

- 243 The Eye and Hydrogen Sulfide. R. W. R. Beasley.
Brit. J. Ind. Med. 20, 32-34 (Jan. 1963).

An incident in which 5 men were exposed to hydrogen sulfide and steam is described. Three of the men developed delayed eye effects, and a review of the literature supports the view that these effects were due to hydrogen sulfide. -- Author's abst.

- 244 Effect of Nitrous Oxide on the White-Cell Count in Leukemia. D. W. Eastwood, et al.
New Engl. J. Med. 268, 297-299 (Feb. 7, 1963).

Nitrous oxide inhalation effectively depresses the white-cell formation in the albino white rat. The effect of nitrous oxide inhalation is also present in myelogenous leukemia, and 2 cases are presented in which this effect is demonstrated. Further elucidation of the mechanism by which bone-marrow depression occurs may help explain the mechanism of anesthesia produced by nitrous oxide. -- Authors' summary

- 245 Health Standards for Lead Chromate Dust. F. Hartogensis and R. L. Zielhuis.
Ann. Occ. Hyg. (London) 5, 27-36 (Jan.-Mar. 1962).

This survey in pigment factories gives good reasons for suggesting that where there is exposure to dusts the same hygienic standards should be applied to all lead pigments. Pb chromate has been reported as being less toxic than other lead compounds (Bull. Hyg. 19, 626 (1944); 25, 384 (1950)). Various opinions for and against this view are discussed, and the lower toxicity of Pb chromate in paints containing it is explained, partly at least, by its behavior in the vehicle; it does not form lead soaps as e.g., alkaline lead compounds do. Where, however, exposure was limited to chrome yellow production and processing, the data showed that the MAC was of the same order as that for other Pb compounds, 0.1-0.2 mg. Pb/cu.m. Chrome yellow, according to Dutch Standards, consists mainly of Pb chromate—95% in dark yellow pigments, 70-95% in medium, and 40-75% in bright pigments—with some Pb sulfate. Graphs show the corresponding Pb and Cr concentrations in numerous air samples collected in 3 pigment factories. There was good correlation between Pb and Cr concentrations in 2 factories; the ratios Pb/Cr were 6.2 and 5.5 in these factories (B and C). There were 23 B and 3 C workers in yellow chromes almost exclusively, and the average exposure of each worker to Pb was calculated from all Pb concentrations measured. The group was classified into 7, 5, and 14 workers according to exposure to <0.1, or 0.1-0.2, or >0.2 mg. Pb per cu.m. Data for hemoglobin, basophilia and coproporphyrinuria are plotted for each class against values for 117 workers who were not exposed to Pb. From the Pb/Cr ratios it was calculated and assumed that in B about 66% of the lead intake consisted of Pb chromate, and in C 75%. There was a consistent trend of deterioration in the blood and urine data with increasing exposure in Pb chromate.

-- Cond. from Bull. Hyg.

- 246 Ferrous Sulfate Poisoning. D. M. Gimlett. Northwest Med. 61, 837 (Oct. 1962).
(Northwest Medicine, 500 Wall St., Seattle, Washington*).

Poisoning of children with medicinal iron has increased. The author reports the histories of 3 children with such poisoning, one of whom died. Observations on these 3 children and literature reports reveal a number of important points concerning iron poisoning. The mortality is high; it may reach 50%. The clinical picture is deceptive in that a period of apparent well-being precedes the rapid onset of respiratory collapse. The problem of iron poisoning is important not only to pediatricians who may be treating the victims of iron ingestion, but it applies to general practitioners, internists, surgeons, gynecologists, and obstetricians who are responsible for the inclusion of iron salts on the medicine shelves of their patients. Roentgenoscopy should be used to demonstrate the presence of iron tablets in the gastrointestinal system before emesis is induced. If no iron pills show up in the stomach on x-ray, gastric lavage will

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