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Manville Internal Correspondence

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Subject **BULLETIN OF HYGIENE**

The Bulletin of Hygiene is a monthly publication of the London Bureau of Hygiene & Tropical Diseases and consists of abstracts from the medical literature, grouped according to categories such as maternity and infant welfare, communicable diseases, mental hygiene, atmospheric pollution, sanitation, food and nutrition etc. There are also sections on cancer, occupational hygiene and toxicology, occupational psychology, and heating, ventilation and lighting. The Bulletin was first published in 1926, and all volumes through 1967 are available at C.U. Medical Library. I did not check to see if publication continued after 1967.

In addition to abstracts, the Bulletin of Hygiene includes book reviews, summaries of professional meetings, and, from time to time, an original article on a special topic (e.g., the September, 1931, edition contained a contribution by E. L. Collis on "Occupational Dust Diseases"). The abstracts are, in some cases, very detailed; for instance, the abstract of a 1930 paper by Merewether is 4 1/2 pages long and even includes reprints of several of the tables. There are many references to the pneumoconioses, to dust counting techniques, dust control, disability evaluation, and examination procedures such as x-rays and pulmonary function testing. Most of the references to asbestos are familiar ones, but all hve been checked against the holdings in the HS&E Library. Overall, articles on silicosis predominate prior to the war and after the war, emphasis is on coal workers' pneumoconiosis. The sections on cancer are interesting, too, because they show the gradual linking of lung cancer to occupational and environmental factors, and they are especially revealing of the controversy over smoking as a cause of lung cancer, which continued from the 1950's well into the 1960's.

Because this is a British publication, the abstracters comment frequently on British experience and practices compared to those of other countries. They also do not hestitate to criticize or to draw their own conclusions from the study they are summarizing. Abstracts of particular interest are:

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1. Scott, H., Two cases of peritoneal neoplasm (endothelioma), Proc. Zool. Soc. 3: 511-518, 1927. Tumors occurred in a brindled gnu and a hamster, but author advocates adoption of the term "mesothelioma".

2. Khaun A., The dust problem, Mitt. d. Volksgsndht Samtes 3: 20-27, 1932. At invitation of Rockefeller Institute, author visited United States to study industrial health problems with Drinker at Harvard. "Credit is given to America for certain standards" of permissible dust, such as granite, quartz, sandstone and limestone.

3. Annual Report of the Chief Inspector of Factories for the Year 1938, London, H.M.S.O., 1939. "Cancer of the lung was associated with 12 out of 103 fatal cases of asbestosis."

4. Siebert, W.J., Fiberglas health hazard investigation, Indust. Med. 11(1): 6-9, January 1942. "The author considers the manufacture, fabrication and application of fiberglas products is attended by no unusual occupational hazards."

5. Kuhn,A., Illness among dock workers at Wilhemshaven, with special reference to industrial accidents and diseases (from 1930 to 1938), Arch. F. Gewerbepath. u. Gewerbehyg. 10(2): 133-150, July 1940. "Asbestosis occurred in only one case; asbestos is now little used as an isolation [sic] material. All asbestos workers are clinically and radiologically examined every six months and removed from exposure after two years." (This was abstracted in Bulletin of Hygiene in December 1942.)

6. Hueper, W.C., Industrial management and occupational cancer, J.A.M.A. 131 (9): 738-741, June 1946. "In this paper Dr. Hueper, whose reputation for a knowledge of the subject is world-wide, ... points out, for example, that in recent years cancers have developed with excessive frequency among workers in chromate plants, nickel refineries and asbestos-manufacturing plants."

7. Drinker, P., Health and safety in contract shipyards during the war, Occupational Med. 3 (4): 335-343, April 1947. "Other hazards, from carbontetrachloride used as a degreaser, asbestos in pipe covering, chlorinated naphthalene in handling electric cables, and x-rays used in inspection, are recorded."

8. Lutz,G., Gewerbehygiene, 2nd edition, Stuttgart, 1947. "Diseases of the lungs due to dust are referred to on generally accepted lines (except that glass-wool is likened to asbestos as a cause of illness)."

