

Review  
of  
The Pneumonokonioses (Silicosis)  
—Literature and Laws of 1934

International Abstracts, Extracts and Reviews of the 1934  
Literature of the Pneumonokonioses and Their Allied Dis-  
eases and Subjects. Plus the 1934 Bibliography.

*From August, 1935,*

**Industrial  
Medicine**

844 Rush St.,  
Chicago, Illinois

# The Pneumonokonio-Series

**N**OT the name of a new disease—simply an alliterative contraction of the “Pneumonokonioses Series” which Dr. Geo. G. Davis’ compilations of data on “dusted lung” afflictions have become.

For there are now *two* books. The new book, No. II, is just off the press. Its title is:

**R**EVIEW of the **Pneumonokonioses (Silicosis)**—Literature and Laws of 1934. By GEO. G. DAVIS, M.D., F.A.C.S., Associate Professor of Surgery, Rush Medical College; Attending Surgeon, Cook County Hospital, Chicago; ELLA M. SALMONSEN, Medical Reference Librarian, The John Crerar Library, Chicago; and JOSEPH L. EARLYWINE, Attorney at Law, Chicago.

In size, typographical style, binding, number of pages and mechanical details the new book is a companion—indeed, almost a twin—of its predecessor volume.

Before describing the arrangement of the contents, it is necessary to state what the contents are. As in the first book, the subject matter is in two parts; Part I of the initial volume was exclusively bibliography, but Part I of the new book is bibliography *plus text*.

Following the key number is the author’s name—or the source, if the item is unsigned. Then comes the title of the article, followed by the reference to the publication.

These details, which—in the logic of the development of Dr. Davis’ plan—were necessarily the bare substance of Book I, are, however, only the points of beginning as to Book II. For, in the new book, they are followed, in each case, by the abstract, extract or review which, in the exercise of judgment and discrimination, is best calculated to give the reader the gist, the point, the part of the article or item that proves its right to be written and to be read. This may be illustrated by a citation, at random (from p. 278):

## 276. Policard, A.

Pathogeny of Pulmonary Silicosis.  
*Presse méd.* 42:359, March 3, 1934.

The author in view of his previous publications, emphasizes the pathogeny of silicosis as still full of obscurity. That silica is the only cause of nodular fibrosis would seem denied by the fact that many subjects have lived out long lives in the midst of very thick dust from rocks without developing any pulmonary fibrosis, while their companions were struck down. Another factor to be looked for—tuberculosis—very often comes in but perhaps not as obligatory.

Histologically all intermediate stages exist between the nodule called silicotic, the very fibrous one, and the cheesy tuberculosis nodules. These fibroses differ little. Experimentally it seems that pulmonary fibrosis does not occur without an intervening infection. Although officially admitted that free silica is actually the cause of silicotic fibrosis of the lung, it cannot be considered chemically demonstrated. The recent works of Jones bring in serious arguments for sericite as a causal factor...

In this fashion the year 1934—in articles, papers, news items, opinions, scientific advance, medical developments, experimental and research work, medicolegal and compensation matters, official investigations, case reports, and preventive measures developed and applied—is completely covered with respect to the pneumonokonioses and their allied subjects and control.

And thus the new book is so much more than a textbook. It has the substance of all that was written by the authors of the year; important and authoritative articles, from the pens of those who know most about the subject and are doing the most important work in connection with it, are abundant; current events in the general situation are given their proper recognition; the familiar names recur, with contributions of new and added value.

**W**HERE the mere event is concerned, a digest of the initial account may be, in fact is usually designed to be, a mirror in which one may see only the important and essential—the unimportant and unessential having been sifted out or absorbed through the process of reflection.

But where the subject matter to be condensed has a scientific, or experimental, or intellectual significance, the extract, abstract or review must possess very different properties from those which yield only a reflection. Instead of being a mirror to be *looked at*, before another image replaces the one now there, each such condensation must be a lens to be *looked through*, as the means to a closer, better detailed and more clearly delineated picture.

This distinction has been carefully observed by the editors, and the new book is thus a remarkable panorama of the medical, medicolegal, factual and controversial developments of the year in connection with the pneumonokonioses.

