

PRAXIS OF AN INDUSTRIAL LABORATORY FOR PREVENTION OF TETRAETHYL LEAD POISONING. M. STRINGARI, F. BOVELACCI and M. PEDINELLI *Rass. med. indust.* **19:173** (July-Aug.) 1950.

The authors describe in detail the medical-hygienic unit of an industrial center engaged in the production of tetraethyl lead. The medical care which aims to prevent lead poisoning includes (1) a preemployment examination, mainly, of the nervous system, the blood circulation, the liver, the kidneys and the digestive tract; (2) control examinations made every week or every two weeks, with noting of the body weight, the arterial blood pressure and the results of laboratory examinations of the blood or the urine for lead. The workers are closely watched for early symptoms of lead poisoning; they receive industrial medical advice on matters of health. The personnel of the department of hygiene puts in force the preventive regulations, which include work in rotation for one week only in each of the various departments of the industrial center, according to the hazard of lead poisoning. The personnel on hygiene watches the worker's observance of hygienic regulations, including the use of a mask and of protective clothing for one week only. The workers have to use individual lockers and must return to the department by the end of the week their masks and clothing, so that these items may be sterilized and the masks provided with new carbon filters.

ORGANIZATION OF FIRST AID SERVICE FOR WORKERS WITH PARALYSIS OF RESPIRATION. G. COPPÉE, *Rass. med. indust.* **19:188** (July-Aug.) 1950.

The most frequent industrial accidents leading to paralysis of respiration are (1) poisoning with carbon monoxide, (2) electrocution and (3) drowning. In all industrial plants in which they may occur, it is advisable to have, in the department of first aid, an artificial respirator. The first aid artificial respirator suggested by the author is a modification of Eve's respirator. When artificial respiration has to be practiced for several hours, the first aid respirator has to be substituted by the iron lung without interrupting artificial respiration. The author suggests, also, a modified iron lung for transportation of the patient from the first aid post to the clinic. The worker, in need of artificial respiration, feels comfortable in the modified iron lung, which fits conveniently into the ambulance.

Environmental Conditions

AIR DISINFECTION AND STERILIZATION: SYMPOSIUM CONDUCTED BY SOCIETY OF CHEMICAL INDUSTRY, FOOD GROUP, MICROBIOLOGICAL PANEL, LONDON, OCT. 11, 1950. *Chem. & Indust.*, 1950, no. 50 (Dec. 16), pp. 805-807.

The papers are given in abstract form. They include: "Methods of Sampling Air for Bacteria," by O. M. Lidwell. The process of sampling air for bacteria includes three procedures: sampling of the air, collection of bacteria from the sample and recognition and enumerations of the organisms. Relatively little attention has been paid to the first. Methods of, and instruments for, sampling are described.

"Air Disinfection by Ultraviolet Irradiation and Chemical Vapors," by R. E. O. Williams. General types of both methods are described and compared. The effectiveness of the two methods is roughly the same, but they are affected differently by ventilation.

"Removal of Bacteria from Air by Filtration and Its Application to Industrial Fermentations," by D. A. Parker and G. B. Cherry. Removal of bacteria by filtration has proved satisfactory in the fermentation industries.

"Industrial and Large Scale Purification of Air Supplies (with Special Reference to the Electrostatic Precipitator)," by D. L. Munden. Large scale tests with 0.2 Gm. of dust per 300 cu. ft. (8.5 cu. M.) of air showed an efficiency of 99 per cent dust removal by the precipitron against 20 to 4 per cent by viscous and fabric filters. Under more dusty conditions, 2 Gm. of dust per 300 cu. ft. of air, the precipitron had an efficiency of 97 per cent, compared with 99.9 per cent for the miniature precipitator. Similar tests on air-borne bacteria are being conducted.