

ARTIFICIAL RESPIRATION: A NEW METHOD AND A COMPARATIVE STUDY OF DIFFERENT METHODS IN ADULTS. A. S. GORDON, D. C. FAIVER and A. C. IVY, J. A. M. A. **144**:1455-1464 (Dec. 23) 1950.

The relative efficiency of the pulmonary ventilation obtained by manual and by mechanical methods of artificial respiration was studied on 109 warm corpses and nine normal subjects. The manual techniques utilizing both "push and pull" principles provided about twice the minute volume obtained with only a "push" or a "pull" method. The "push and pull" techniques include the Nielsen (armlift-scapular pressure), the Schafer-Emerson-Ivy (hiplift-prone pressure and hiproll-prone pressure) and the Schaffer-Neilsen-Drinker (armlift-prone pressure) methods. The simple "pull" methods of hiplifting or rolling are more effective than the "push" method of Schaffer. These procedures are compared as to ease of execution.

In addition, the adequate mechanical methods of intermittent positive devices and alternating positive and negative pressure resuscitators are discussed and compared with manual procedures in regard to efficacy and relative merits. The mechanical techniques have the advantages of simplicity of proper administration, being non-fatiguing, and of supplying 100 per cent oxygen, and they may be used when patients cannot be moved because of the nature of the injury. The chief advantage of the manual techniques is the equally effective pulmonary ventilation without need of special equipment.

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AN ADVERSE EFFECT OF BAL IN A CASE OF SUBACUTE POLYNEURITIS WITH OBSERVATIONS ON PORPHYRIN METABOLISM. JAMES H. SANDS, BARNET BERRIS and L. RAYMOND SCHERER, New England J. Med. **243**:558-561 (Oct. 12) 1950.

A case of arsenical polyneuritis treated with dimercaprol (BAL, British antilewisite) is presented. Marked aggravation of neurologic symptoms and signs followed the administration of dimercaprol in the usual dosage. This is believed to be the first report of such an adverse response to dimercaprol during treatment of arsenical poisoning. Possible explanations are considered. Serial urinary arsenic and coproporphyrin studies are described. The urinary type III coproporphyrin excretion was markedly elevated, and the erythrocyte protoporphyrin considerably elevated. Dimercaprol therapy caused a slight increase in the urinary excretion of arsenic and coproporphyrin, although the findings were not conclusive.

ADAPTATION OF AUTHORS' SUMMARY.

WORK EVALUATION OF REHABILITATION. A. L. STEVENS, Occup. Therapy **29**:157 (June) 1950.

A CONTRIBUTION TO THE STUDY OF ASBESTOSIS. P. CARTIER, Arch. malad. profess. **10**:589-595, 1949.

For more than three years the author has been in medical charge of 3,242 men employed in mining asbestos at Thetford in Canada. At these mines over 70 per cent of the world's supply of asbestos is obtained. Forty per cent of the men have been employed for 10 to 40 years. The minerals mined consist of asbestos in the form of chrysolite and serpentine. Dust from serpentine has been found clinically and by experiment to be a nuisance rather than a source of pneumoconiosis. But it is known that asbestos originates asbestosis, at least when its dust is generated while the mineral is being spun and woven into cloth. Cases of asbestosis were found only in those who had been employed for at least 14 years and exposed to air containing 5,000,000 or more particles of asbestos fibers per cubic foot, the fibers being from 10 to 250 microns in length. The outstanding feature of this report is the mildness of any pulmonary trouble found among the miners resulting from inhalation of asbestos dust, compared with what has been reported in the United States and Great Britain as occurring in factories where asbestos is spun and woven. Clinically none of the symptoms of pulmonary fibrosis—cough, dyspnea, cyanosis and loss of weight—were present. No case of pure asbestosis was detected in those under age 60, and most of them were carrying on their work without any physical incapacity. The mining neighborhood would seem to be unduly "infected" with tuberculosis, but cases of that disease were not found to be any more frequent among the miners than among the clerical staff and the rest of the community. Having regard to the late age at