

Potential Health Effects of Odor from Animal Operations, Wastewater Treatment, and Recycling of Byproducts

Susan S. Schiffman, PhD
John M. Walker, PhD
Pam Dalton, PhD
Tyler S. Lorig, PhD
James H. Raymer, PhD
Dennis Shusterman, MD
C. Mike Williams, PhD

ABSTRACT. Complaints of health symptoms from ambient odors have become more frequent in communities with confined animal facilities, wastewater treatment plants, and biosolids recycling operations.

Susan S. Schiffman is affiliated with the Department of Psychiatry, Duke University Medical School, Durham, NC 27710.

John M. Walker is affiliated with the United States Environmental Protection Agency (US EPA), 401 M Street, Washington, DC 20460.

Pam Dalton is affiliated with Monell Chemical Senses Center, 3500 Market Street, Philadelphia, PA 19104-3308.

Tyler S. Lorig is affiliated with the Department of Psychology, Washington & Lee University, Lexington, VA 24450.

James H. Raymer is affiliated with Research Triangle Institute, Research Triangle Park (RTP), NC 27709-2194.

Dennis Shusterman is affiliated with the Division of Occupational Medicine, University of California at San Francisco, San Francisco, CA 94143-0843.

C. Mike Williams is affiliated with the Departments of Poultry Science and Animal Science, North Carolina State University, Raleigh, NC 27695-7608.

Address correspondence to: Dr. Susan S. Schiffman, Department of Psychiatry, Box 3259, 54212 Woodhall Building, Duke University Medical School, Durham, NC 27710 (E-mail: sss@acpub.duke.edu).

The most frequently reported health complaints include eye, nose, and throat irritation, headache, nausea, diarrhea, hoarseness, sore throat, cough, chest tightness, nasal congestion, palpitations, shortness of breath, stress, drowsiness, and alterations in mood. Typically, these symptoms occur at the time of exposure and remit after a short period of time. However, for sensitive individuals such as asthmatic patients, exposure to odors may induce health symptoms that persist for longer periods of time as well as aggravate existing medical conditions. A workshop was held at Duke University on April 16-17, 1998 cosponsored by Duke University, the Environmental Protection Agency (EPA), and National Institute on Deafness and Other Communication Disorders (NIDCD) to assess the current state of knowledge regarding the health effects of ambient odors. This report summarizes the conclusions from the Workshop regarding the potential mechanisms responsible for health symptoms from ambient odors. Methods for validation of health symptoms, presence of odor, and efficacy of odor management techniques are described as well. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>>]

KEYWORDS. Health effects, odor, nasal irritation, irritant, confined animal feeding operations (CAFOs), dust, particulates, wastewater treatment, biosolids, composting

EXECUTIVE SUMMARY

A workshop was held at Duke University on April 16-17, 1998 cosponsored by Duke University, the Environmental Protection Agency (EPA), and National Institute on Deafness and Other Communication Disorders (NIDCD) to determine the current state of knowledge regarding the health effects of ambient odors. Special emphasis was placed on potential health issues related to odorous emissions from animal manures and other biosolids. Odors are sensations that occur when a complex mixture of compounds (called odorants) stimulate receptors in the nasal cavity. Most odorants associated with animal manures and biosolids are volatile organic compounds (VOCs) that are generated by bacterial degradation of protein, fat, and carbohydrates in the organic matter. Reactive inorganic gases such as ammonia and hydrogen sulfide are also important odorants that can be emitted from animal manures and biosolids.

People are exposed to odor every day. Most of these odors produce no complaints and may be pleasant. When odors from manures and biosolids rise to the level that complaints are produced, many of these complaints are focused on the unpleasant nature of the odor rather than on health symptoms. However, health symptoms have been reported with increasing frequency to low levels of odor from manures and biosolids. The most frequently reported health complaints include eye, nose, and throat irritation, headache, nausea, diarrhea, hoarseness, sore throat, cough, chest tightness, nasal congestion, palpitations, shortness of breath, stress, drowsiness, and alterations in mood. Typically, these symptoms occur at the time of exposure and remit after a short period of time. However, for sensitive individuals such as asthmatic patients, exposure to odors may induce health symptoms that persist for longer periods of time as well as aggravate existing medical conditions. It is not known at present if there is a cumulative impact of exposure to irritants/odors from agricultural operations and municipal wastewater treatment facilities on neighbors over time as has been documented for workers continuously exposed to odorous air in swine facilities.

Workshop participants discussed three paradigms by which ambient odors may produce health symptoms in communities with odorous manures and biosolids. In the first paradigm, the symptoms are induced by exposure to odorants at levels that also cause irritation (or other toxicological effects). That is, irritation—rather than the odor—is the cause of the symptoms, and odor simply serves as an exposure marker. In this paradigm irritancy (or other toxicity) generally occurs at a concentration somewhat higher (about 3 to 10 times higher) than the concentration at which odor is first detected (odor threshold). While the concentration of each individual compound identified in odorous air from agricultural and municipal wastewater facilities seldom exceeds the concentration that is known to cause irritation, the combined load of the mixture of odorants can exceed the irritation threshold. That is, the irritation induced by the mixture derives from the addition (and sometimes synergism) of individual component VOCs.

In the second paradigm health symptoms occur at odorant concentrations that are not irritating. This typically occurs with exposure to certain odorant classes such as sulfur-containing compounds and organic amines at concentrations that are above odor detection thresholds but far below irritant thresholds. Health symptoms often reported

include a stinging sensation, nausea, vomiting, and headaches. The mechanism by which health symptoms are induced by sulfur gases or organic amines for which odorant potency far exceeds the irritant potency is not well understood. Factors such as the degree of unpleasantness of the odor, the exposure history (prior experience with odor), beliefs about the safety of an odor, and emotional status may play a role in inducing health symptoms. Noxious odors that are neither irritating nor toxic can set up a cascade of events such as physiological stress or nutritional problems (caused by altered food intake) that lead to health effects. The genetic basis of aversions to malodors is not well understood, but brain imaging studies suggest that noxious odors stimulate different brain areas than those that process pleasant odors.

In the third paradigm, the odorant is part of a mixture that contains a co-pollutant that is essentially responsible for the reported health symptom. Odorous airborne emissions from confined animal housing, composting facilities, and land application of sludge can contain other components that may be the cause of the symptoms such as bioaerosols consisting of endotoxin, dust from food, airborne manure particulates, glucans, allergens, microorganisms, or toxins. Thus, an individual may encounter odors from swine facilities while simultaneously exposed to dust or gram-negative endotoxin. In this case, the symptoms or health effects are more likely to result from the irritant effects of the dust or from the inflammatory responses to endotoxin exposure rather than from the odor. That is, odor again acts as an exposure marker as in Paradigm 1. Somatic symptoms (i.e., those affecting the body) including altered respiratory behavior to the odor alone can be acquired via Pavlovian conditioning due to association of odorous emissions with a physiological challenge (e.g., dust, endotoxin). Subsequently the odor in the absence of the co-pollutant will produce the symptoms. These odor associations are readily established and robust; while they can be extinguished (unlearned), this process occurs slowly.

There is wide variability among individuals in the odorant concentrations that cause health complaints. To address this issue, levels of odor exposure were defined to clarify the intensities associated with potential health impacts described above in the three paradigms. This set of odor levels in increasing intensity includes the following:

Level	Description
1) odor detection	The level of odor that can first be differentiated from ambient air.
2) odor recognition	The level of odor at which the odor quality can be characterized, e.g., the level at which a person can detect that an odor is apple or manure.
3) odor annoyance	The level at which a person is annoyed by an odor but does not show or perceive a physical reaction. Note: Health symptoms are not expected at these first three levels unless the odor occurs with a co-pollutant such as dust as in Paradigm 3 or the level of annoyance is intense or prolonged.
4) odor intolerance (causing somatic symptoms)	The level at which an individual may show or perceive physical (somatic) symptoms to an odor. Note: This level corresponds to Paradigm 2 in which the odor induces symptoms even though the odorant concentration is lower than that known to cause irritation.
5) perceived irritant	The level at which a person reports irritation or physical symptoms as a result of stimulation of nerve endings in the respiratory tract.
6) somatic irritant	The level at which an odorant (not an odor) results in a negative physical reaction regardless of an individual's predisposition. This can occur when an odorous compound (e.g., chlorine) damages tissue. Note: Perceived and somatic irritation correspond to Paradigm 1.
7) chronic toxicity	The level at which an odorant can result in a long-term health impact.
8) acute toxicity	The level at which an immediate toxic impact is experienced, e.g., a single event may evoke an acute health impact. Note: In the case of chronic or acute toxicity, the compound should not be considered an odorant but rather a compound with toxic effects that happens to have an odor.

The range of odor intensities and odorant concentrations that correspond to these 8 levels varies across individuals.

A majority of the studies reviewed in this report are taken from laboratory experiments where greater control is possible and mostly not from confined animal feeding operations, municipal wastewater or biosolids treatment, or the recycling of these byproducts. By the re-

view of these studies, examples are given that can help elucidate the types of health symptoms that may occur from exposure to odorous volatile compounds and associated particulates from animal feeding and the processing and recycling of animal manures and biosolids. In addition, this review helps establish a basis for future management and research regarding the potential impacts of odor on human health from such operations.

The odor exposures that have received the greatest research attention are those that involve irritation. Physiological responses to irritation in the upper respiratory tract (nose, larynx) and/or lower respiratory tract (trachea, bronchi, deep lung sites) have been documented in both humans and animals. Irritation of the respiratory tract can alter respiratory rate, reduce respiratory volume (the amount of air inhaled), increase duration of expiration, alter spontaneous body movements, contract the larynx and bronchi, increase epinephrine secretion, increase nasal secretions, increase nasal airflow resistance, slow the heart rate, constrict peripheral blood vessels, increase blood pressure, decrease blood flow to the lungs, and cause sneezing, tearing, and hoarseness. Release of the potent hormone epinephrine (also called adrenalin) subsequent to nasal irritation may be a source of feelings of anger and tension that have been reported by persons exposed to odors. Epidemiological studies in communities with animal operations and municipal wastewater facilities have reported increased occurrence of self-reported health symptoms consistent with exposure to irritants.