9. Franchini, A. & Canepa, G., A contribution to the study of the pathology of pulmonary asbestosis, Med. d. Lavoro, 40 (6/7): 161-172, June-July 1949. Reports case of man who had been employed "applying insulating material containing asbestos" and was found to have asbestosis on autopsy. "It is suggested that periodical medical examinations should be made of persons exposed to asbestos dust, including workers employed in the application of asbestos insulating material."

10. Ollivier, H., Morand, P & Brun, R., Granulomata of the skin due to asbestos, Arch. Malad. Professionnelles 10 (5): 516-517, 1949. Injury to hand from asbestos fibers in "a man whose work lay in applying asbestos sheets to lag heating stoves."

11. Stoll,R., Bass, R. & Angrist, A. A., Asbestosis associated with bronchogenic carcinoma, Arch. Intern. Med. 88 (6): 831-834, December 1951. "A new case is now reported of a man who had worked for 6 years covering pipes with asbestos, refusing to wear any respirator."

12. Regulations for the Control of Dust Which May Cause Respiratory Disease in the Ceramic and Glass Industries, Staub 28: 8-14, March 1952. German regulations issued in August 1950. "The materials considered specially dangerous are free silica, asbestos, manganese compounds and basic slag, and any products that may contain any of them."

13. Davies,I., A pilot investigation into the occurrence of pneumoconiosis in large power stations in South Wales, Brit. J. Indust. Med. 10 (2): 111-113, April 1953. "In spite of the negative findings, the author believes that there exists a pneumoconiosis risk in these stations, dust arising from various sources such as ... in lagging pipes with asbestos material. He explains his negative results as chiefly due to the high rate of ventilation in power stations, but also to the period of exposure probably being too short to produce pneumoconiosis."

14. Farris G., Asbestos warts and other dermatoses in workers with lagging materials, Rass. Med. Indust. 22 (1): 1-17, January-February 1953. "The range of lagging materials in use includes asbestos cord, which is wound round pipes, etc., various asbestos-containing slabs, which are incorporated in or otherwise applied to partitions or other flat surfaces, and mixtures of asbestos and cement which are in the form of paste to be moulded to the shape of the tank or other object which is to be insulated."

15. Abrams, H. K., Diatomaceous earth pneumoconiosis. Some sociomedical observations, Amer. J. Pub. Health 44 (5): 592-599, May 1954. Although Johns-Manville is not named, author is obviously describing the Lompoc plant. "Although a study carried out in 1930 revealed changes of pneumoconiosis in about 70 per cent of 108 workmen examined, there was no further reference to the disease in the American literature until 1952 . . . . The organized employees at the plant went out on strike, until after 7 months, the employers agreed to recognize the presence of a health hazard and undertook to take steps to eliminate it." During 20 years, 32 claims for compensation filed; author considers at least 26 of these definite diatomite pneumoconiosis, but only 8 received compensation. "He concludes that the outcome has been satisfactory but that a great deal of suffering and expense could have been saved if from the start there had been a systematic investigation of the dust hazard and prompt implementation of preventive measures."

16. Leicher, F., Primary cortical-cell tumour of the peritoneum in a case of asbestosis, Arch. F. Gewerbepath. u. Gewerbehyg. 13 (4): 382-392, 1954. "It is uncertain how the asbestos reached the peritoneal cavity; the most probable route was thought to be by direct penetration by the asbestos fibres from the lung through the pleura and thence through the diaphragm."

17. Guild, W. R. & Mansfield, R. J., Physical fitness of executives at a U.S. Naval Shipyard, Arch. Indust. Health 11 (2): 121-122, February 1955. "It is claimed that there is an advantage in instituting periodic medical examinations for 'white-collar' employees . . . . Now a physical examination of civilian executives at a New York Naval Shipyard is reported."