The size of the undertaking, and the amount of work involved in the presentation which is Part I of this new book, may be understood from the statement that there are about 400 pages in this section, with 396 condensations averaging nearly 300 words each, all in meticulous English (translation of the foreign language sources alone was a tremendous undertaking), and all written with the utmost competency of technical understanding as to the author’s point of view and treatment of his subject.

The first and second references are:

### 1. A. G. N.

Recent Studies on Silicosis.  
*Canad. M. J.* 31:304-306, Sept., 1934.

### 2. Abraham, A.

Silicosis in Quartz-Melting Workers and in Workers at Polishing Materials.  
*Zentralbl. f. Gewerbehyg.* 21: 151-152, Sept.-Dec., 1934.

And the last reference is:

### 396. Zimmerman.

Illegal Silicosis Claims Drain Millions from Industry.  
*Mfg. News*, 46: 25-26, Aug., 1934.

**T**HERE is no pre-determination in the fact that the first and second references seem to jump right into silicosis, while the last one treats of the same thing. It is only an alphabetical coincidence; silicosis just happened to open the author’s

sequence at "A" and to close it at "Z." This fortuity, however, suggests that, in between, the pneumokonioses—all of them that were written about in 1934, by everyone from "Abraham" to "Zimmerman"—are covered, literally, from "A" to "Z". And that is, indeed, the case: "Alfalfa" leads off the subjects treated of as significant in connection with dusty lungs, and the list ends with "Zinc."

This second book has rather ingenious indexes of authors and subjects, and there is also an extension of the purely reference section of the first book. Part II, as before, is the law section, with a digest of statutes, and of cases, pertaining to the law on occupational diseases in the United States, supplementary to and bringing down to date the law section of Book I, which was complete to the end of 1933. Part II, with the indexes and supplemental references, brings the page total to 490.

SOME of the sources of the 1934 literature of the pneumokonioses have a controversial trend, mostly centering around silicosis, which, of course, is the most important of the dusty lung diseases. The principal matters of controversy, or differences of opinion perhaps, or divergences of theory, may be made quite clearly apparent by emphasis on certain words in a paragraph in Dr. Carey P. McCord's book, "Industrial Hygiene for Engineers and Managers," published in 1931:

"The *many forms* of silicates, when taken into the body through the respiratory tract, slowly lead to a dusty lung disease known as 'silicosis.' *Special forms* of this disease, such as 'asbestosis' are recognized. Silicosis is *probably* the result of chemical action of the siliceous materials, but undoubtedly mechanical action plays some part. Cases may be produced within less than *one year of exposure*, but the usual case requires several years to develop. Findings are essentially characteristic. Patients complain of difficulty in breathing, of pain in the chest and of impaired heart function. No treatment is efficacious. While established cases of silicosis are totally disabling, *tuberculosis* is a common concomitant. This disease is encountered among workers in granite and sandstone quarrying, stone dressing, in mining and in city excavation work, etc."

The italics (ours) emphasize a few of the obvious reasons for experiments, reports, studies and articles, namely: the different forms of silicates; the special forms of silicosis; the chemical action, and the mechanical action, of the inhaled particles; the time element as to exposure; the association with tuberculosis; and the "etc." as indicative of the many places and the many kinds of work in which silicosis may be found. And the whole paragraph, written before the avalanche of lawsuits for alleged silicosis descended upon industry, seems now, in the light of what has happened, to have been very eloquent of what might happen.

An incurable disease, with characteristic and rather simple symptoms, disabling, of slow and insidious development, encountered among workers in materials containing a substance so common that it is "three-fifths of the rind of the world," and so accustomed that mankind has breathed it without much thought of consequences ever since God created Adam out of the dust of which it was a part! Given this, and a generation of workers grown compensation conscious, add an industrial depression, turn loose a group of contingent-fee lawyers, and you have the "silicosis situation" of the last few years—a situation so

serious to industry that, as one writer put it: "the doctors turned to study and the presidents turned to prayer."