The odorous emissions that reach neighbors of animal and municipal wastewater facilities and recycling operations are a function of the concentration of volatiles produced at the source as well as their emission rates, dispersion, deposition, and degradation in the downwind plume. Furthermore, numerous sources at a facility can contribute to the total odor and irritation intensity experienced by neighbors. In the case of confined swine operations, for example, odor sources including animal housing, lagoons (or other storage units), and land application of manure all contribute to the sensory impact. VOCs emitted from swine houses probably contribute substantially to irritation downwind if not strongly diluted after emission. Particulates (e.g., dust) may also contribute to the irritation.

Workshop participants concluded that current evidence suggests that the symptom complaints experienced by neighbors of some odor-

ous animal operations and municipal wastewater facilities may constitute health effects. In addition, odorous compounds from these operations together with odor sources other than animal and wastewater byproducts all contribute to odor complaints and air quality in an air shed. However, further research studies in both laboratory and field settings are necessary to quantify the concentration/intensity ranges that cause health complaints in the general population as well as in sensitive (e.g., allergic) individuals. These studies should utilize objective biomarkers of health symptoms to validate health complaints. The workshop participants developed a battery of objective tests to be used for these studies. The research should also be performed in a manner that removes confounding and bias (i.e., belief that odor presents a risk or is toxic). Overall, workshop participants agreed that if health complaints can be documented by objective measures of physical symptoms, then such health symptoms should be considered health effects. The importance attached to such health effects, however, is dependent upon a number of value-laden variables, including exposure and/or symptom prevalence, severity, and perceived degree of impairment in the lives of affected individuals.

Workshop participants also concluded that health impacts from odorous facilities can be minimized using a variety of methods for odor remediation. For agricultural facilities, as an example, feed additives (compounds incorporated into the animal's diet), digestive deodorants (bacteria or enzymes that reduce undesirable odors through biochemical metabolic degradative processes), adsorbents (products with large surface area that adsorb targeted odorants before they are released), and chemical deodorants (strong oxidizing agents or germicides) have been used although the cost effectiveness of these approaches has not yet been proven. The efficacy of these odor remediation techniques in reducing odor itself can be quantified by olfactometry (a measurement technique that uses the human nose as the sensor), gas chromatography (an analytical method that separates the gaseous mixture of chemical compounds into its molecular constituents), and/or an electronic nose (a sensor array that mimics the performance of the human nose).

This report summarizes of current state of knowledge regarding the health effects of ambient odors with special emphasis on odorous emissions from animal manures and other biosolids. The potential mechanisms that are responsible for health symptoms are discussed.

Methods for validation of health symptoms, presence of odor, and efficacy of odor management techniques are also described.

INTRODUCTION

Complaints of adverse health symptoms are reported with increasing frequency in communities near odorous agricultural, industrial, and municipal facilities. Intensive livestock rearing, solid waste processing, composting, storage, disposal, and/or land application sites from agricultural, industrial, and municipal facilities have all been involved in complaint processes. In agriculture, there is a national trend toward increased numbers of animals per livestock facility. In North Carolina, for example, the number of hogs has nearly quadrupled since 1990 from 2.5 million to 9.6 million while the number of hog farms has decreased by almost one half (from 10,000 to 5,800).¹ In many areas, people with residences neighboring intensive livestock operations, especially swine facilities, complain because their once clean air has offensive odors; in addition they say it affects their health.² The most common health complaints associated with environmental odors from agricultural sources and biosolids include eye, nose, and throat irritation, headache, nausea, hoarseness, cough, nasal congestion, palpitations, shortness of breath, "stress," drowsiness, and alterations in mood.³⁻⁶ These symptoms attributed to odors are generally acute in onset (occur at the time of exposure) and self-limited in duration (remit after a short period of time). Persons with allergies and asthma often assert that odors exacerbate their symptoms.⁷ Persons who report adverse health symptoms from odors usually indicate that they have problems with numerous types of odorous compounds.⁶

Because of the increased number of questions about possible health symptoms from odors, a workshop to address the issue was held at Duke University on April 16-17, 1998 cosponsored by Duke University, the Environmental Protection Agency (EPA), and National Institute on Deafness and Other Communication Disorders (NIDCD). The purpose of this workshop was to determine the current state of knowledge regarding the effects of ambient odors on health and well-being. Special emphasis was placed on potential health issues related to odorous emissions from animal manures and biosolids. The list of Workshop participants is given in Acknowledgements. This paper summarizes the issues raised during the workshop including potential mechanisms

by which odorous emissions may give rise to health effects. Methods for evaluation, documentation, and remediation of odors are described as well.

Physiology of Odor Perception

Health symptoms from odors can potentially result from two sources: the odor (the sensation) or the odorant (the chemical or mixture of chemicals that happens to have an odor). Odor sensations are induced when odorants interact with receptors in the olfactory epithelium in the top of the nasal cavity. Signals from activated receptors are transmitted via the olfactory nerve (first cranial nerve) to the olfactory bulb and ultimately to the brain. Odor sensations are described by adjectives such as floral, fruity, earthy, fishy, fecal, and urinous.⁸ Odorant compounds are diverse in molecular structure but most are non-ionic compounds with molecular weights of less than 300. In general odorants are hydrophobic organic compounds that contain a limited number of functional groups although the presence of a functional group is not a prerequisite for odor. Some reactive inorganic gases such as ammonia and H₂S can also be odorants.

Odorants can also stimulate free nerve endings of four other cranial nerves (trigeminal, vagus, chorda tympani, and glossopharyngeal nerves) to induce sensations of irritation. Sensory neurons of the trigeminal nerve innervate the eyes, nose, anterior 2/3 of the tongue, gums, and cheeks.^{9,10} The trigeminal nerve responds to five different classes of stimuli: (1) chemical, (2) mechanical (such as dust particles that touch the mucous linings of the nose, eye, or mouth), (3) thermal (temperature), (4) nociceptive (pain), and (5) proprioceptive (movement/position).¹¹ Trigeminal stimulation by odorous chemicals and dust induces sensations such as irritation, tickling, burning, stinging, scratching, prickling, and itching.¹²⁻¹⁴ Examples of odorous compounds found in the home or office which are also irritants include chlorine, gasoline, camphor, menthol, alcohol, vinegar, and various solvents.¹⁵⁻¹⁷ Diesel exhaust is an example of a mixture of odorous compounds found outdoors that is an irritant.¹⁸

Free nerve endings of the vagus nerve transmit information on irritation in the throat, trachea, and lungs. Free nerve endings of the chorda tympani nerve (along with the trigeminal nerve) mediate irritation on the anterior tongue during mouth breathing; free nerve endings of the glossopharyngeal nerve transmit information about irritation on

the posterior tongue. Overall, the same compound can generate sensations of both odor and irritation, but the concentration necessary to elicit irritation is generally higher than that needed for odor. Almost any airborne chemical can, in sufficient concentration, stimulate chemosensory trigeminal receptors in the nose and eyes, damage tissue, or cause toxic effects.¹⁹

Paradigms by Which Odors Can Affect Health Symptoms

There are at least three paradigms that may explain how odors or odorants could potentially affect human health.²⁰ In Paradigm 1, the symptoms are induced by exposure to an odorant at levels that also cause irritation (or other toxicological effects). In this case, irritation—rather than the odor—is the cause of the symptoms, and odor simply serves as an exposure marker. For odorants acting under Paradigm 1, the irritancy (or other toxicity) generally occurs at a concentration above—but within an order of magnitude—of the odor threshold. That is, the detection threshold for irritancy (concentration at which irritancy is first detected) is between 3-10 times higher than the concentration at which odor is first detected. (The odor detection threshold is the concentration at which odor is first detected.) Examples include ammonia, chlorine, and formaldehyde (e.g., from building products) as well as acrolein, acetaldehyde, and organic acids (e.g., from cigarettes). At concentrations above the irritant threshold, both odor and irritant sensations can coexist. The sensation of odor is merely coincident with the more relevant irritative process; symptoms are more likely caused by irritation rather than “odor-induced.” In this paradigm, odor is a warning of potential health symptoms at elevated concentrations.

In Paradigm 2, by contrast, exposure to odorous compounds at concentrations above the odor threshold but below irritant levels is associated with health symptoms. This typically occurs with exposure to certain odorant classes such as sulfur-containing compounds and organic amines with odor thresholds that are 3-4 orders of magnitude (that is 10^3 and 10^4 times) below the levels that cause classical toxicological or irritant symptoms. Industrial and biological sulfur gases (e.g., hydrogen sulfide, mercaptans, or thiophenes) have odor thresholds in the ppb (parts per billion) or ppt (parts per trillion) range^{21,22} but they do not produce objective mucous membrane irritation until they reach a level of 10-20 ppm (parts per million). Nevertheless, health symptoms are often reported from residents of communities

exposed to industrial sulfur gases and other malodorous compounds at levels exceeding the odor threshold but below irritant thresholds.^{6,23} The mechanism by which health complaints are induced by compounds whose odorant potency far exceeds the irritant potency is not well understood, but perceptual/psychological as well as genetic/physiological factors may play a role.^{6,20}

The third paradigm in which odors may be associated with symptoms is one in which the odorant is part of a mixture that contains a co-pollutant that is actually responsible for the reported health symptom. Odorous airborne emissions from confined animal operations, composting facilities, and sludge can contain other components that may be the cause of the symptoms such as bioaerosols consisting of endotoxin, dust from food, airborne manure particulates, glucans, allergens, microorganisms, or toxins. Thus, an individual may encounter odors from swine facilities while simultaneously exposed to dust or gram-negative endotoxin. In this case, the health symptoms are more likely to result from the irritant effects of the dust or from the inflammatory responses to endotoxin exposure than the odor. That is, odor again acts as an exposure marker (as in Paradigm 1).