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18. Sander, O. A., Asbestosis as differentiated from other pneumoconioses, Arch. Indust. Health 11 (3): 208-211, March 1955. "A history of exposure to asbestos dust must be found, but should not be invented merely because the patient may have done a little lagging with asbestos on a hot-water pipe. Asbestosis develops only after long periods of exposure to dust in considerable amounts. But we have no certain accepted maximum allowable concentration to guide us."

19. Southwell-Sander, G.H.G., Industrial health in H. M. dockyards, J. Roy. Nav. Med. Serv. 41 (2): 73-89, 1955. (This reference is just listed; no abstract is given. This issue of the Journal of the Royal Naval Medical Service is not available in the Rocky Mountain region. We are trying to obtain a copy of the paper from the National Library of Medicine in Bethesda.)

20. Fleming, A. J. & Zapp, J. A., Modern Occupational Medicine, 1954. Reviewer comments that "the closer identity of physician and management in America is repugnant to the British doctor . . . . To write detailed notes of an accident, taking care to sign them, may be wise from the point of view of winning a legal wrangle for the employer, but unwise if it causes the doctor to forfeit the confidence of the employees . . . . These are not so much criticisms of the book as comments on differences in custom."

21. Koelsch, F., Investigations of the health hazards of exposure to glass wool and other insulating materials, Zent. F. Arbeitsmed. u. Arbeitsschutz. 6 (8): 181-191, August 1956. "There are references to and short descriptions from the literature on this subject, together with some of the author's own experience of cases of illness due to these materials . . . . Some account is given of the skin, eye and pulmonary disorders which dusts from insulating materials may cause."

22. Frost, J., Georg, J. & Moller, P. F., Asbestosis with pleural calcification among insulation workers, Danish Med. Bull. 3 (7): 202-204, November 1956. "In Denmark only a few persons manipulate insulation products, which include asbestos, kieselguhr, magnesia, glass-wool and rock-wool. The first two have been regarded as fibrogenic to the lungs when their dust is inhaled."

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23. Dünner, L., Emphysema in dust diseases of the lungs, Zent. F. Arbeitsmed. u. Arbeitsschutz. 7 (6): 137-142, June 1957. Diseases observed in district of Hull, England. "Among the occupations mentioned in which pulmonary diseases due to dust were found were ship's-boiler cleaners and ship repairers, workers in graphite . . . ."

24. Storlazzi, E. D. Hygiene of welding in U.S. naval shipyards, Arch. Indust. Health 19 (3): 307-311, March 1959. "The chest x-rays of all welders, burners and shopfitters taken at the Boston Naval Shipyard during the year 1957 were scrutinized . . . . The conclusion is that the respiratory hazards of welding and burning in this establishment have been almost eliminated by strict application and enforcement of modern methods of industrial hygiene."

25. Leathart, G. L., Clinical, bronchographic, radiological and physiological observations in ten cases of asbestosis, Brit. J. Indust. Med. 17 (3): 213-225, July 1960. Pulmonary function tests of 10 subjects with asbestosis compared to those of "a control group of 11 asbestos workers, boiler laggers, whose chest radiographs were interpreted as normal by 3 independent observers."

26. Thorpe, J. J. and Weaver, N. K., Chronic pulmonary disease in an industrial population, Proc. Thirteenth Internat. Congress on Occup. Health, New York, July 25-29, 1960. In a study of 306 American workers, chronic pulmonary disease was "most common among workers in dusty trades; these include masons, insulators, and sandblasters. No patient with pneumoconiosis was found among these workers."

27. Murphy, G. B., Jr., Fiber glass pneumoconiosis, Arch. Environ. Health 3 (6): 704-710, December 1961. Case of fibrosis in "an electrical worker aged 50 years employed in dismantling electrical hot water heaters" and "exposed to a fine grey dust for an unstated period."

28. Wagler, F., Müller, H. & Anspach, M., Is there an endemic asbestosis? Ztschr. F. d. g. Hyg. u. ihre Grenzgebiete 8 (4): 246-255, April 1962. Case of asbestosis in a man "who worked for 5 1/2 years in the yard of a furniture factory which was on the opposite side of the street from an asbestos works." Prevention consists in controlling dust in the atmosphere "not only of the working place but of the neighborhood."

