures in preventing diseases produced by dusts can be determined only by careful physical examination of the workers so exposed under the guidance of competent medical supervision. The benefits which accrue to the employer and employee, alike, as a result of the physical examination of all applicants for employment, as well as periodical examination of those already engaged, would indicate very careful consideration by industry of a program for control of sickness. Such a procedure protects the employer from engaging an applicant already physically or mentally impaired who later may claim disability for a condition either not associated with employment or contracted during a previous employment. The applicant's physical and mental condition is established and by keeping record of his subsequent illnesses and accidents, the question of responsibility for injuries and sickness need never arise.

The applicant is protected from engaging in work for which he is physically ill adapted which, if undertaken, might easily bring about serious impairment of his health. For example, an applicant with an arrested tuberculosis who seeks work in a certain dusty occupation, if allowed to engage in such work might readily convert an inactive tuberculosis into an active one; thereby endangering life or at least seriously impairing the applicant's future efficiency and earning capacity. Whereas the same applicant if assigned to a position that involves no such exposure, might be expected to continue for years as a useful and productive workman. The examination of applicants for employment likewise protects those that are already employed from the risks of communicable diseases such as tuberculosis and various acute respiratory and other infections being introduced into their midst by a new applicant.

Many of the younger individuals who seek employment have never before received a thorough physical examination and consequently are unaware of the defects from which they suffer. As a result of physical examinations, many defects are located which may be removed or corrected before they have caused irreparable damage, thereby increasing the efficiency of the worker and often averting definite and finally chronic diseases. Furthermore, incipient tuberculosis, unsuspected diseases of the heart, kidneys, and a host of other diseases of a similar nature, are discovered and the applicant referred for proper medical care and treatment which otherwise might have been postponed until too late.

Of even more importance than the initial physical examination of applicants is the periodic examination and care of old employees by an industry. Such a procedure serves to check the efficiency of preventive measures designed to prevent occupational diseases. It offers the most effective way of controlling the health of

large groups of workers by discovering early not only occupational diseases, but many other conditions that go undiscovered until the worker is acutely ill or becomes disabled. If the various contagious conditions go unrecognized others become infected, thereby causing serious economic loss, as well as endangering the health of a group of individuals.

The information obtained from physical examinations affords the medical supervisor the opportunity to make certain that employees are engaged in suitable work out of which they are getting maximum results, to correct the effects of undue exposure to harmful environmental conditions, and generally to lessen all occupational hazards. As a public health measure, it is impossible to over-estimate the value of periodic examinations in establishing interest in sickness prevention.

The set-up of a proper program for medical control of workers exposed to dust depends upon the number of employees involved and individual plant conditions. A series of articles under the title of "The Medical Department Manual" by Dr. Hart E. Fisher, appearing in current numbers of "Industrial Medicine," gives a comprehensive account of the organization and operation of a medical department.

1. The establishment of a medical department with adequate facilities and medical personnel who have qualified in the field of industrial medicine. A process analysis of all operations in the plant should be made and the medical supervisor should list all possible health hazards and familiarize himself with their physiological effects. If necessary, he should conduct research studies to determine the harmful effects of new substances introduced into plant processes about which little is known. In cooperation with other departments, he should investigate the extent of the hazards and devise measures of control.

2. The routine examination of all applicants for employment. The procedure should include a detailed history of the applicant's previous illnesses and accidents classified under (a) diseases of childhood, (b) general infectious diseases, (c) respiratory diseases, (d) venereal diseases, and (e) accidents and resulting physical defects. A detailed history of previous occupations engaged in is very important. A mere statement of the type of industry in which the applicant was engaged has slight value, if any. The exact duties performed in each occupation should be noted and information ascertained as to the probable length of exposure to hazardous substances. After the history has been taken and a photograph for identification purposes (if part of routine) is made, the applicant should be directed to the examining room where he is instructed to remove his clothing for physical examination. This examination should be made as complete as is considered necessary to determine the applicant's physical condition.

If the applicant has been or will be exposed to dusts which induce lung disease, an X-ray picture of the chest is an important part of the examination. This part of the examination may be referred to an experienced roentgenologist, as the value of this method of diagnosis depends upon the type of pictures taken and the experience of the reader who interprets them. The examining physician also may need additional information obtained by laboratory analyses of the blood, sputum, and the urine. These aids to diagnosis should be provided or made available when desirable.

3. The rating and placement of applicants. In cooperation with the personnel department, the applicant should be rated and placed, not only on his training and past experiences, but also on his physical and mental abilities to fill vacancies occurring from time to time. The record of his physical and mental examination should be the confidential property of the medical department.

4. Periodical physical examinations. The frequency of periodical examinations necessarily must depend upon individual circumstances according to the need for such examinations as determined by the supervising physician. Where physical examinations are made for the first time, the employees of long standing should be given ample explanation of the benefits of such examinations and be given assurances that their jobs are secure.

5. Provision for the disabled. Employees who develop disabilities during the course of employment should be re-assigned to occupations which will not interfere with or aggravate the disability, or they should be provided for in other ways.

ADJOURNMENT

TWENTY-THIRD ANNUAL SAFETY CONGR *IS*
NATIONAL SAFETY COUNCIL



Fire Prevention

THURSDAY AFTERNOON SESSION

October 4, 1934

The Fire Prevention Session convened in the Statler Hotel with Chairman Harold L. Miner, Manager, Safety and Fire Protection Division, E. I. duPont de Nemours & Co., Wilmington, Delaware, presiding. After briefly welcoming the delegates, Chairman Miner introduced the first speaker.

How Home Fires Are Caused

By R. B. CRISWELL

Ohio Inspection Bureau, Columbus, Ohio

Speaking extemporaneously, Mr. Criswell gave a demonstration of the devices employed and the arguments advanced by himself and other members of the Ohio Inspection Bureau in bringing to the attention of school children the serious hazards of flammable substances in the home. His object was to inform safety engineers, and perhaps others in his audience who might be interested in becoming safety speakers, how to use simple devices in convincing the school children of the necessity for caution to avoid fires and explosions. Each device and method was outlined briefly, but with striking detail, some of the demonstrations being as follows:

A match, still blazing, was thrown carelessly into a small waste basket, as so many persons still continue to do, and the waste paper immediately flared into a dangerous blaze. With a short talk about the forest rangers and their watchfulness in putting out smoldering camp fires in the North Woods, he next carefully broke a match to make sure the match had gone out completely before he tossed it aside. Said he, "Chaperone your matches; they shouldn't go out alone."

A small doll house, wired in similar fashion to a comfortable home, was exhibited, and after an explanation outlining the many light and lamp fixtures coupled with electrical devices, which might be loaded onto the electric circuit in any home, the speaker attached these devices one after another until the fuse blew out; then he used a copper penny to plug the circuit until a fire developed in the attic of the doll house.

Strangely enough, an ordinary fish bowl, with the goldfish swimming about, if exposed in a sunny nook of the living room, with a flimsy curtain in the right spot beside it, or even a flammable rug underneath, can cause a disastrous fire. The circular fish bowl and the water act as a lens to concentrate the sun's rays. This has happened repeatedly, said the speaker.

A pretty little doll, made of pyroxylin, or some other flammable material, has often become ignited in the hand of a child and has burned the child severely before