THE doctors turned to study," and, of course, they began with the literature. And what they found was what Dr. Davis undertook to correct. The literature was extensive but unorganized. There was plenty to read, but no means of orientation as to what should be read. As to many important references the initial process of identification was impracticable where it was not impossible; and as to all the references, the body of the literature was big but had no dimensions. Book I of Dr. Davis' series straightened this out. What there is to read, who wrote it, when it was written, and where it can be found are all answered in his first book; the literature of the pneumokonioses is organized, measured, dated, indexed—given chronology and order—so that since publication of the book, and for the first time in medical history, a doctor can read up on the pneumokonioses and feel sure when he is done that nothing has been left unread because he didn't know it had been written.

With all of the world to cover and all of time between 1556 and 1934 to examine, and with 2768 references to organize, there would not be room in the first book for such abstracts, extracts and reviews as comprise the second. A single year can be so handled; a century or two cannot. And then, too, since it was obviously impossible to condense all of the articles, the business of condensing any of them would have involved a selection. And no selection could be made without a comparative evaluation, which would require the exercise of the faculty of criticism. This, however, had no place in Dr. Davis' plans. His idea—from long and intensive industrial experience and appreciation of industrial problems—was to make *all the literature* available:

In his first book, for all previous years, by references;

In his second book, for the single previous year, by references *plus abstracts, extracts and reviews*.

And his idea is to cover, from now on—one year at a time—each successive year as it goes by, so long as the pneumokonioses are a matter of sufficient industrial interest. And all without the criticism or comment which even the word "annotated" sometimes implies.

Dr. Davis' was and is a practical plan, and thus far he has carried it out in a highly practical and highly commendable manner.

His first book is established as the indispensable guide to the pneumokonioses literature of the past.

His second book is all of that as to the literature of 1934, and in addition is much more—as much more as would be expected of a voluminous textbook. Over and above its inestimable value to the student, research worker, physician, executive, state official, safety engineer, health officer, librarian, journalist, and many others who have a special interest in dust diseases, it is a fascinating and absorbing book—interesting in, of, and by, itself. The dust storms of the middle west are phenomena of 1935, but physicians and others interested in the pathology of the problems they brought, will find plenty to hold their attention. Even the reader whose interest is casual, once he begins it, will discover himself reluctant to put it down. And that, it seems, is quite something to be said of an abstract of such a technical medical subject as the pneumokonioses.



# Review of the Pneumonokonioses (Silicosis)

—Literature and Laws of 1934—

International Abstracts, Extracts and Reviews of the 1934 Literature of the Pneumonokonioses and Their Allied Diseases and Subjects. Plus the 1934 Bibliography.

## Compiled by

Geo. G. Davis, M.D., F.A.C.S.

Associate Clinical Professor of Surgery, Rush Medical College, Attending Surgeon, Cook County Hospital.

Ella M. Salmonsén

Medical Reference Librarian, The John Crerar Library, Chicago, Ill.

Joseph L. Earlywine

Attorney-at-Law, Chicago. Known for years of honorable medicolegal service.

## This Book Covers the Subject of Dust

From  
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IN THIS book, (Book II) the articles, papers, comments, discussions, etc., appearing in the United States and foreign countries in 1934, upon the increasing and expensive dangers of dust and dust diseases are in abstract form.

The abstracts will enable experts to determine whether they need to consult the originals for their more elaborate findings or fullness of detail. They will also provide the ordinary reader with reliable information upon a subject of current importance. Between these two groups "Doctor, Lawyer, Merchant, Chief," not only as individuals, but also in corporations, commissions, insurance companies and legislatures; as employers of labor, government officials, social and safety workers, industrial workers of every craft and commodity—All Need This Book.

By ingenious indexes of authors and subjects anything and everything can be traced down at a moment's notice. Also, references appearing too late for the invaluable "Pneumonokonioses (Silicosis) Bibliography and Laws" brought out in 1934 by these same entirely competent editors are carried forward in the new volume as supplementary.

A digest of statutes, and of cases, pertaining to the law on occupational diseases in the United States, supplementary to, and bringing down to date the work of the editors' Bibliography and Laws, 1934, has been compiled by Joseph L. Earlywine and Karl Milgrom, and is included in this volume.

The new book, in size and binding is a companion to Book I.

See the review on page 435 of this issue of *Industrial Medicine*.

To  
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The **Pneumonokonio - Series**

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Book I Took the Reader to the Library



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