It should be noted that odor perception is not always an adequate warning of impending toxicity. This situation arises when a compound is toxic or irritating at concentrations below the odor threshold. One example is arsine gas (not found in animal or biosolids operations) which may cause hemolysis and potential renal failure at a concentration at or below its odor threshold.²⁰ Other examples are methyl isocyanate (the contaminant released at Bhopal, India) and methyl isothiocyanate (breakdown product of the pesticide Metam sodium) for which the odor thresholds are higher than the irritant threshold.^{20,24} A few compounds produce irritation almost in the absence of odor; for example, CO₂ is an irritant that produces minimal, if any, odor response in humans.²⁵

EVIDENCE THAT ODORS CAN PRODUCE HEALTH SYMPTOMS

There is experimental evidence to support each of the paradigms given above. This evidence is described below in order to elucidate the mechanisms by which odorous emissions can cause health symptoms.

Evidence for Paradigm 1: Irritation Rather Than the Odor Causes the Health Symptoms

There is extensive evidence that odorous volatile compounds can produce irritation in both the upper respiratory tract (nose, larynx) and lower respiratory tract (trachea, bronchi, deep lung sites). This irritation involves both sensory signals (mediated by the trigeminal and vagus nerves) as well as actual inflammation of tissues. Sensory irritation can arise: (1) from a single odorous compound above its irritant threshold,^{6,26} (2) from the aggregate effect of low concentrations of odorous chemicals not normally considered to be irritants,¹² or (3) from weak trigeminal stimulation in combination with much higher levels of olfactory stimulation.¹⁴ The fact that mixtures of low concentrations of odorants can induce sensory irritation is due to the fact that the primary mixture constituents can be additive (or, in some cases, even synergistic) in their ability to produce irritation,^{19,27,28} i.e., the irritancy of the mixture may, in some cases, be greater than the sum of the individual components. Even subthreshold levels of individual volatile organic compounds (VOCs) can add together when delivered in a mixture to produce noticeable sensory irritation.

Irritation thresholds for specific single compounds vary widely across volatile chemicals; furthermore, the degree of chronic structural damage associated with exposure to irritants is compound specific. For example, the compound ortho-chlorobenzylidene malononitrile (tear gas) has irritant properties as low as 0.05 ppm (parts per million). Inhalation of this compound causes acute effects including irritation, burning, and pain in the upper and lower airways and eyes. Headache and altered breathing also occur acutely. The severity of the symptoms is dependent on the length of exposure and the concentration.²⁹ However, in persons without respiratory allergies or asthma, the symptoms usually remit within minutes to hours without showing long-term respiratory effects. Other irritants such as chlorine are more chemically reactive and attack tissue. Chlorine is irritating at or below 0.5 ppm;³⁰ at higher concentrations, it can cause acute respiratory injury and long-term reactive airway dysfunction.³¹ Some individual chemicals can be tolerated at concentrations up to 1,000-2,000 ppm and above without irritation.^{28,32} Sensory irritation as well as odor can also be produced by a mixture of individual chemicals at subthreshold concentrations.^{19,27} This agonistic effect may explain why odorous

emissions from swine operations which contain low levels of hundreds of component compounds lead to self-reports of irritant sensations^{3,4} even though the concentrations of individual chemical constituents are below known irritant threshold concentrations.³³ It should be noted here that neither ortho-chlorobenzylidene malononitrile (tear gas) nor chlorine are found in manure or biosolids. However, the mixture of volatile compounds emitted from manures and biosolids do have the potential to cause sensory irritation with or without health complaints.

Physiological Symptoms Caused by Sensory Irritation

Administration of irritant compounds to the upper and/or lower airway in laboratory studies produces many systemic responses including: (1) changes in respiratory rate, depending upon the primary level of irritation (upper versus lower), (2) reduced respiratory volume, (3) increased duration of expiration, (4) alterations in spontaneous body movements, (5) contraction of the larynx and bronchi, (6) increased epinephrine secretion, (7) increased nasal secretion, (8) increased nasal airflow resistance, (9) increased bronchial tone, (10) decreased pulmonary ventilation, (11) bradycardia, (12) peripheral vasoconstriction, (13) increased blood pressure, (14) closure of the glottis, (15) sneezing, (16) closure of the nares, (17) decreased pulmonary blood flow, (18) decreased renal blood flow and clearance, and (19) lacrimation or tearing.^{9,17,34-42} Irritants can also induce hoarseness of voice⁴³ and impair mucociliary clearance functioning.²⁶ These physiological responses suggest that irritant sensations in the upper respiratory tract are a warning that the respiratory system may be at risk from harmful substances. Reflexive breath stoppage (apnea) subsequent to stimulation of the trigeminal nerve in the upper airway is probably a defensive device to prevent inhaling chemicals in the air that might damage the lungs or respiratory tract. This breath stoppage does not occur in isolation as evidenced by a subsequent cascade of physiological symptoms associated with this response. This nasal reflex induces activity in the sympathetic division of the autonomic nervous system (ANS) leading to increases in circulating epinephrine. This causes acceleration of heart rate and peripheral vasoconstriction (leading to an increase in blood pressure). In addition, activity in the sympathetic division of the ANS is often associated with emotional induction of fear or anger. Sustained exposure to irritating solvents can also impact neurobehavioral functioning.⁴⁴ These factors along with the unpleas-

ant sensory properties of irritation make strong trigeminal stimulation a memorable event, and one which is likely to be regarded as highly aversive.

Lower airway irritation usually produces an increase in breathing rate and pulmonary ventilation and little change in heart rate or blood pressure.³⁴ There are instances, however, in which lower airway irritation can cause decreased respiratory rate (postexpiratory apnea)⁴⁵. Volatile chemical irritants can also cause local redness, edema, pruritis or pain, and eventually altered function.⁴⁵ Excessive irritation in the lower airway (as well as upper airway) may lead to tissue damage and, eventually, scarring. Airway irritation is also associated with non-respiratory tract health complaints such as headache and lassitude.^{6,12}

Controlled experiments have been performed to assess health impacts of specific airborne irritants. For example, Hudnell et al.⁴⁶ at the Environmental Protection Agency evaluated health symptoms in 66 healthy males who were exposed to an odorous mixture of 22 common volatile organic compounds (25 mg/m³ total concentration which is representative of levels found in new homes and office buildings) for 2.75-hours. Subjects were also exposed to clean air for an equivalent time in a control session. Subjects rated the intensity of perceived odor, irritation, and other variables before and during exposure. During exposure to the VOC mixture, self-reported eye and throat irritation, headache, and drowsiness increased or showed no evidence of adaptation (that is, no reduction in intensity). Thus, irritation did not decrease over the 2.75 hour-long sessions but odor intensity decreased by 30%. Exposure for a longer period (6 hours) in another study did show, however, some significant adaptation in nasal irritation.⁴⁷ Hudnell et al.⁴⁶ concluded that the health symptoms in the 2.75 hour study were caused by stimulation of free nerve endings in the eyes and respiratory tract by additive or synergistic interactions among sub-threshold levels of this particular combination of VOCs. Seventeen of the 22 compounds tested by Hudnell et al.⁴⁶ are also found in emissions from swine odor:³³ n-butylacetate, p-xylene, n-butanol, n-decane, ethylbenzene, n-hexanal, n-hexane, 2-butanone, cyclohexane, 3-methyl-2-butanone, 4-methyl-2-pentanone, n-pentanal, isopropanol, n-propylbenzene, trimethylbenzene, n-undecane, and 1-octene. However, it is not yet known if the levels of VOCs experienced by neighbors exposed to emissions from manure and biosolids are comparable to those tested by Hudnell et al.⁴⁶

Two types of nerve fibers in the trigeminal nerve conduct nociceptive (pain) afferent pulses: finely myelinated A-delta fibers and unmyelinated C fibers.^{48,49} Dull and burning painful sensations are characteristic of C fibers while sharp, stinging sensations appear after activation of A-delta fibers.⁵⁰⁻⁵² Activation of trigeminal C fibers by irritants leads to the release of neuropeptides including substance P into the nose. Substance P induces neurogenic inflammation including vasodilation, increased blood flow, increased vascular permeability, increased ocular pressure and pupillary contraction.⁴⁰ Substance P release is associated with an increased presence of polymorphonuclear neutrophilic leukocytes (PMNs) in the nasal cavity which indicates the presence of acute inflammation.⁵³ Exposure to 25 mg/m³ VOCs for 4 hours led to increased levels of PMNs in nasal lavage fluid.⁵⁴ The release of substance P by trigeminal stimuli is also one potential mechanism by which trigeminal irritants may cause head pain.⁵⁵ Vasculature in the cranium is supplied by substance P-containing C fibers of the trigeminal nerve. Thus, inhaled irritants in the air may induce headaches and migraines by increasing cortical blood flow via the trigeminovascular system, i.e., via stimulation of a sensory (trigeminal) nerve.

Relationship Between Trigeminal and Olfactory Sensations

There is often a temporal disparity between odor and irritant sensations with odor sensations tending to precede the irritant sensations. This is due in part to the fact that chemical agents must migrate through the mucosa to activate free nerve endings of the trigeminal nerve. This fact coupled with the relatively slow transmission time of the C fibers leads to a slowly responding system in comparison to olfaction. Sensations of odor and irritation also respond differently to continuous chemosensory stimulation. Odor sensations tend to fade quickly (adaptation) upon stimulation while irritancy can grow sharply over a period of time^{52,56} though it may ultimately adapt to some degree by six hours of exposure.⁴⁷ The growth of irritancy over time may be due in part to the kinetics of overcoming the buffering capacity of nasal mucus or may represent cumulative damage to structural elements. Thus odor is a warning of potential health symptoms from irritation at elevated concentrations. Continuous exposure to compounds such as ammonia or H₂S can lead to odor fatigue and/or

tolerance, and this reduced sensitivity may jeopardize health when the warning signal is not adequately perceived.

