the concentration of silica is higher. In the same working places some people seem to be susceptible and others immune. Chronic respiratory conditions do not seem to be of etiological importance.

In about 30 per cent of the silicotic ceramic workers tuberculosis was found.

Preventive methods are enumerated. They are the methods generally accepted for the prevention or removal of dust.

ADAPTED FROM BULL. HYG.

GASTRODUODENAL ULCER DUE TO CEMENT: A NEW OCCUPATIONAL DISEASE. G. JULLIEN, M. LEANDRI and J. BOUVEYRON, Arch. mal. profess. **10**:612-617, 1949.

The authors have observed over a number of years that men exposed at their work to cement dust complained of stomach troubles and that an undue proportion of them suffer from gastroduodenal ulcers confirmed by x-ray examination. In the building trade 7 per cent of the cement workers had gastric pains, and 3 per cent of these had ulcers. In a cement factory employing 269 men, 13 had ulcers confirmed by x-ray. These data raised the suspicion that cement dust may lead to the development of gastroduodenal ulcers. Hence material was reexamined from 18 guinea pigs that had been submitted to the inhalation of cement dust in order to ascertain its effect, if any, on the lungs. One instance of gastric ulcer was found. The microscopic appearances of this ulcer are illustrated. Next another guinea pig and a dog were given cement in their food for 15 days and a month, respectively. In neither case was there any development of an ulcer, although the dog exhibited hyperplastic gastritis. A discussion is presented of the various theories propounded to account for the causation of digestive ulcers; they are as diverse as their authors. In evidence that cement possesses corrosive action is instanced the dermatitis experienced by cement workers. [The experimental evidence produced as to the harmful properties of cement on the gastric mucous membrane is far too slight to allow any support for the view that gastroduodenal ulcers may be caused by swallowing cement dust.]

E. L. COLLIS [BULL. HYG.].

THE IMPORTANCE OF FLUORIDE ELEMENTS IN THE PATHOGENESIS OF LUNG DISORDERS PRODUCED BY BERYLLIUM COMPOUND DUSTS. A. POLICARD, Bull. Acad. nat. méd. **134**:289 (April 25) 1950.

Policard believes that the toxic effects of industrial beryllium compounds, in particular beryllia, are not entirely due to the beryllium, but to the sodium fluoride which is found in beryllia up to a proportion of about 5 per cent.

FROM NUCLEAR SC. ABST.

SILICOSIS AND TEMPORARY DISABILITY. P. COZAMIAN, Méd. usine **11**:611 (Dec.) 1949.

The French law of Aug. 2, 1945 provides no compensation for temporary disablement from silicosis. The reason for this is that the development of silicosis is gradual and the trauma is unlike that from an industrial accident. In industrial trauma the injury occurs quite suddenly and temporary disability may commence immediately. In silicosis, however, the disease is chronic and its development slow with disablement occurring terminally. Treatment is of no avail, and eventually permanent partial or total disability occurs. In this disease, therefore, there is no temporary disability. The author discusses the justification of such a law as it applies to simple silicosis, silicosis with nontuberculous complications, silicotuberculosis and silicosis with cardiovascular complications.

ADAPTED FROM BULL. DOC. MÉD. INST. HYG. MINES.

THE PROBLEMS OF SILICOSIS. A. POLICARD, Rev. Indust. Minérale, 1950, no. 557, p. 580.

To reach the lungs dust must be finer than 2 μ. Larger grains are retained by the respiratory organs, nose and bronchi. The dust must be siliceous to produce silicosis. Preventive methods, diagnosis and symptoms are briefly discussed.

FROM CHEM. ABST.