

INDUSTRIAL HYGIENE FEATURES

New smoke and air pollution control rules and regulations are enacted by Allegheny County. See Abst. No. 728.

The effect of smoking on asthma and emphysema is discussed in Abst. No. 734.

Abst. No. 735 presents information on tobacco amblyopia.

Abst. No. 740 is concerned with education for industrial medical practice.

Dermatoses from phenylmercuric salts is the subject of Abst. No. 742.

See Abst. No. 746 for information on the present status of skin tests.

The topic of Abst. No. 756 is the role of roasted chromite ore in the production of cancer.

Mercury as a potential hazard in medical laboratories is considered in Abst. No. 758.

Pathological changes in ethylene dibromide poisoning is the objective of Abst. No. 763.

Data on the myocological contamination of impinger samples are given in Abst. No. 769.

Consult Abst. No. 772 for some statistical aspects of dust counting.

A case report on asbestosis and carcinoma of the lung is given in Abst. No. 781.

For a discussion on sound absorption in large halls see Abst. No. 787.

Microwave radiation hazards are discussed in Abst. No. 791.

Man versus environment is the topic of Abst. No. 808.

Adhesion of solid particles to surfaces is the title of Abst. No. 810.

A discussion on automation and unemployment is presented in Abst. No. 814.

FOUNDATION FACTS

A. M. A. ARCHIVES OF INDUSTRIAL HEALTH has changed its name to Archives of Environmental Health beginning with the July 1960 issue, and will start with Volume I, Number I.

DR. GROSS PRESENTS PAPER AT INTERNATIONAL CONGRESS. Dr. Paul Gross, the Foundation's Research Pathologist presented a paper on "The Synergistic Action of Tuberculin with Quartz Dust" on July 28 at the 13th International Congress on Occupational Health, held in New York City.

SILVER ANNIVERSARY MEETING

OCTOBER 26 - 27, 1960

779 The Bronchoscopic Picture in Silicotuberculosis. A. Ferraris and G. Paoli. Lotta contro tuberc. 29, 1031-1050 (July-Aug. 1959). Italian.

In this paper the authors give 3 schematic outlines to show what are the likely, sometimes alternative, details which may be seen through the bronchoscope in cases of silicosis, broncho-pulmonary tuberculosis and silicotuberculosis respectively. The tracheo-bronchial lesions which may be found to affect the picture seen in respiratory tuberculosis are also schematically listed according to 2 separate authorities. It is obvious that the many lesions may combine in a wide variety of patterns in each of the 3 diseases and so may the signs to be seen throughout the bronchoscope. No pattern or patterns can be expected to be typical of silicotuberculosis, but a bronchoscopic examination can, nevertheless, prove of great value in the diagnosis of this condition and this is illustrated by a series of 6 cases.
-- Cond. from Bull. Hyg.

780 The Bronchographic Picture in Silicotuberculosis. A. Ferraris and G. Paoli. Lotta contro tuberc. 29, 1031-1050 (July-Aug. 1959). Italian.

In their paper on bronchoscopy (see previous abstract) the authors set out 3 schematic outlines of the likely bronchographic signs, to be seen in cases of silicosis, broncho-pulmonary tuberculosis and silicotuberculosis respectively. From another authority they quote a list of the signs which may be observed when tuberculosis involves the bronchial system. The signs will combine in many different ways to give a wide variety of bronchographic shadow patterns none of which can be said to be typical of silicotuberculosis, but bronchography can still be of great value in diagnosis. The authors carried out both bronchoscopic and bronchographic examinations on 27 patients found to be suffering from silicotuberculosis and they select 6 of these to describe their findings and conclusions in each case, reproducing photography of the bronchography and of the chest radiography. Both bronchoscopic and bronchographic pictures in one of these cases showed the signs of silicosis but did not show evidence of the associated tuberculosis at the time. In two other cases, both bronchoscopy and bronchography gave indications of the tuberculous association, while in 2 other cases the indications were seen by bronchoscopy but not by bronchography and in the other case it was the opposite. -- Bull. Hyg.

781 Asbestosis and Carcinoma of the Lung. Case Report and Review of the Literature. J. Anderson and F. A. Campagna. Arch. Environmental Health 1, 27-32 (July 1960).

A case of asbestosis associated with carcinoma of the lung is presented. The literature is reviewed, and this is the 24th reported case, with complete autopsy findings. In general, it conforms to the previously described cases where a relationship between the 2 diseases is intimated. It is suggested that further cases of asbestosis, with and without neoplasia, be reported with careful attention to other factors, such as smoking. Only when these facts are available will final assessment of the relationship between asbestosis and lung carcinoma be possible. -- Authors' summary

782 Pneumoconiosis (Talcosis) in Soapstone Workers. A. Ahlmark, T. Bruce and A. Nystrom. Nord. Med. 59, 487-488 (Nov. 20, 1958).

Mining and processing of soapstone in Sweden are confined to 2 places and employ only about 100 men. The stone consists mainly of the minerals talc and chlorite. The disease condition produced by exposure to such dust is best described as talcosis. The authors describe 5 cases of mild pneumoconiosis which were demonstrated after at least 20 years exposure, as a rule not until after more than 30 years exposure. In no case was the working capacity of the individuals affected. -- APCA Abstr.