Sustained occupational exposure to a sensory irritant over months or years can reduce the perceived odor and irritation intensity. For example, acetone-exposed workers required higher concentrations of acetone to detect both its odor and irritating sensory properties.⁵⁷ Olfactory perception of other compounds was not necessarily affected.^{58,59} There are at least three possible causes of this persistent reduction in perceived irritation and odor intensity with occupational exposure. First, inhaled acetone (and other odorous VOCs) can be absorbed from the lungs into the blood stream to dissolve in fat stores of the body. The VOCs (in this case acetone) are subsequently released slowly from the fat stores back into the blood and lungs to cause continuous adaptation of olfactory receptors as they are exhaled. Odorous VOCs have been found in the blood and brain after three hours of exposure,⁶⁰ and olfactory receptors have been shown to respond to blood-borne odorants.⁶¹ Second, there is a possibility that peripheral changes such as down-regulation of receptors could account for the elevated thresholds and reduced responses. A third possibility is that a cognitive factor contributes to a person's perception of odor, and that acetone-exposed workers learn to tune out the smell of acetone at a cognitive level. The reduced sensory perception of acetone by acetone workers reduced the number of health symptoms they reported relative to unexposed controls.^{58,59} It is possible that workers who can tolerate the initial exposure to irritants stay on the job while those that cannot, leave for other jobs. (This has been called the "healthy worker phenomenon.")

There is perceptual interaction between the olfactory and trigeminal sensations but the results of studies differ somewhat in their findings. Kendal-Reed et al.¹⁴ found that low to moderate levels of self-reported nasal irritation are attributable not only to trigeminal stimulation but also to relatively weak trigeminal stimulation in combination with much higher levels of olfactory activation. Cain, on the other hand, suggested that strong odors can lead to a perceptual reduction in the irritation produced by the trigeminal stimulus.⁶² That is, odors can "mask" trigeminal stimuli and vice versa. While masking does occur, the overall intensity of the experience is rated as more intense as the concentrations of the two stimuli increase. Stimulation of the nose and eye with low levels of odorous VOCs are often either additive or

synergistic, leading to responses characteristic of irritants. Walker and colleagues⁶³ have studied respiratory responses following stimulation of the eye and nose. Using a specially designed olfactometer that provided different channels for the eye and nose, they collected respiration data in human subjects to “nose only” and “eye + nose” trials. Using amyl acetate (a banana-like and relatively pleasant smell at low concentration), they found that breathing flow rate increased at the lower concentration presented to “nose only.” At the highest concentration of “nose only” administration, breathing flow was slightly reduced. When the same stimuli were presented to the “eye + nose,” subjects responded as if they had been exposed to far more amyl acetate, that is, breathing was significantly reduced as a function of concentration. From these studies, it appears that receptors in the eye interact with those in the nose to alter breathing and initiate respiratory volume reductions at relatively low concentrations of chemical stimulation.

The fact that odor sensations are linked so closely with irritant sensations is due in part to the central projections of the olfactory and trigeminal systems. The trigeminal nerve projects to fibers that overlap with brain areas of olfactory projection such as the mediodorsal nucleus of the thalamus.⁶⁴ Additionally, the trigeminal nerve projects to many areas of the brainstem associated with autonomic responses such as nasal secretion, sneezing, and respiration.³⁶ Silver and Finger¹¹ emphasized that these physiological reflexes are “among the strongest in the body.” The magnitude of these responses underscores the evolutionary importance of olfaction as a warning and response mobilization system.

Methods to Quantify Irritation

A variety of methods have been developed to quantify irritation and specifically to determine the concentration at which volatile compounds activate the trigeminal nerve. Measurement of irritation is generally achieved in one of three ways. First, verbal measures can be obtained in human subjects in psychophysical experiments. Second, electrophysiological (nonverbal) responses to irritants such as nasal mucosal potentials and central event-related potentials can be measured in human subjects. Third, animal models can be used to assess respiratory or neural effects of irritants. Equations using quantitative structure-activity relationships (QSAR) based on solvation energies

have also been used to predict nasal irritation thresholds but this is still in the basic research phase.^{65,66}

Human Psychophysical Ratings. First, irritant thresholds and intensity ratings can be obtained in normosmic human subjects.^{12,67,68} Psychophysical ratings involve verbal reports of perceived odor and irritation. However, in normosmic subjects, ratings of irritation can be affected by the concomitant olfactory sensations. In order to determine the effect of trigeminal input alone, judgments of irritation are frequently obtained in anosmics who lack olfactory sensations but have an intact trigeminal system.⁶⁹⁻⁷¹ There is some controversy, however, whether anosmics are an appropriate model since irritation (as well as olfaction) may be blunted in anosmic/hyposmic subjects.⁷² Recently, localization of chemosensory nasal stimulants has been used to determine sensitivity to irritants by determining nasal lateralization thresholds in normosmics.⁷³⁻⁷⁵ Irritation, unlike olfaction, can be localized to one nostril or the other. Thus, the lowest concentration at which a vapor can just be lateralized (the nostril receiving the stimulus can be determined), constitutes the true irritant threshold. Several experimental methods have been used to determine lateralization thresholds.^{57,76} In addition, Cometto-Muñiz and Cain⁷⁷ found that thresholds for eye irritation closely predict nasal irritation thresholds, and can serve as a practical means to assess potency for nasal irritation in normosmics.

Schiffman⁷⁸ used the lateralization method to determine if the odorous ambient air inhaled by persons located 1500 feet downwind from a swine facility was an irritant. The odorous air was delivered to one nostril and clean air from a Tedlar® bag was delivered to the other. The four subjects (while blindfolded) were able to correctly identify which nostril received the odor. Furthermore, they rated the sensation in the nostril to which ambient air was directed as irritating. While additional studies must be performed to further investigate this result, it suggests that inhalation of odorous ambient air downwind from swine facilities can stimulate the trigeminal nerve and induce sensory irritation.

Human Electrophysiological Responses to Irritants. Electrophysiological methods for measuring responses to irritation include peripheral negative mucosal potentials (NMPs) and central event-related potentials (ERPs).⁷⁹⁻⁸¹ NMPs are recorded by means of an electrode on the septal wall of the nasal cavity along the line between bony and cartilaginous parts of the nose (referenced against the contralateral

bridge of the nose). The NMPs are thought to result from activation of both C-fibers and A-delta fibers. Odorants do not tend to produce NMPs at concentrations below the irritation threshold.⁸⁰ ERPs are recorded from electrodes on the scalp and respond to both trigeminal and olfactory stimuli. In one study, substances that stimulated the trigeminal nerve were found to produce maximum amplitudes at the vertex, and those that stimulated the olfactory nerve produced maximum amplitudes at parieto-central sites.⁸² In addition, trigeminal stimulation involves the right hemisphere more than the left according to Hari et al.⁸³ ERPs appear to reflect nociceptive information transmitted by A-delta fibers of the trigeminal nerve but not necessarily C fibers.⁵² Reflexive changes in nasal blood flow to irritants can be measured using a laser Doppler flow meter.⁸⁰ Pneumotachograph measurements indicate that there is a reduction of tidal volume (volume per breath) that begins at the threshold of nasal irritation.¹⁷

Animal Studies of Irritation. Electrophysiological responses to irritants can be determined in an animal model by recording from the ethmoid nerve (a branch of the ophthalmic division of the trigeminal nerve) which innervates the anterior nasal mucosa⁹ or by recording from the nasopalatine nerve (a branch of the maxillary division) which innervates the nasal mucosa in the posterior portion of the nasal cavity.⁸⁴ Animal models can also be used to assess respiratory responses to irritants. Reflexively induced decreases in respiratory rate are caused by stimulation of the trigeminal nerves by irritants.^{37,85} Mice are placed in a plethysmograph with their heads in an exposure chamber. The respiratory rate is monitored before, during, and after exposure. The dose-response relationship between the maximum percentage decrease in respiratory rate during the exposure period (e.g., 10 minutes) and the logarithm of the concentration of the irritant is plotted. The RD₅₀ (50% decrease in respiratory frequency) is calculated from the log concentration-response curve. A computerized version of this test has been developed to quantify breathing patterns in unanesthetized mice exposed to volatile chemicals.⁸⁶⁻⁹¹ It should be noted that reflex momentary apnea (interruption of inhalation) in response to irritation can also be recorded in humans. Apnea is reflexive response to irritant stimulation that protects the upper airway.⁹² Breathing patterns before, during, and after presentation of various concentrations of a potential irritant can be used to determine the concentration sufficient to elicit the reflex.^{12,93} While bioassays of

irritation in animals can provide helpful information, current research suggests that humans are more sensitive to irritation than animals.¹⁷

Evidence for Paradigm 2: Health Symptoms Occur at Odorant Concentrations That Are Not Irritating

Historically, malodor has been considered an indicator of potential health risk.⁹⁴⁻⁹⁶ However, the mechanism by which unpleasant odors cause health complaints in the absence of irritation or toxicity is poorly understood. Health complaints do occur at levels of VOCs that are below irritant thresholds.^{23,97} Factors such as the degree of unpleasantness of the odor, the exposure history (prior experience with odor), beliefs about the safety of an odor, and emotional status may play a role in inducing health symptoms. Both genetics and learning may play a role in health complaints to unpleasant (but nonirritating) odors. There is an extensive animal literature that indicates that airborne chemicals can affect behavior. In humans, airborne chemical signals have even been shown to affect ovulation.⁹⁸

Physiological Responses to an Unpleasant Odor in the Absence of Irritation

In one study, fourteen of 26 workers exposed to presumably safe levels of odorous sewer gases (as measured by gas detection equipment) experienced sore throat, cough, chest tightness, breathlessness, thirst, sweating, irritability, and loss of libido. Severity of symptoms was dose related. Clinical follow up showed deteriorating respiratory symptoms and lung function tests in the most seriously affected.²³ Chemical analysis showed that the workers had been exposed to a mixture of thiols and sulfides. In another study, exposure to the odor of n-propyl mercaptan in an agricultural setting for 6 weeks led to significant exposure effects including headache, diarrhea, runny nose, sore throat, burning/itching eyes, fever, hay fever attacks, and asthma attacks.⁹⁹

The mechanism by which these unpleasant odors induced health symptoms in the absence of irritation or toxicity is not known. However, Gift and Foureman¹⁰⁰ reported that the RD₅₀ values (concentration that induces 50% decrease in respiratory rate) for a random sample of unpleasant smelling compounds were much lower than for pleasant

smelling compounds. Schiffman⁷⁸ found that shallow and irregular breathing patterns were induced by exposure to unpleasant odors (swine odors, rotten fish, sulfides) while deeper stable breathing patterns were characteristic of exposure to pleasant odors (chocolate chip cookies, orange cake). These differences in breathing patterns (whether genetic or learned) may influence health symptoms.

