

FILE NAME: National Safety Council (NSC)

DATE: 1961 Feb

DOC#: NSC222

DOCUMENT DESCRIPTION: NSC - National Safety News - Problem Areas in Pneumoconiosis

FEBRUARY 1961

National SAFETY NEWS

NATIONAL SAFETY COUNCIL

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liquid has a vapor pressure of approximately 50 mm Hg at room temperature, the concentration of triethylborane surrounding the liquid would contain 65,000 ppm.

Vapors of this chemical will ignite at 1 mm Hg partial pressure (1300 ppm.). It is not correct to assume that, because triethylborane vapors ignite, there isn't any potential health hazard. Toxic concentrations can be easily achieved.

It has been recommended that the exposures to uncombusted triethylborane vapors should be kept at a minimum.

Fatal Gassing in Acetylene Plant

"Fatal Gassing in Acetylene Manufacturing Plant." By A. T. Jones. *Archives of Environmental Health*, Volume 1, No. 5, November 1960. Pp. 417-422.

This is a report on a fatal accident that occurred in an acetylene manufacturing plant. The operator was found lying across the top of an open calcium carbide generator feed hopper, with his head inside the filler hole.

Apparently he had placed his

head inside the hopper to determine the level of carbide in the generator. In so doing, he was exposed to an atmosphere deficient in oxygen and containing a high concentration, possibly up to 80 per cent, of acetylene.

As a temporary preventive action, it was recommended that compressed air line respirators be worn by operators when working around open hoppers. As a permanent preventive measure, it was recommended that glass ports in the hopper and good illumination be provided, so the operator can see the level of the carbide in the generator without exposing himself to hazard.

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says
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Vice-President of Tect, Inc.

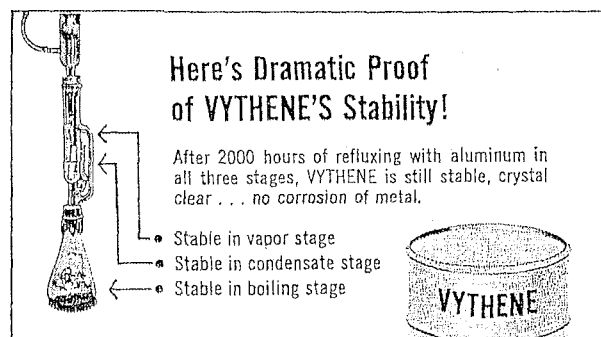
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Problem Areas in Pneumoconiosis

"Problem Areas in Pneumoconiosis." By N. Kleinfeld, M.D., and J. Messite, M.D. *Archives of Environmental Health*, Volume 1, No. 5, November 1960. Pp. 428-437.

IN THIS paper stress is laid on the importance of having sufficient information about the industrial environment, before a positive diagnosis of occupational and chest disease can be made.

Pulmonary disease may be occupational or non-occupational in origin. To establish a causal relationship, one must know the particle size of dust to which the worker is exposed, the physical characteristics of the dust and the details of the worker's job.

The authors cite case histories to illustrate the importance of these factors. They indicate it is important to know the epidemiology of the industrial dust disease, the similarity between occupational and non-occupational pulmonary diseases, and the incubation period of the occupational chest disease.

It is impossible to evaluate the case of pneumoconiosis solely by conventional methods of examination, i.e. clinical roentgenographic, pathological or the more refined methods of pulmonary function determination. The approaches discussed must be combined before any conclusions can be made.

The authors also discuss the medical and legal factors involved in problems of compensation relating to pneumoconiosis.