

GOVERNMENT OF INDIA MINISTRY OF LABOUR

SILICOSIS IN MICA MINING IN BIHAR

OFFICE OF THE CHIEF ADVISER FACTORIES
1953

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PREFACE

Silicosis is associated with a variety of occupations in the manufacturing industries as well as in the mining industry. It may, therefore, appear anomalous that this disease should not have found a place in the Schedule of Occupational Diseases of the Workmen's Compensation Act.

In 1936, when the ratification of the I.L.O. Convention (Revised, 1934) concerning Workmen's Compensation for Occupational Diseases was discussed, the Government had given careful consideration to the possibility of adding 'Silicosis' to the Schedule, but they were forced to the conclusion that the conditions then prevailing in the country did not justify such a step. It was felt that the difficulty of diagnosing the disease which was common to all countries would be aggravated in this country because of the lack of adequate medical facilities except at the bigger centres. Further, it was felt that the long period which frequently elapses before the disease comes to light would make it necessary to set up an elaborate scheme for apportioning the liability for payment of compensation among different employers. Even if it were practicable to introduce such a scheme, it was considered doubtful whether the workers would be able to take advantage of it. The most important factor leading to the decision to omit silicosis from the list of compensable diseases was the lack of evidence regarding the incidence of the disease.

Silicosis has since been made a notifiable disease under the Factories Act, 1948 and the Mines Act, 1952. While it is appreciated that the disease cannot ordinarily be diagnosed except by persons having specialised knowledge of the subject, notification was considered as a first step towards stimulating interest in the study of the problem and, in a general way, for emphasising the need for preventing harmful exposures to dusts containing free silica.

The present report on silicosis in mica mines in Bihar is based upon a comprehensive study covering both the engineering and medical aspects of the problem. Both in planning the study and in carrying out the detailed field investigations we fortunately had the assistance of Dr. Harry Heimann and Dr. Samuel Moskowitz, Members of the Industrial Hygiene Unit now in India under the United States Technical Co-operation Administration Programme. Dr. M.N. Gupta and Dr. C.R. Harihara Iyer of the organization of the Chief Adviser Factories were the other two members of the team who conducted the detailed investigations.

This is perhaps the first comprehensive study on the subject of silicosis in this country. The organization of the Chief Adviser Factories had not, at the time, all the equipment and facilities necessary for carrying out investigations of this type. Work had to be so planned and co-ordinated as to make use of the none-too-readily available facilities wherever they could be obtained. A considerable amount of organization and detailed planning was therefore necessary and in this connection I would like to make a particular mention of Shri N.S. Mankiker, Chief Adviser Factories, who was responsible for the conduct of the study.

The study has yielded, among other things, valuable data on the incidence of silicosis and on its frequency rate in relation to dust exposures. The report is helpful also in that it indicates the lines on which similar studies might be carried out in other industries and occupations where the potential risk of silicosis exists.

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National Printing Works, Delhi