Furthermore, unpleasant odors induce different patterns of electrical brain activity and activate different areas of the brain than pleasant odors. Electro-olfactograms (EOGs) and electroencephalograms (EEGs) have unique and distinct patterns that differ according to the hedonic properties of odors.¹⁰¹⁻¹⁰⁴ Studies using neuroimaging techniques also indicate that there are specific physiological neural markers for olfactory hedonics. Zald and Pardo¹⁰⁵ measured regional cortical blood flow (rCBF) using positron emission tomography and found that highly aversive (sulfides) and pleasant smells (fruits, flowers, and spices) activated different brain regions. The fact that olfactory hedonics differentially affects brain activity may have genetic and/or learned components. Electroencephalography (EEG) and functional magnetic resonance imaging (fMRI) studies have even shown that odorants and airborne chemicals can affect the nervous system without being consciously detected.¹⁰⁶⁻¹⁰⁸ Further research is necessary to determine if the areas of the brain stimulated by odors that differ hedonically is affected by experience and/or national origin. It has not yet been determined whether the patterns of brain activity induced by unpleasant odors contribute to health complaints.

Mood Impairment and Stress Induced by an Unpleasant Odor

Odors perceived to be unpleasant can impair mood^{5,109} and increase reactivity to startling stimuli.¹¹⁰ Schiffman et al.,⁵ for example, studied the effect of odorous emissions emanating from large-scale hog operations on the mood of nearby residents. Scores on the Profile of Mood States (POMS) indicated that nearby residents experienced an acute impairment of mood when odor from the swine operations was present. This included increased levels of tension, depression, anger, fatigue, and confusion.

Negative mood, stress, and environmental worry can potentially lead to a number of physiological and biochemical changes with subsequent health consequences.^{111,112} These include elevations in blood pressure, both in normotensives and in patients with hypertension,¹¹³⁻¹¹⁵ immune

impairment,¹¹⁶ increased levels of peripheral catecholamines,¹¹⁷ increased glucocorticoids,¹¹⁸ increased secretion of adrenocorticotrophic hormone (ACTH) from the pituitary,¹¹⁷ decreased gastric motility,¹¹⁹ increased scalp muscle tension in patients with muscle tension headaches,^{120,121} and even hippocampal damage.¹²² Chronic stress has been associated with development of coronary artery disease, chronic hypertension, and structural changes of the heart in some studies.¹²³⁻¹²⁵ Thus, if odorous stimuli are sufficiently stressful, this could potentially elevate the catecholamines epinephrine and norepinephrine to levels that produce adverse cardiovascular effects including increased heart rate and blood pressure and increased tendency of blood to clot.¹²⁶ However, further research is necessary to determine if odors from animal and municipal wastewater facilities do cause these types of stress-related health problems in susceptible individuals.

Several studies have shown a relationship between odors and stress effects. Cardiovascular effects have been reported to numerous odorous stimuli including fresh diluted sidestream cigarette smoke.¹²⁷ Several changes in blood lipid measurements were observed in both male and female subjects after exposure for 7.33 hours. In male subjects, there was a 15% increase in triglyceride levels and a 4.8% decrease in high density lipoprotein (HDL) levels. Smith and Scott¹²⁸ noted that these lipoprotein changes are consistent with stress-related epinephrine-induced mobilization of free fatty acids and a concomitant decrease in HDL.¹²⁹ Steinheider et al.^{130,131} found an association between urinary cortisol levels and odor exposure at a fertilizer manufacturing facility. The elevated cortisol levels associated with malodor and irritation can potentially induce stress-related immune dysfunction.

Learned Associations and Health Symptoms

Conditioned or learned associations can play a role in perceptions and health symptoms induced by odors.¹³²⁻¹³⁵ For example, the odor may have been previously associated with a maladaptive physiological response. Abnormal respiration can be produced by an odor if it was previously associated with a respiratory challenge such as an irritant.¹³⁶ Histamine can also be released as a learned response to presentation of an odor.¹³⁷ Aversive conditioning appears to occur to a broad range of odorous compounds including solvents, aldehydes, acid vapors, and phosphine gas.^{132,133,138-142} Odors can also prompt

retrieval of emotionally laden memories.^{143,144} Odors can modify synaptic plasticity in the hippocampus and piriform cortex (parts of the limbic system) which are associated with learning and emotion.¹⁴⁵ The animal literature indicates that odor aversions are readily established and robust;^{146,147} while they can be extinguished, the process occurs slowly. Health symptoms in humans can sometimes be unlearned (extinguished) using a technique called systematic desensitization.^{136,148}

Odor-conditioned panic attacks or panic disorder have been reported after exposure to odors in the workplace.¹⁴² Whether these learned responses should be deemed “health effects” from odors, however, is controversial because the term “health” has multiple meanings in scientific, regulatory, and legal settings. According to the World Health Organization (WHO), the definition of “health” is “. . . a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Thus, a symptom that diminishes physical, mental, or social well-being would be a “health effect” according to WHO. The majority of the participants at the Health Effects of Odors workshop considered it appropriate to explore health effects of odors within the WHO definition of health. Participants at a subsequent workshop sponsored by the Centers for Disease Control also agreed the potential health effects associated with exposure to confined animal feeding operations (CAFOs) should be viewed according to the WHO definition of health.¹⁴⁹ Frist¹⁵⁰ emphasized that reactions to odors such as nausea, headache, loss of sleep, and loss of appetite clearly represent a matter for public-health concern and attention under the WHO definition of health. Using a broad definition of health that includes quality of life and social and mental well-being, Mitchell et al.¹⁵¹ concluded that malodorous air in an urban environment causes adverse health effects. Other types of sensory overload such as noise pollution can also contribute to ill-health using the WHO definition, which includes positive mental and social well-being.¹⁵² Attendees at the workshop also agreed, however, that more experimental data are required to substantiate the opinion that intermittent odors from industrial, agricultural, and municipal facilities adversely affect the health of persons off-site such as residential neighbors. The intensity, duration, and frequency of health symptoms must be carefully evaluated before drawing the conclusion that such symptoms constitute a health effect.

Beliefs About Safety and Health Symptoms

Malodorous compounds frequently engender concerns for safety; in a typical air pollution control district in California, roughly 70-80% of citizen-initiated calls are concerned with environmental odors.¹⁵³ In a meta-analysis of three epidemiological surveys conducted near hazardous waste sites, Shusterman and colleagues¹¹² found that the frequency of perceived environmental odors and degree of self-reported “environmental worry” synergistically predicted such symptoms as headaches, nausea, eye, nose, and throat irritation. Dalton and colleagues¹⁵⁴⁻¹⁵⁶ subsequently showed in an experimental setting that beliefs about the safety of an odor can have an effect on sensory ratings as well as health complaints. In one study, three groups of subjects were given different information (positive, neutral, and negative) about the same odor. The “positive” group, was told that the odor was a natural extract used by aromatherapists while the “negative” group was told that the odorant was an industrial chemical that purportedly caused health effects after long exposure. The negative bias group rated the odors as more irritating and had the greatest number and intensity of self-reported health symptoms including nose, throat, and eye irritation as well as lightheadedness. Smeets and Dalton¹⁵⁶ reported that persons with a tendency to worry in general or to have a negative emotional orientation to life reported more symptoms of sensory irritation to the odor of rubbing alcohol.

Morgan¹⁵⁷ emphasized that unpleasant sensory properties of odorous compounds are not necessarily a good predictor of safety. For example, certain ripe goat cheeses may emit unpleasant odors while being perfectly safe to eat while wild mushrooms may have pleasant odor but are poisonous to eat. The smell of rotten meat is certainly an indication of danger but only if the meat were to be consumed. Hence, unpleasant smells may not be harmful from a toxicological point of view beyond their unpleasant nature; yet, physical reactions to unpleasant odors do occur.

Individual Differences in Physiological Responses to Odors

Bell and colleagues¹⁵⁸⁻¹⁶² have found a subset of the population that appears to have an intolerance to low-level chemical odors from sources such as car exhaust, pesticides, paint, new carpet, and perfume. This intolerance presumably can occur at levels both below and

above irritant thresholds. Odor intolerance has been associated with increased cardiopulmonary risk¹⁶³ including increased sympathetic tone in the cardiovascular system at rest,¹⁶⁰ different EEG alpha rhythms,¹⁶⁴ lower rapid-eye-movement (REM) sleep,¹⁶⁵ and greater prevalence of chronic cough, phlegm, wheeze, chest tightness, exertional dyspnea, acute respiratory illnesses, hay fever, child respiratory trouble, and physician confirmed asthma.¹⁶¹ The reasons for these biological responses in odor-intolerant individuals are not known but Bell et al.¹⁶² suggested that sensitized dysfunction of the limbic and mesolimbic systems could account in part for many of the cognitive, affective, and somatic symptoms. Many of these responses may also be learned odor aversions.¹⁶⁶

Evidence to date suggests that individuals with intolerance to low level chemical odors do not have lower perceptual thresholds, despite their augmented subjective responsiveness to suprathreshold stimuli.^{167,168} However, it is noteworthy that intermittent exposure to the odor of androstenone (a boar taint odor) in humans¹⁶⁹ and animals¹⁷⁰ has been found to induce a highly significant increase in odor sensitivity to androstenone in previously insensitive individuals. Elevated sensitivity to isovaleric acid (a component of swine odor) after intermittent exposure to isovaleric acid has also been induced in animals.¹⁷⁰ Wysocki et al.¹⁶⁹ and Wang et al.¹⁷⁰ suggested that the increase in sensitivity to androstenone and isovaleric acid from intermittent exposure may be due to clonal expansion of olfactory receptors with high affinity for these compounds.

