

ington University School of Medicine. I am a charter member of the D.C. Thoracic Society and a member of the Board of the District of Columbia Tuberculosis Association.

As one who takes care of patients with emphysema, bronchitis and asthma, I am deeply concerned about our air pollution, as it relates to the well being and even survival of these people. The high level of atmospheric pollution in the Washington area constitutes a potentially explosive situation to which these patients are hostage. Current levels of air pollution may well aggravate the disease which these patients have, and are probably a contributing factor to the development of chest diseases in people who are still well.

Perhaps more important and certainly more alarming is the real risk of a major air pollution disaster which could cause hundreds of deaths and hospitalizations here in this area. Such catastrophes have occurred in New York, London, and Donora, and with certain weather conditions could occur here.

This situation is particularly unhappy and frustrating because the individual doctor and patient have no control over it. It differs from the personal form of air pollution, cigarette, smoking, where the physician's firm advice and the patient's resolution can control it instantly and completely. To control atmospheric air pollution, community action in this entire geographic area is required. Only through community activity can this clear and substantial danger to the public health be improved, and people spared the possible anguish of an air pollution disaster.

There is already ample knowledge for some action. We know that most harmful substances such as sulfur dioxide result from the combustion of fuels such as happens in open burning of garbage, and the use of coal, gasoline, and fuel oil. By putting an immediate stop to open burning, and by furthering the use of energy forms which minimize air pollution, this committee could take prompt positive action. By furthering electric mass transportation and by requiring devices on automobiles which reduce their discharge of pollutants, this committee could have an important impact on the problem now.

There is, however, a need for more research as well as for immediate action. Means must be developed for purifying air in the home, in the work situation, and possibly even in the streets. Research is required to study the long term effects of air pollution on the development and progression of obstructive lung disease. I have personally done research in the field of early recognition of these diseases and similar surveys in areas of high and low air pollution could be very valuable. I have also done research on the progression of these diseases in each individual patient and similar work in areas of high and lower air pollution could well reveal the exact quantitative effect of air pollution on the natural history of these diseases.

Careful study of the proposed HR-6981 indicates that this offers promise for decreasing air pollution in the District of Columbia and therefore it earns my enthusiastic support.

HAROLD M. SILVER, M.D.

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POISONED ATMOSPHERE

The evidence continues to pile up on Washington's contaminated air. A few days ago the Public Health Service reported that the city ranks 18th in the nation in severity of air pollution. Its atmosphere is exceedingly high in sulfur dioxide from the burning of coal and heavy oils, and ranks 13th in gasoline consumption, a source of deadly carbon monoxide.

Now additional testimony has been heard by a House District subcommittee. Dr. Jason Geiger, specialist in respiratory ailments, reported his caseload at Washington Hospital Center clinic goes up when air pollution levels are heavy. Assistant Surgeon General Vernon MacKenzie pointed out that the area's auto density is one of the highest in the nation. And Dr. Murray Grant, District health director, noting that carbon monoxide and sulphur dioxide are "totally uncontrolled" under present city law, warned that an "air pollution disaster" could occur here.

Can anything be done before such a calamity takes place? A bill introduced by Representative Gilbert Gude of Maryland at least offers one approach. It would require the District government to appoint an air pollution control agency, bringing all regulation under one roof, and would set minimum standards for pollu-