

"the appearances are suggestive" may be significant to his doctor, but for the workman, his mates and his family they are dread words. Extensive publicity in the press and on the radio has, in recent years, not only awakened his consciousness but simultaneously quickened his fear, and the same awareness and fear are shared by his family. Recently, the author was involved in the aftermath of such an x-ray survey among a group of steel foundry workers. All were highly skilled men between the ages of 30 and 65 years and earning high wages.

The author prepared in nontechnical language a brief memorandum for general guidance. Since the procedure proved highly acceptable, he presents it, in the hope that it may be used and perhaps improved by others.

The memorandum provides some practical information about pneumoconiosis and explains how the disease affects the workman, how it is diagnosed and treated and what a workman should do when he discovers that he has contracted the disease.

EFFECTS OF SODIUM CITRATE IN LEAD POISONING AND LEAD ABSORPTION: LEAD ABSORPTION.
D. O. SHIELDS, W. C. THOMAS and G. R. PALMER, M. J. Australia 2:922 (Dec. 23) 1950.

In a new storage battery factory the authors followed, for signs of lead toxicity, 48 employees who were instructed to take 4 Gm. of sodium citrate daily. Stipple cell counts and the ratio of large lymphocytes plus monocytes to small lymphocytes were recorded. Two sets of figures are presented: (1) a comparison of determinations made before and after sodium citrate had been taken for a period of several weeks and (2) a comparison of employees who took more than 75 per cent of the prescribed doses and those who took less than 75 per cent. In the first comparison, a statistically significant decrease was shown in total and coarsely stippled cell counts and in cell ratios. In the second instance a less marked change was noted. No control subjects were arranged for prior to the start of the administration of sodium citrate. The authors emphasize that this drug, although useful as a prophylactic where a lead hazard exists, is not a substitute for environmental control of the hazard.

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A CASE OF PNEUMOCONIOSIS DUE TO EMERY DUST. CHARLES, CAVIGNEAUX, FUCHS and S. TARA, Arch. mal. profess. 10:511, 1949.

The case is that of a man who had been employed all his working life of some 30 years polishing metals and other articles on emery wheels. He had not been employed on sandstone wheels. He kept quite well and experienced no chest troubles of any sort. A chance attack of influenza brought him under medical supervision. Except for being edentulous and having some rhinopharyngitis, no signs of any disease were found. A roentgenogram showed the two lung fields with a fine reticular appearance and with minute nodules like little seeds. The roentgenogram is reproduced. The heart shadows are normal. The point is stressed that this man has not and never has had any sort of trouble in his chest or elsewhere. Nevertheless, the case is reported as one of pneumoconiosis due to emery. [As there is no sign of any pulmonary fibrosis, this case can hardly be called pneumoconiosis. Fine dust of emery and metals retained in the lungs without setting up any pathological reaction would cause the slight shadows seen.]

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PNEUMOCONIOSIS CAUSED BY CEREAL DUSTS. J. STEPHANOPOLI DE COMNÈNE and J. BESSON, Arch. mal. profess. 11:459-(no. 5) 1950.

Out of 84 dock workers in the port of Marseille who were employed in the handling of grain, 21 had pneumoconiosis caused by cereal dusts. Nine presented the first stage of the disease, 11 the second stage and 1 the third stage.

Chemical examination of six samples of cereal dusts (wheat, oat and barley) obtained from the silos of Marseille disclosed appreciable amounts of free silica.

Roentgenologic follow-up of guinea pigs which had been exposed to the inhalation of cereal dusts for periods of several months revealed the same three stages of the pneumonopathic process