Karol¹⁷¹ suggested that inhalation of airborne chemicals can augment allergic sensitization with episodic pulmonary reactions occurring on subsequent exposures. These reactions could involve the upper respiratory tract (rhinitis), lower respiratory tract (wheeze, bronchospasm), or systemic immune involvement (febrile response). While the mechanisms of sensitization are not well understood, mediators of immunity are definitely involved.

Evidence for Paradigm 3: A Co-Pollutant in an Odorous Mixture Is Responsible for the Reported Health Symptom

In agricultural settings, odorant mixtures typically contain co-pollutants such as particulates, endotoxin, and pesticides. Particulates can arise from confinement building exhausts, dry feedlots, composting facilities, lagoons, and land application sprays. Particulates from in-

tensive animal housing consist mainly of manure, dander (hair and skin cells), molds, pollen, grains, insect parts, mineral ash, feathers, endotoxin, and feed dust.¹⁷² Airborne dust particles can concentrate odorants such as organic acids and ammonia on their surfaces;^{173,174} this contributes to odor potential and exacerbates irritancy induced by dust in the respiratory tract. Experimental studies have found a strong link between odor/irritation intensity and levels of particulates.¹⁷² Particulates associated with fecal waste are also known to carry bacteria.¹⁷⁵ Thus, it is likely that some of the health complaints ascribed to odor may, in fact, be caused by particulate matter (liquid or solid) suspended in air or by a synergistic effect between odorants and particulates. A synergistic effect of ammonia and dust exposure has been reported in a study of 200 poultry facilities. The adverse health effects of ammonia and particulates in combination was greater than the additive effect of ammonia and particulates by a factor of 1.5 to 2.0.¹⁷⁶

Both fine and coarse particles in an odorous plume enter the nasal cavity and can induce nasal irritation. However, these particles differ in the degree to which they traverse the respiratory tract. Fine particles include particulate matter with sizes less than $2.5 \mu\text{M}$ ($\text{PM}_{2.5}$). These particles are more likely than coarse particles to cause respiratory health effects because they reach the gas-exchange region of the lung. Ultra-fine particles (i.e., those with a diameter $0.1 \mu\text{M}$ or less) may be even more toxic than larger sized particles producing severe pulmonary inflammation and damage and even affecting mortality.¹⁷⁷⁻¹⁸² Fine particles remain suspended in the atmosphere for days and can be transported thousands of miles. Particles with sizes from $2.5 \mu\text{M}$ to $10 \mu\text{M}$ ($\text{PM}_{2.5-10}$) are coarse particles that enter the thorax and may also induce health effects. There is an overlap of fine and coarse mode particles in the intermodal region of 1 to $3 \mu\text{M}$.^{26,183} Coarse particles are usually mechanically generated. Sources of coarse particles near confined animal operations and other locations of biosolids include windblown dust from soil, feed, manure, unpaved roads, pollen, mold spores, parts of plants and insects, and evaporation of aqueous sprays. Coarse particles tend to settle rapidly from the atmosphere within hours and usually travel short distances (except in dust storms). Coarse particles in outdoor air are less likely to infiltrate indoor air than fine particles.

Fine particles may be formed in the atmosphere from gases through the processes of nucleation and growth.^{26,183-188} Nucleation entails

formation of very small particles from gases. Substances with low saturation vapor pressures are formed in the gas phase through chemical reactions in the atmosphere or by high-temperature vaporization. These substances grow into particles by coagulation (in which smaller particles coalesce to form larger particles) and condensation (in which gases condense onto existing particles). The resultant particles tend to accumulate in the size range from 0.1 to 1 μM . One example is the oxidation of the gas SO_2 to SO_3 and to sulfuric acid (H_2SO_4) with subsequent formation of fine particles either by nucleation followed by coagulation or by condensation on existing particles. Another example is the oxidation of NO_2 to nitric acid (HNO_3) which reacts with ammonia (NH_3) to form fine particles of ammonium nitrate. Ammonia salts that exist as fine aerosols can be transported long-range in the atmosphere.¹⁸⁶ Third, photochemical reactions generate ozone and OH^- , and these react with organic gases (such as odorous compounds) to form materials with low vapor pressure that can nucleate or condense on existing particles. These processes may occur in the troposphere from precursors emitted into the atmosphere from agricultural facilities such as lagoons on swine farms. They are more likely to occur in the warmer months as a result of atmospheric reactions.

Epidemiologic studies of exposure to particulates have reported statistical associations between daily changes in health outcomes such as mortality and daily variations in the concentrations of different sizes of ambient particulate matter.¹⁸³ There is considerable epidemiological evidence predominantly from urban settings that exposure to increased levels of particulates is associated with increased mortality risk, especially among the elderly and individuals with preexisting cardiopulmonary diseases, such as chronic obstructive pulmonary disease (COPD), pneumonia, and chronic heart disease.²⁶ There is also epidemiological evidence that particulate exposure can increase the risk of respiratory and cardiovascular morbidity such as increased hospital admissions or emergency room visits for asthma or other respiratory problems, increased incidence of respiratory symptoms, or alterations in pulmonary function. This can begin to occur when ambient particles smaller than 10 μM fall between 30 to 150 $\mu\text{g}/\text{m}^3$ according to the Committee of the Environmental and Occupational Health Assembly of the American Thoracic Society.¹⁸⁹ Daily fluctuations in these levels are related to acute respiratory hospital admissions in children, to school and kindergarten absences, to decrements in peak

expiratory flow rates in normal children, and to increased medication use in children and adults with asthma.¹⁸⁹

The concentration of total particles as well as respirable particles inside confined animal operations far exceeds the 30 to 150 $\mu\text{g}/\text{m}^3$ level at which symptoms can purportedly begin according to the Committee of the Environmental and Occupational Health Assembly of the American Thoracic Society.¹⁸⁹ An overview of the literature suggests that typical total particulate levels inside swine confinement houses are 5 mg/m^3 . Total dust levels have even been reported to reach from 15 mg/m^3 up to 52 mg/m^3 in some houses.¹⁹⁰⁻¹⁹² Respirable dust comprises 5 to 50% of the total dust.¹⁷⁴ While levels of dust in the livestock houses are high, the levels at neighboring properties are difficult to determine for several reasons. First, time-averaged sampling of dust downwind gives lower values than the peak dust levels because the samplers are usually in the plume for only a short period of time due to shifts in the wind direction. Second, the geographical location where the plume reaches the level of potential perception (e.g., a neighbor's nose) may be a small physical area that is difficult to locate for measurement purposes in real time. Third, particulates from the swine confinement houses and particulates from the lagoon may both contribute to the exposure but may or may not occur simultaneously.

Bacterial exposures may also be responsible for some health complaints from exposure to odorous emissions from agricultural operations.¹⁹³ Bacteria are ubiquitous in swine houses; furthermore, aerosols formed over lagoons may allow the transfer of bacteria from the water into the air with transfer downwind in aerosol droplets.¹⁹⁴ Endotoxin, a heat-stable toxin associated with the outer membranes of certain gram-negative bacteria, can reach levels as high as 2,410 ng/m^3 to 78,600 ng/m^3 in swine facilities.¹⁹⁵ The American Conference of Governmental Industrial Hygienists' Threshold Limit Value-Time Weighted Average (ACGIH TLV-TWA) for endotoxin is 10 ng/m^3 ; this is the time-weighted average concentration for a conventional 8-hour workday and 40-hour workweek, to which nearly all workers may be repeatedly exposed daily without adverse effects. Endotoxins cause an inflammatory response of the respiratory tract. Atopic asthmatic individuals have elevated sensitivity to respirable endotoxin which results in a variety of immune responses including increased eosinophils in the airways.¹⁹⁶ Furthermore, exposure to allergens in

atopic asthmatic individuals augments subsequent endotoxin-induced nasal inflammation.¹⁹⁷

Studies that trace the transport of odorous VOCs within olfactory and trigeminal nerves may also be helpful in understanding health effects of odors. Both small and large molecules can be transported to the brain in the olfactory and trigeminal nerves.¹⁹⁸⁻²⁰⁴ Thus odorous VOCs or co-pollutants such as viruses that enter the nose can potentially reach the central nervous system by neuron to neuron transmission. For example, herpes simplex virus can infect the trigeminal nerve and ultimately enter the CNS.²⁰⁵ Viruses can also infect olfactory receptor neurons.²⁰⁶ However, far more research is needed to determine if any health effects from exposure to odorous emissions from agricultural facilities or biosolids are due to transport of VOCs or viruses in nasal sensory nerves.

Further research is also required to determine if the levels of dust, endotoxin, or other co-pollutants (such as flying insects) transported in odorous plumes are high enough to cause health symptoms in neighbors of agricultural or municipal operations. Flying insects are attracted to odors from urine, feces and gut mucus²⁰⁷ and often follow odor plumes to find resources.²⁰⁸ Flying insects have the potential to carry disease.

Vulnerable Populations

Two segments of the population appear to be especially vulnerable to respiratory effects from odorous environmental exposures: persons with asthma and persons with high occupational exposure to odor and dust.

