

PUBLIC HEALTH

Reports Three New Outbreaks Of Eye Disease in Shipyard

Symptoms Like Those of "Pink Eye" but More Serious Keeping Workers Away From Jobs as Long as Four Weeks

THREE outbreaks of a contagious eye disease affecting nearly 600 shipyard workers at the Oregon Shipbuilding Corporation are reported by Dr. Forrest E. Rieke, of Portland, Ore., (*Journal, American Medical Association*, July 18).

The infection is believed to have come from Hawaii, where it was reported in the summer of 1941. It is "known to have been geographically distributed from Hawaii to Portland, Ore., to San Francisco to New York and way points," Dr. Rieke states.

The germ that causes the disease could not be identified but is believed to be a virus. Usually only one eye is severely effected. Symptoms were similar to "pink eye," but besides the redness, swelling, scratching and tearing, there was a speckled condition of the cornea sufficient in some cases "to markedly reduce the vision of the involved eye."

Every known form of treatment was tried "with a uniform lack of good results."

"It seemed that the workman was best cared for," Dr. Rieke states, "if he left the job, used a mild eye wash, avoided eyestrain and observed ordinary cleanliness and hygiene of the eyes."

Most of the inflammations lasted from 16 to 28 days. The speckles on the cornea gradually disappeared in the course of several months, but whether the vision will return to normal cannot be stated at present.

The first outbreak started late in October, 1941. A fresh wave of cases occurred in mid-January, 1942, and early in May more cases began to appear. A small percentage of the men exposed were infected. Although most of the men thought the condition came from some material with which they were working which had gotten into their eye, this was not the case. The disease was more prevalent among men actively engaged in building ships but was also found in the office workers, in families of the workmen and in several physicians in the Portland area.

Officials of the division of industrial hygiene of the National Institute of Health, U. S. Public Health Service, state they do not know of any outbreak of the infectious eye disease of shipyard workers on the East Coast.

The disease is not necessarily confined to shipyard workers, they state. A number of cases in California occurred among

persons having no connection with shipyard workers or their families.

Spread of the disease in shipyards, the federal health service officers believe, is due to contamination of the protective masks and goggles the workers wear.

Dr. Leonard Greenburg, director of the division of industrial hygiene, N. Y. State Department of Labor, stated in response to a long distance telephone inquiry by Science Service that a small outbreak of eye trouble in one New York plant occurred a few weeks ago. Investigation by his staff and outside medical consultants, however, showed that this was not the same as the West Coast disease, was not believed caused by a virus, was a minor disease and not of significance in connection with the West Coast outbreaks.

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MEDICINE

Advise Skin Tests Before Blood Plasma Transfusions

BEFORE transfusions of blood plasma are given, a skin test should be made whenever possible to avoid the danger of adverse reaction to the plasma, Dr. Milton Levine and Dr. David State, of the University of Minnesota, warn (*Science*, July 17).

The skin test is made by injecting a tiny amount of the plasma to be used into the skin of the patient's forearm. Appearance within about 10 minutes of a wheal with a surrounding area of reddened skin shows that the patient is sensitive to that plasma. A negative test, no wheal forming, means the patient may safely be given the plasma.

Typing of the patient's blood and cross-matching tests, necessary in whole blood transfusions, are generally stated to be unnecessary when plasma is used. The reason given is that pooling of the plasma from many people dilutes the various blood group substances in a single dose so that the chance of the patient getting incompatible substances is believed safely remote.

One case of near-fatal reaction to transfusion with blood plasma, however, has been reported and the Minnesota investigators state that their experience with group specific plasma (not pooled) indicates that reactions do occur. Of 109 patients tested, 20% or more were sensitive to one or more plasmas. It was

possible to transfuse nine of the sensitive patients but seven of them gave a reaction to the same plasma giving the positive skin test. The reactions included headache, difficulty in breathing, stomach pain, chills, fever and skin rash.

The substances in the plasma causing the reactions and the positive skin tests might be allergins, iso-antibodies or groups A and B substances. The Minnesota scientists believe it is the A and B substances but more work is needed to determine this.

What pooling of plasmas will do to eliminate the transfusion reactions is not known. Pooling of plasmas from bloods of incompatible groups failed to neutralize the skin-reacting substance.

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