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29. Sheinbaum, M., Some health hazards associated with the building trades, A.I.H.A. Journal 23 (5): 353-358, September-October 1962. Hazards listed include "penumatic application of plaster and asbestos-rockwool cement." Reviewer comments that "the only new hazard in the group, so far as Britain is concerned, is the pneumatic application of plaster which is just beginning to come into use . . . . The precautions for dealing with the other hazards are well known, if not always taken."

30. Thomson, J. G., Kaschula, R.O.C. & MacDonald, R. R., Asbestos as a modern urban hazard, South African Med. J. 37 (3): 77-81, January 1963. "There has been an enormously increased consumption of asbestos in recent years so that many workers may inhale asbestos at work although their occupations are not recognized as entailing an asbestos risk . . . . Although asbestos may occur in the air of the home from such sources as the insulation of the domestic iron, most of the asbestos is probably inhaled from the air of the street. One source of this contamination is the disintegration of brake linings."

31. Brugsch, H. G. & Bavley, H., Asbestosis in a worker engaged in automobile undercoating, New England J. Med. 265 (8): 379-381, August 1961. Survey of operation in Massachusetts resulted in recommendations to protect workers from exposure to an asbestos-base compound.

32. Lanza, A. J., editor, The Pneumoconioses, Grune & Stratton, 1963. "Professor A. J. Lanza is the doyen of industrial physicians in the United States of America . . . . Dr. Paul Gross, who in the U.S.A. is regarded as the natural successor to Leroy Gardner . . . . There are many items, particularly in the chapters on asbestosis [written by Dr. Kenneth Smith] and coal-workers' pneumoconiosis which British readers will not altogether accept. ... Its real value is not as a textbook on the subject but as a succinct presentation of the experience and viewpoints of experts in the U.S.A."

33. Leathart, G. L. & Sanderson, J. T., Some observations on asbestosis, Ann. Occup. Hyg. 6 (2): 65-74, April-June 1963. "Medical supervision by periodical medical examination is limited to workers in asbestos textile and products factories. A large number of patients certified by benefit for asbestosis are insulating workers and sprayers and in these occupations there is no medical supervision. The authors estimate that 5,000 men are employed in insulation." Dust counts taken during the installation of a new heating

system in a hospital "did not suggest that there was prolonged exposure to high concentrations of dust. It may be that conditions are much worse in other kinds of lagging, say in ships." Authors recommend that British regulations "be amended to cover laggers; it is understood that this is under consideration."

34. Laub, G., Accident and health protection of workers in the manipulation and manufacture of asbestos. Zent. F. Arbeitsmed. u. Arbeitsschutz 13 (8): 77-81, August 1963. "Mat making is safe compared with asbestos spraying . . . . Sawing of asbestos cement boards should be done under exhaust and the workers should have masks."

35. Barnes, J. M., The basis for establishing and fixing maximum allowable concentrations, Trans. Assoc. Industr. Med. Officers 13 (3): 74-76, October 1963. "Maximum allowable concentrations (MAC) and threshold limit values (TLV) denote similar standards but have no legal basis . . . . The annual TLV lists of the American Conference of Governmental Industrial Hygienists are now widely used."

36. Enticknap, J. B. & Smither, W. J., Peritoneal tumours in asbestosis, Brit. J. Indust. Med. 21 (1): 20-31, January 1964. Nature of peritoneal tumors in asbestos factory workers discussed. "They may be mesotheliomas and therefore true neoplasms . . . . It is proposed that the condition be called the 'peritoneal tumour of asbestosis' until its nature becomes clear."

37. Selikoff, I. J., Churg, J. & Hammond, E. C., Asbestos exposure and neoplasia, J.A.M.A. 188 (1): 22-26, April 1964. First Selikoff paper cited.

Please let me know if you wish to see the full abstract of any of these references.

LAG:vmb

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