or as parts per million or as per cent by volume. Typical ranges in dust concentrations as now found in practical applications are given in Table 2.

The engineer frequently desires information regarding the effects of various concentrations of gases or dusts upon man, as the success of a particular installation may depend upon the maintenance of air which is adequately clean. At the present time there are several organizations working on this problem all of them publishing literature of various kinds.[1] References to books covering the hygienic significance, determination and control of dust are listed at the end of this chapter.

AIR POLLUTION AND HEALTH

The prevention of various diseases which result from exposure to atmospheric impurities is an engineering problem. It is important for the engineer to insure, by proper ventilation, suitable environments for working or for general living. If the equipment used is to be successful, it must operate automatically as in the modern air conditioned theater or railroad train.

In Table 3 are given data on permissible accepted standards for toxicity of gases and vapors which occur in industry. The prudent

TABLE 2. DUST CONCENTRATION RANGES IN PRACTICAL APPLICATIONS[a]

APPLICATION	GRAINS PER 1000 CU FT	MGS PER CU M
Rural and suburban districts	0.2 to 0.4	0.4 to 0.8
Metropolitan districts	0.4 to 0.8	0.9 to 1.8
Industrial districts	0.8 to 1.5	1.8 to 3.5
Dusty factories or mines	4.0 to 80.0	10 to 200
Explosive concentrations (as of flour or soft coal)	4000 to 8000	10,000 to 20,000

[a]1 grain per 1000 cu ft = 2.3 mgs per cubic meter; 1 oz per cubic foot = 1 g per liter.

engineer will design equipment using these bench marks as the upper limits of pollution. In general it is good practice to avoid recirculation of air which originally contains toxic substances. Obviously there are exceptions to this rule.

Affections of the respiratory tract are associated with exposure to thick dust, and may follow inhalation of practically any kind of insoluble and non-colloidal dust. Atmospheric dust in itself cannot be blamed for causing tuberculosis, but it may aggravate the disease once it has started.[2]

The sulphurous fumes and tarry matter in smoke are more dangerous than the carbon. In foggy weather the accumulation of these substances in the lower strata may be such as to cause irritation of the eyes, nose, and respiratory passages. The Meuse Valley fog disaster will probably become a classic example in the history of gaseous air pollution. Released in a rare combination of atmospheric calm and dense fog, it is believed that sulphur dioxide and other toxic gases from the industrial region of the valley caused 63 sudden deaths, and injuries to several hundred persons.

Carbon monoxide from automobiles and from chimney gases constitutes another important source of aerial pollution in busy cities. During

[1]National Institute for Health, U. S. Public Health Service; Division of Labor Standards, U. S. Department of Labor; University of Toronto Medical School, Canada; Saranac Laboratories, Saranac Lake, N. Y.; Industrial Hygiene Foundation, Inc., Pittsburgh, Pa.; Harvard School of Public Health, Boston, Mass.; Haskell Laboratory, Wilmington, Del.; and the Departments of Health and of Labor in the United States and in various provinces of Canada.

[2]Physiological Response of the Peritoneal Tissue to Dusts Introduced as Foreign Bodies, by Miller and Sayers (*U. S. Public Health Reports*, 49:80, 1934).

heavy traffic hours and under atmospheric conditions favorable to concentration, the air of congested streets may contain enough *CO* to affect those exposed over a period of several hours, particularly if their activities call for deep and rapid breathing. In open air under ordinary conditions the concentration of *CO* in city air is insufficient to affect the average city dweller or pedestrian.

TABLE 3. ACCEPTED STANDARDS FOR TOXICITY OF GASES AND VAPORS[a]

SUBSTANCE	SINGLE EXPOSURES			MAX. ALLOWABLE AVERAGE CONCENTRATION FOR REPEATED EXPOSURES
	Rapidly Fatal	Dangerous for from ½ to 1 Hour	Max. Safe Concentration for ½ to 1 Hour	
	(ppm)	(ppm)	(ppm)	(ppm)
Ammonia	5,000–10,000	2500	300	100
Amyl acetate	.....	.....	.....	400
Aniline	.....	.....	105–160	5
Arsine	250	15	6	1
Benzene	190	.....	31–47	100
Butyl acetate	.....	.....	.....	400
Carbon bisulfide	4800	3200–3850	960–1600	20
Carbon dioxide	80,000–100,000	.....	.....	.....
Carbon monoxide	4000	1500–2000	400	100
Carbon tetrachloride	10,000	.....	1000	100
Chlorine	900	14–21	3.5	1
Dichlorbenzene	.....	.....	.....	75
Dichlorethyl ether	.....	.....	.....	15
Ether	.....	.....	.....	400
Ethylene dichloride	.....	.....	.....	100
Formaldehyde	.....	.....	.....	20
Gasoline	.....	.....	.....	1000
Hydrochloric acid	.....	.....	.....	10
Hydrogen cyanide	270	110–135	45–54	20
Hydrogen chloride	1250–1750	1000–1350	40–90	10
Hydrogen fluoride	660	50–250	10	3
Hydrogen sulfide	1000–2000	360–500	200–300	20
Methanol	.....	.....	.....	200
Methyl bromide	20,000–40,000	2000–4000	1000	.....
Methyl chloride	150,000–300,000	20,000–40,000	7000	.....
Nitrobenzene	.....	.....	200	5
Oxides of nitrogen	320–530	117–154	.....	10
Phosgene	90	12.5	.....	1
Phosphine	2000	400–600	100–200	2
Sulfur dioxide	400–500	150–190	50–100	10
Tetrachlorethane	7300	.....	.....	10
Tetrachlorethylene	.....	.....	.....	200
Toluene and xylene	.....	.....	.....	200
Trichlorethylene	7800	.....	3700	200
Turpentine	.....	.....	.....	200

[a]Adapted from The Prevention of Occupational Diseases, by R. R. Sayers and J. M. DallaValle (*Mechanical Engineering*, Vol. 57, No. 4, April, 1935); Safe Concentrations of Certain Common Toxic Substances used in Industry, by M. Bowditch, C. K. Drinker, P. Drinker, H. A. Haggard and H. Hamilton (*Journal of Industrial Hygiene and Toxicology*, Vol. 22, No. 6, June, 1940); and other authoritative sources.

Occlusion of Solar Radiation

The loss of light, particularly the occlusion of solar ultra-violet light due to smoke and soot, is beginning to be recognized as a health problem in many industrial cities. Measurements of solar radiation in Baltimore[3] by actinic methods show that the ultra-violet light in the country was 50 per cent greater than in the city. In New York City[4] a loss as great as

[3]Effects of Atmospheric Pollution Upon Incidence of Solar Ultra-Violet Light, by J. H. Shrader, M. H. Coblentz and F. A. Korff (*American Journal of Public Health*, p. 7, Vol. 19, 1929).

[4]Studies in Illumination, by J. E. Ives (*U. S. Public Health Service Bulletin* No. 197, 1930).