

CONTACT DERMATITIS DUE TO CINNAMON. F. W. EPSTEIN, Ohio State M. J. **46:659** (July) 1950.

Epstein reports the case of a woman aged 59 who worked as a baker. She had a severe erythematopapular eruption of both hands. The fingers were swollen, and intermingled with acute vesicular lesions were chronic lichenified areas on the dorsum of each hand. The dermatitis was extremely pruritic and involved both wrists and forearms. The palmar aspects of the hands were also involved, but to a lesser extent than their dorsal aspects.

The history revealed that there had been chronic dermatitis of the dry eczema type of the hands for two years, with frequent remissions and exacerbations, the latter definitely tied up with longer hours at work and holiday baking. Patch tests with various substances revealed hypersensitivity to cinnamon, although the ingestion of cinnamon caused no local or systemic reactions. Removal of the source of irritation was followed by recovery.

THE OUTLOOK FOR WOMEN IN SOCIAL CASE WORK IN A MEDICAL SETTING. United States Department of Labor, Women's Bureau, Social Work Series Bulletin no. 235-1. Page 59, Jan. 30, 1950.

The need for medical social case workers is great, especially in hospitals outside the New York and New England area. Such social workers should usually be graduates of a college, university, or accredited school of social work. (Possible alternatives are mentioned.)

The type of work done by the medical social worker, possible places of employment (public or private hospitals, teaching, etc.), remuneration and geographic distribution of workers in the field are stressed. The effects of World War II on the supply and demand for medical social workers, as well as a prognosis concerning the number of jobs that will be available for qualified workers in the future, are presented.

An appendix giving minimum qualifications for various types of medical social service workers, a good bibliography, and a list of schools of social work in the United States offering curriculums in medical social work approved by the American Association of Medical Social Workers, July 1, 1949, are included at the end of the report.

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HYDATIDOSIS AS AN INDUSTRIAL DISEASE. E. HIDALGO, Med. depor. y trab. **15:3404** (June) 1950.

Hidalgo believes that hydatidosis is an industrial disease of rural workers because of the facts that the disease is transmitted by dogs and dogs are necessary in rural work. He asks for laws by which the patients would be compensated for transient or permanent incapacity and for either simple or complicated forms of the disease, and also the families in case of death from hydatidosis.

Physiology and Nutrition

VARIATIONS IN INDIVIDUAL SUSCEPTIBILITY TO INDUSTRIAL DUSTS INHALED INTO THE LUNGS. A. J. VORWALD, Am. Rev. Tuberc. **62:13** (July) 1950.

From a consideration of the many phases of individual variations in pulmonary response to inhaled dust that have been reviewed, it is evident that we have no simple explanation for this puzzling phenomenon. It has been shown that not all subjects exposed to dust under presumably the same environmental conditions react alike. Some are susceptible and respond early; others are partly or almost completely resistant. This condition occurs both with the experimental animal and with the industrial worker inhaling atmospheres contaminated with dust. Various explanations have been offered to account for these differences, but none is entirely satisfactory. Inefficient nasal filtration, physiologic peculiarities of the lungs, chronic infection of the respiratory tract, effectiveness of the lymphatic drainage system, quantity of dust deposited in the lungs, particle size, metabolic and genetic factors, and physicochemical differences have been suggested as possible determinants influencing the degree of pulmonary reaction of the individual man or animal exposed to a dusty environment. The relative importance of each of these elements in the production of pulmonary dust disease in some workers and not in others remains to be determined.

AUTHOR'S SUMMARY.