Asthma and Allergies

Odors have been reported to exacerbate symptoms of asthma^{7,209-214} but it is not clear whether the main cause of this worsening is due to direct irritation of mucous membranes by the odorant, to sensory stimulation of the olfactory and/or trigeminal nerve, or to prior conditioning. Asthma is characterized by bronchial hyperresponsiveness and mucosal airway inflammation; it is the leading chronic illness among adults and children.²¹⁵ Epithelial damage and epithelial shedding occur in the airway passages in asthma^{216,217} as well as other respiratory disorders including nasal allergy²¹⁸ and infantile wheeze.²¹⁶ Even healthy individuals exposed to a polluted environ-

ment (e.g., ozone) can experience epithelial shedding which can last up to 2 weeks or more.²¹⁹ Nerve endings are exposed by epithelial shedding;²²⁰ this allows VOCs and particulates access to free nerve endings which augments irritation from inhaled pollutants. Irritants can then set up a low grade neurogenic inflammation with leukocyte recruitment that aggravates asthma and allergy.²²¹⁻²²⁴ It has been suggested that even anaphylaxis can be triggered by chemical odors.²²⁵

Occupational and Environmental Exposure

There are health risks associated with prolonged exposure to highly odorous ambient air in the work or home environment.^{226,227} Persistent asthma-like symptoms can result from a single excessively high environmental or occupational exposure to odorous/irritant substances such as paint, floor sealant, ammonia, chlorine, acetic acid, and hydrogen sulfide from manure.²²⁸⁻²³² This syndrome was termed RADS (reactive airways dysfunction syndrome) by Brooks et al.²²⁸ The duration of the single exposure can be as short as a few minutes to as long as 12 hours. RADS, by definition, occurs in persons with no evidence of preexisting pulmonary disease. Another defining characteristic is that symptoms can persist after termination of the exposure for at least three months; but in fact they may persist for one year or more. Bronchial biopsies suggest respiratory epithelial injury, but the mechanisms operative in the syndrome appear to be nonimmunological. Persons with RADS were generally aware of an odor that was present during the irritant exposure.^{228,229} For example, one man who developed RADS after exposure to a sealant containing several aromatic hydrocarbons (including decane, ethylbenzene, toluene, and xylol) noted a “glue” or “varnish” odor at the time of the exposure. A woman who developed RADS after her apartment was fumigated noted a background odor like “insect exterminating solution.”

Agricultural workers have also been reported to suffer respiratory symptoms from exposure to highly odorous and dusty environments. Donham et al.²³³ were the first to suggest that there are occupational health risks related to working in highly odorous intensive swine housing facilities. Since that time, other studies have confirmed occupational health risks to swine workers.^{226,234-243} Documented irritant/odorant exposures include hydrogen sulfide, ammonia, and dust. In an overview of recent studies, Donham²³⁴ reported that at least 60% of swine confinement workers have acute or sub-acute respiratory symp-

toms that include dry cough, chest tightness and wheezing on exposure to the work environment. Other frequent symptoms include irritation of the nose, eyes and throat, stuffy nose and head. Furthermore, at least 25% of pig farmers suffer from organic dust toxic syndrome which is characterized by periodic, acute febrile episodes with fever, headache, muscle aches and pains, chest tightness and cough.^{234,243} Chronic bronchitis, occupational (non-allergic) asthma, and non-infectious chronic sinusitis are also prevalent among pig farmers.^{234,240} These symptoms can be induced by odorous and irritant VOCs as well as dust and endotoxin. There appears to be a synergistic effect between volatile compounds and dust exposure in producing these symptoms.¹⁷⁶ Symptoms appear to be progressive with an annual decline in lung function.^{241,242}

Health symptoms can also occur acutely and reversibly with even brief exposure to odorous and dusty agricultural environments. Jolie et al.²⁴⁴ reported that adverse health symptoms were experienced by 103 of 142 veterinary students (72.5%) who worked with pigs on a swine farm for three hours. Respiratory symptoms including cough, nasal and throat irritation, and sinus trouble were reported by 94/103 (91%) of the students. Other frequent symptoms experienced by the students included eye irritation, headache and tiredness. Students with pre-existing allergies were the most likely to develop respiratory symptoms.

Quantification of Health Symptoms

Workshop participants concluded that current evidence suggests that the symptom complaints experienced by neighbors of some odorous animal operations and other sources of biosolids may constitute health effects. However, further research studies in both laboratory and field settings are necessary to quantify the concentration/intensity ranges that cause health complaints in the general population as well as in sensitive (e.g., allergic) individuals. These studies should utilize objective biomarkers of health symptoms to validate health complaints. A set of potential study tools and biomarkers were proposed at the workshop to validate odor-related symptoms in clinical, epidemiologic, and research studies. These are given in Table 1. Workshop participants stressed the need to relate these health measures to levels of exposure.

TABLE 1. Potential study tools and biomarkers for the validation of odor-related symptoms in clinical (C), epidemiologic (E), and research (R) studies

Symptom	Potential study tool and reference	C	E	R
Eye irritation	Slit lamp examination ^{245,246}	X	X	
	Blink rate ²⁴⁷			X
	Tear film stability ²⁴⁸			X
	Lissamine green staining of conjunctiva ²⁴⁹			X
	Corneal CO ₂ threshold ²⁵⁰			X
Headache	Electromyography (EMG) for tension headache ^{251,252}		X	X
	Functional imaging for vascular headache ²⁵³			X
Nasal congestion	Longitudinal study of nasal peak flow ^{254,255}	X	X	
	Rhinomanometry ²⁵⁵			X
	Acoustic rhinometry ²⁵⁵			X
	Rhinostereometry ²⁵⁵			X
Nasal Irritation, Burning	Physical exam	X		
	Nasal lavage ²⁵⁶⁻²⁵⁹		X	X
	Nasal cytology ²⁵⁸		X	
	Negative mucosal potential ⁸⁰			X
	Nasal mucosal blood flow by Laser-Doppler velocimetry ²⁶⁰			X
Epistaxis (nosebleed)	Physical examination	X	X	X
Throat irritation	Physical examination (insensitive)			
Nausea	None			
Hoarseness/globus	Rhinolaryngoscopy ²⁶¹	X		
	Acoustic analysis: noise-to-signal (N/S) ratio ²⁶²			X
Palpitations	Physical exam (heart rate)	X	X	X
	Electrocardiogram/rhythm strip ^{263,264}	X	X	X
	Ambulatory rhythm monitoring (Holter) ^{265,266}	X	X	
	Telemetry ²⁶⁷			X
Sensory alterations (Taste and smell)	Psychophysical tests ²⁶⁸	X	X	X
	Biopsy of chemosensory tissue ²²⁷	X		X
Shortness-of-breath (wheezing)	Physical exam	X	X	X
	Peak flow ²⁶⁹⁻²⁷¹	X	X	X
	Spirometry/Pulmonary function tests (PFTs) ^{272,273}	X	X	X
	Methacholine challenge ^{272,273}	X	X	X
Shortness-of-breath (air hunger)	Physical exam (respiratory rate)	X	X	X
	Arterial blood gas (ABG)/transcutaneous CO ₂ (TC-CO ₂) ²⁷⁴	X	X	X
	End tidal CO ₂ ²⁷⁵⁻²⁷⁷	X	X	X
Blood rheology	Altered plasma viscosity caused by inflammatory processes in the lung ²⁷⁸			X

Symptom	Potential study tool and reference	C	E	R
Stress	Physical exam (Affect, tremor, skin moistness)	X		
	Serum, urine, and salivary cortisol ²⁷⁹⁻²⁸²		X	X
	Natural killer (NK) cell count ^{283,284}		X	X
	Salivary IgA ²⁸⁵		X	X
	Galvanic skin response ^{286,287}		X	X
	Urinary catecholamines ^{288,289}		X	X

METHODS TO QUANTIFY LEVEL OF EXPOSURE TO ODORS

Accurate methods to quantify odorous emissions are necessary to determine the relation between potential health symptoms and odors. However, no United States governmental agency has developed standard test methods that can serve as an indicator of odor potential or verify objectionable odor which can be used to relate to potential health symptoms. Furthermore, there is wide variability among individuals in the odor intensities and odorant concentrations that cause health complaints. To address this issue, levels of odor exposure were defined to clarify the intensities associated with potential health impacts described in three paradigms above.^{160,290} This set of odor levels in increasing intensity includes the following:

Level	Description
1) odor detection	The level of odor that can first be differentiated from ambient air
2) odor recognition	The level of odor at which the odor quality can be characterized, e.g., the level at which a person can detect that an odor is apple or manure.
3) odor annoyance	The level at which a person is annoyed by an odor but does not show or perceive a physical reaction. Note: Health symptoms are not expected at these first three levels unless the odor occurs with a co-pollutant such as dust as in Paradigm 3 or the level of annoyance is intense or prolonged.
4) odor intolerance (causing somatic symptoms)	The level at which an individual may show or perceive physical (somatic) symptoms to an odor. Note: This level corresponds to Paradigm 2 in which the odor induces symptoms even though the odorant concentration is lower than that known to cause irritation.

Level	Description
5) perceived irritant	The level at which a person reports irritation or physical symptoms as a result of stimulation of nerve endings in the respiratory tract
6) somatic irritant	The level at which an odorant (not an odor) results in a negative physical reaction regardless of an individual's predisposition. This can occur when an odorous compound (e.g., chlorine) damages tissue. Note: Perceived and somatic irritation correspond to Paradigm 1.
7) chronic toxicity	The level at which an odorant can result in a long-term health impact.
8) acute toxicity	The level at which an immediate toxic impact is experienced, e.g., a single event may evoke an acute health impact. Note: In the case of chronic or acute toxicity, the compound should not be considered an odorant but rather a compound with toxic effects that happens to have an odor.

The range of odor intensities and odorant concentrations that correspond to these 8 levels varies across individuals.

A variety of measurement methods can be used to obtain quantitative data that correspond to each of these 8 levels including: (1) olfactometry, (2) gas chromatography, and (3) the electronic nose. Olfactometry is a measurement technique that uses the human nose as the sensor. It is the most precise approach to quantify odors because the human nose can detect compounds at concentrations that cannot be detected by current real-time analytic methods. Gas chromatography is an analytical method that separates the gaseous mixture of chemical compounds into its molecular constituents. Gas chromatography can be used to obtain quantitative data on the concentrations of individual compounds in an odorant mixture that correspond to the 8 levels above. An electronic nose is an instrumentation system that uses the pattern of response across an array of gas sensors to identify an odor. It holds promise for simulating human responses as the technology improves. New analytic methods will most likely be developed in the future to detect levels and identity of odorous volatile compounds in real time. Each of the three current methods used to quantify odor

(olfactometry, gas chromatography, and the electronic nose) are described in more detail below.

