Greene have shown that on average the blood lead concentration of their sample rose post partum, but a more appropriate question to have asked would be, how many out of that group showed the reverse? This figure would be an indication of how many women today in the United States are experiencing increased blood lead concentrations during pregnancy.


An industrial disease

Sir,—The Industrial Injuries Advisory Council is again considering whether chronic bronchitis and emphysema in coal miners should be prescribed as industrial diseases for which benefit may be paid. This is welcome news, but any benefit miners might receive will be too little and too late.

Coal miners in the past who experienced excessive exposure to nitrous fumes from shotfiring activities underground have been eligible for benefit and should have qualified for prescribed disease “poisoning by nitrous fumes” (PD 17 now termed PD C15). The poisoning may be acute or chronic but occasionally acute and chronic poisoning may affect the same man. Miners claiming benefit for chronic poisoning have invariably been turned down by medical boards, however, unless there was also evidence of a dramatic episode of acute poisoning! The requirement of previous acute poisoning to qualify for acceptance as a case of chronic poisoning is absurd. Surely no case of chronic lead or chronic carbon monoxide poisoning would be rejected for benefit in the absence of acute disease?

At the 1936 conference in Cardiff on “lungs trouble in the anthracite collieries” many medical experts noted the relation between chronic fume exposure and chronic bronchitis and emphysema. John Craw who attended the conference was so convinced of the relation for both south Wales coal miners and in his Cumbrian haematite ore miners that he organised the near elimination of the fume hazard in the Cumbrian mines. Some 40 years later he was able to report the virtual eradication of chronic bronchitis and emphysema and his concomitant programme of dust suppression also resulted in the elimination of pneumoconiosis. This surely must be a classic example of industrial medicine, with the identification of the causes (fume and dust) of the diseases (emphysema and pneumoconiosis) and their elimination by preventive measures.

In considering claims for PD C15 the medical boards have obviously been influenced by the strong relation between cigarette smoking and chronic bronchitis and emphysema. I wonder whether the cumulative effect of nitrous fumes from both industry and tobacco smoke and the importance of coal and carbon dusts as carriers of fume have been fully appreciated. The reasons and evidence for my views have been published previously.4,5 The clinical picture of nitrous fume poisoning as described in the DSS pamphlet (NI 226 September 1990) notes on the diagnosis and claims for industrial scheme benefits is ambiguous and needs rewriting.

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1 Jones TD. Silicosis in the south Wales Coalfield—Part 1. Lung trouble in the anthracite collieries. Proc South Wales Institute of Engineers 1936; 52:157–244.