

## Chemical Labeling Committee Reactivated

**T**HE INTRODUCTION within recent years of a multitude of new chemicals and the increasing commercial application of chemical products have intensified the need for proper precautionary labeling. The use of adequate warning designations on containers of chemical products is essential in protecting the health of not only those who handle these materials in their various repackaging and processing stages but also of the ultimate consumers.

To reappraise current needs and to take new steps to meet today's problems, the Public Health Service is reactivating the work of the Chemical Products Agreements Committee, which had functioned prior to 1950. The new committee, to be known as the Chemical Products Labeling Committee, will serve in an advisory capacity to the Labels and Precautionary Information Committee of the Manufacturing Chemists' Association and to other agencies, such as State health and labor departments. The Public Health Service will provide a focal point in the Federal Security Agency for obtaining expert opinion on the need for labeling as well as for developing base lines for uniform labeling practices.

In recent years, practically every State health department and many labor departments have become interested in the labeling of toxic materials, and the resultant development of varying labeling requirements throughout the country has made it difficult for industry to cooperate.

In the interest of promoting uniform labeling, an effort will be made by the Chemical Products Labeling Committee to unite the activities of the various groups interested in this problem, to encourage better labeling practices throughout industry, and to assist in the development of improved labels.

The forerunner of this committee, in cooperation with the Manufacturing Chemists' Association, had been concerned with the develop-

ment and administration of specific agreements between the Surgeon General and certain chemical manufacturers, covering warning designations to be used on containers. Drawn up in the early 1930's, these agreements with manufacturers of methanol, carbon tetrachloride and other chlorinated hydrocarbons, carbon disulfide, aniline, benzene, and chlorinated naphthalenes, diphenyls, and diphenyl oxides were self-limiting because they were designed for specific conditions. These agreements have now been discontinued by the Public Health Service as part of its efforts to foster broader labeling practices better adapted to present conditions.

The products specified in the agreements that have now been abrogated, as well as all other potentially hazardous chemicals, are covered by a label pattern developed by the Labels and Precautionary Information Committee of the Manufacturing Chemists' Association, with the concurrence of the Public Health Service. Such a pattern is believed to afford a more feasible approach to the problem presented by the tremendous expansion of the chemical industry.

Surgeon General Leonard A. Scheele, commending the work of the Labels and Precautionary Information Committee, indicated that the Public Health Service endorses the principles of labeling as set forth in part I of Manual L-1, Warning Labels, published by the Manufacturing Chemists' Association. He stressed that the identification of potentially hazardous materials through proper and uniform labels is vital to the public health.

This labeling program has been developed for bulk packages of chemicals intended for commercial use and in no way affects the provisions of the Federal Caustic Poison Act, which applies to some caustic and corrosive chemicals intended for household use, or of the Federal Food, Drug, and Cosmetic Act, which requires adequate warnings on the labels of all drugs.

Members appointed by the Surgeon General to the Chemical Products Labeling Committee represent a cross section of Public Health Service activities related to this problem. Joseph E. Flanagan, Jr., assistant chief, Division of Occupational Health, will serve as chairman of the committee; members will be Dr. Samuel W. Simmons, chief of the technical development branch, Communicable Disease Center; Frederick S. Kent, chief of the home

accident prevention unit, Division of Sanitation; Dr. Donald J. Birmingham, chief of the clinical investigations section and of the dermatology unit, Division of Occupational Health; Dr. Herbert E. Stokinger, chief toxicologist, Division of Occupational Health. The Manufacturing Chemists' Association has appointed as a representative on this committee the chairman of its Labels and Precautionary Information Committee.

## Diphtheria in the United States

The incidence of diphtheria in the United States has shown a steady decline during the past few decades. From a 3-year average rate of 60.3 cases per 100,000 population for 1929-31, the rate dropped to an average of 3.9 for the period of 1949-51. It is estimated by the National Office of Vital Statistics that 3,200 cases of diphtheria will be reported in 1952, which would be a morbidity rate of about 2 cases per 100,000 population for the year.

During the last 2 decades decreases have occurred in diphtheria incidence rates for each of the geographic divisions, but these decreases, as shown in the chart, have

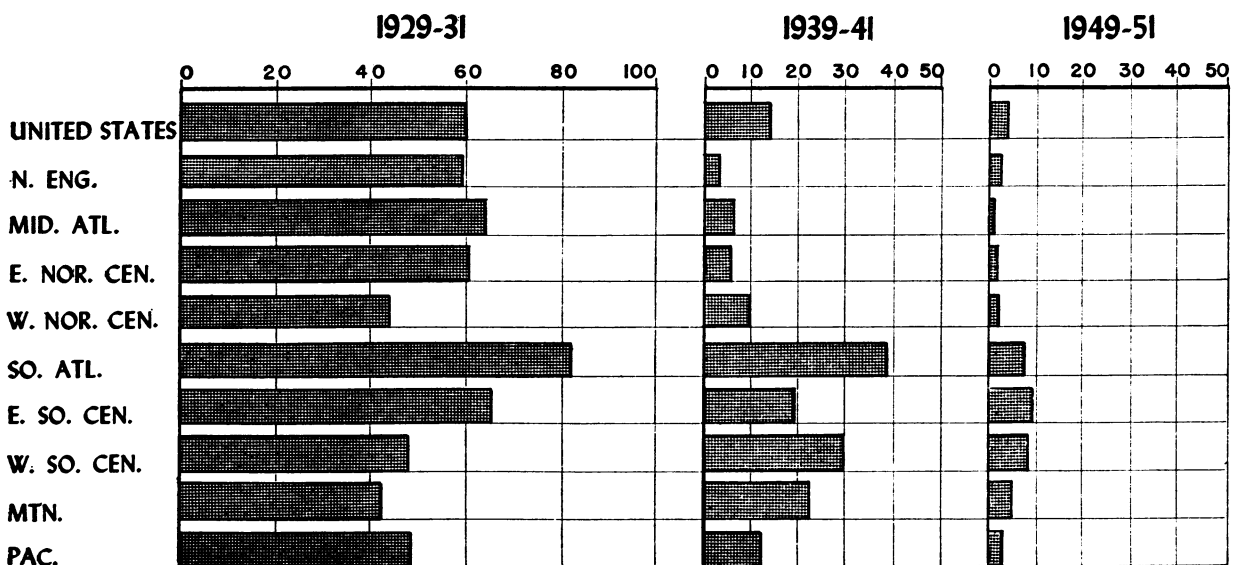
not been of the same magnitude in each division. The highest rate (82.8) in 1929-31 was in the South Atlantic division. In 1949-51 the high incidence has shifted farther south and the rate of 8.9 in the East South Central division was the highest. On the basis of data available in November 1952, it is estimated that the rates in 1952 in the various geographic regions will be approximately as follows: New England 0.5 cases per 100,000 population, Middle Atlantic 0.9, East North Central 0.7, West North Central 1.4, South Atlantic 4.3, East South Central 5.6, West South Central 4.1, Mountain 1.6, and

Pacific 1.3. In each instance this represents a substantial decrease as compared with average rates for the 1949-51 period.

Comparison of the percentage of the total cases occurring in the various areas also shows the shift in incidence from northern to southern States. For the period 1929-31, 34 percent of the cases in the United States were reported in the three southern divisions; Middle Atlantic, East South Central, and West South Central. During 1949-51, 64 percent occurred in these areas and in 1952 the proportion is still greater, namely 68 percent.

## DIPHTHERIA BY GEOGRAPHIC DIVISIONS

(AVERAGE MORBIDITY RATES PER 100,000 POPULATION)



Estimated population July 1, 1930, 1940, and 1950.