Olfactometry

Human assessment of odors is performed by dynamic olfactometry or by static olfactometry. In dynamic olfactometry, an odorous stream of air is delivered continuously toward the nose by an olfactometer, a device that dilutes the odor vapor with odorless gas. In static olfactometry, odorous samples (such as lagoon water or pieces of cotton that have adsorbed odorants) are presented to the nose in an enclosed volume such as a sniff bottle.

Dynamic olfactometry is used to evaluate gaseous samples that are collected in Tedlar[®] bags or canisters. For example, samples may be obtained from inside swine houses or at the exhaust fans.⁶⁸ The dynamic olfactometer produces an odorous airstream that can be diluted to its detection threshold. The detection threshold for a given air sample is the concentration at which an odor is first detected. Dilution to threshold (D/T) measurements are used to measure detectability. The odor concentration at the detection limit is defined to be 1.0 odor unit/m³ (OU). At about 4 OU (4 dilutions required to reach threshold), complaints about objectionable odors tend to escalate.⁷⁸ At each serial dilution above detection threshold, the human panelist may also be asked to rate the odor on standard descriptive scales for odor quality (a measure of odor character), odor intensity (a measure of odor strength), and irritation intensity (a measure of irritation strength). The same types of ratings can be obtained using static olfactometry. Another method to quantify intensity is to match each concentration to a series of n-butanol standards according to ASTM E544-75.²⁹¹

Odor quality or character is usually evaluated on a series of descriptive (adjective) scales. A standard series of 146 adjective descriptors was developed by the American Society for Testing and Materials.^{8,291,292} A subset of these descriptors most frequently used by panelists to describe odors from swine operations include: animal, fecal (like manure), sickening, musk-like, stale, sweaty, sewer-odor, ammonia, sour/acid/vinegar, chemical, burnt, smoky, yeasty, cheesy, etherish, anesthetic, like blood, raw meat, turpentine (pine oil), like ammonia, sharp, pungent, acid, camphor-like, wet wool, wet dog, sewer odor, black pepper-like, bean-like, cooked vegetables, urine-like, rancid, seminal, sperm-like, sulphidic, putrid, foul, and decayed.⁶⁸

Each odor dilution can also be evaluated for its acceptability or offensiveness. For example, ratings can be made along the following 9-point scale (extremely pleasant, very pleasant, moderately pleasant, slightly pleasant, neither pleasant nor unpleasant, slightly unpleasant, moderately unpleasant, very unpleasant, extremely unpleasant). While the acceptability of the odor of some VOCs depends on learned or cultural factors (experience), odors of other compounds such as H₂S, mercaptans, amines, and nitrogenous heterocyclic compounds are considered offensive by most individuals.

Measurements of odor thresholds off-site of an odor source can sometimes be obtained using a portable olfactometer. Sweeten²⁹³ used a Barnebey-Cheney Scentometer²⁹⁴ to determine thresholds downwind from swine farms. He found the number of dilutions to threshold (D/T) could be as high as 170 at 3,000 feet and as high as 31 at 1 mile.²⁹³ However, the average odor strength at 3,000 feet was about 10 odor units. Scentometer readings are generally interpreted as follows: 2 (a noticeable odor), 7 (an odor most people would find objectionable), 15 (most would declare it a nuisance), and 31 (extremely nauseating).

Quantification of odor off-site is often difficult to achieve, however, due to shifts in the odor plume, fluctuations in wind speed, and potential background odors. Because odor plumes are moving targets, tracer gases such as SF₆ (sulfur hexafluoride) or helium balloons are potentially helpful in monitoring dispersion of odorants.^{295,296} Estimates of odor concentrations off-site are usually predicted from source data (e.g., livestock house or lagoon) using dispersion modeling.

Gas Chromatography/Mass Spectrometry

The constituents in odor mixtures can be separated and identified by gas chromatography (GC) and mass spectrometry (MS), respectively. Volatile compounds identified in livestock manure include sulfides, disulfides, volatile organic acids, alcohols, aldehydes, amines, fixed gases, nitrogen heterocycles, mercaptans, carbonyls, and esters.³³ The concentrations of individual components of the odor mixture are generally in the parts per billion (ppb) or even parts per trillion (ppt) range. For this reason, GC/MS generally requires some form of pre-concentration to obtain enough mass for analysis. Thus, quantification of the constituents of an odor mixture cannot be performed in real

time. Over 400 compounds have been found in volatile emissions from swine facilities.³³

One limitation with using GC/MS to quantify odor is that the individual odorous compounds may not smell unpleasant at the concentrations in the mixture, yet the mixture (or combination of odorous compounds) may smell bad. Furthermore, the concentration of individual component compounds (or even concentration of total volatile organics) may not predict the level of odor potential.

Electronic Nose

A device called an electronic nose (E-nose) has recently been developed that holds promise for quantifying odor. The purpose of the device is to mimic the operation of the human nose. The electronic nose consists of three functional components.²⁹⁷ The key component is an array of gas sensors that respond to volatile organic compounds (VOCs). Various types of sensors have been used in E-noses including metal oxide, conducting polymer, quartz crystal microbalance (QCM), surface acoustic wave (SAW), MOSFETs, and optical sensors. Next is the sample handler, a unit that transports the odorant from a sample collection device to the sensor array. Last, the signal processing system accepts the sensor array response waveforms for analysis. Signal processing may involve pattern recognition using artificial neural networks (ANN), principal component analysis (PCA), cluster analysis, and discriminant function analysis (DFA). The output of the electronic nose can be the identity of the odorant, an estimate of the concentration of the odorant, or the characteristic properties of the odor as might be perceived by a human sniffing the odorant. A drawback to current E-nose models, however, is that they are sensitive only in the high ppb or ppm range while the human nose has exquisite sensitivity in the ppt range.

Other Methods for Assessing Odorous Emissions

Measurements of the number of particulates (as well as their odor quality) before, during, and after treatments can also be obtained in order to evaluate the amount of odor carried on particles (dust) compared to that carried in gaseous form. Dust can be collected simultaneously on the farmer's property and on the neighbor's property

using Andersen Non-Viable Eight-Stage Impactor Kits or other such devices. These dust samples can be dissolved in water or other diluent (e.g., just as dust dissolves in mucus) and evaluated for odor by the trained panel using static olfactometry. Any odors from dust on the farmer's property may be compared to odors from dust on the neighboring property to determine if they come from the same source. There are numerous designs for particle samplers including High Volume samplers (HiVol) which collect all the fine particles but only part of the coarse particles and the Wide Area Aerosol Classifier (WRAC) which collects the entire coarse mode.¹⁸³ Light scattering techniques (e.g., integrating nephelometer) are also used to sample fine particles.²⁶

Levels of marker compounds such ammonia and hydrogen sulfide can also be obtained at the houses, lagoon, property line, and at the neighbor's home. However, correlations between odor intensity and levels of hydrogen sulfide or ammonia have been inconsistent.⁷⁸

MANAGEMENT OF ODOR EMISSIONS

Workshop participants determined that many health complaints associated with odorous emissions could be reduced or eliminated by use of odor remediation techniques. Odorous emissions, regardless of the source, often involve a complex set of biological and physical parameters. Research has shown, however, that it is possible to manage or mitigate odor emissions by a variety of approaches. Management practices at the odor source can often control odor to acceptable levels. In addition, various technology applications are available that can reduce the concentration of odor and/or improve its hedonic tone or "acceptability." However, no odor abatement system, regardless of how advanced the technology, will operate efficiently without proper maintenance and management. Methods and technologies to control odor emissions include facility planning and siting of odor emitting operations.

There is currently much focus on odor emissions from animal operations. Odors generally originate from three points in an animal operation:

1. The production facility itself: When manure is allowed to collect on confinement floors, anaerobic conditions soon predominate and decomposition soon begins.

2. The waste treatment system: Anaerobic lagoons, even under the best of management, will produce some amounts of organic acids and reduced sulfur compounds and will be a source of odor.
3. Land application operations: Final disposal of the treated liquid involves application of the liquid to crop land. Whether this is by surface application or spray irrigation, the result is often release of offensive odors.

Specific technology applications to mitigate odor from animal operations include dietary manipulations, windbreak walls, wet scrubber walls, biofilters, solids separators, anaerobic treatment systems, aerated lagoons, aerobic upflow biofilters, activated sludge systems, sequencing batch reactors, ozonation, and various product additives that can be incorporated into waste treatment, handling or storage systems.²⁹⁸ Each of these applications has advantages and disadvantages depending on technical, economic, social, and political issues that also influence odor mitigation approaches.

In addition to animal operations, compost facilities are under increasing pressure to address odor emissions. Organic materials composted at such facilities include wastewater treatment residuals (biosolids/sludge), yard waste (grass, leaves, and brush), pre-consumer food wastes (restaurant and grocery store vegetables and fruits), food processing wastes (fruits, vegetables, sludges), animal wastes (manures and carcasses), municipal solid wastes (separated or unseparated), and industrial organics. Odor emissions have been a factor in closure of several expensive compost facilities and are a significant obstacle to implementation of composting as a waste management option in a number of locations.

Central to addressing odor emission issues will be requirements for (1) objective science-based defining of the health and environmental effects of odors emissions, (2) the development of national standardized protocols for measuring odor, (3) the development of portable, and durable technologies/methodologies for rapid odor measurement that highly correlates to sensory perception, (4) establishment of science-based and achievable performance standards relative to odor emissions, and (5) development of cost-effective technologies that enable odor emitting industries (animal operations and others) to meet these performance standards.

Options for Addressing Odor Emissions from Animal Operations

Dietary Manipulations

The reduction of nutrients in animal excreta or alteration of the microbial population in an animal's digestive tract as a result of manipulation of the diet or from adding specific odor-reducing materials to the diet may have a positive impact on odor management.^{299,300} Nutrients such as nitrogen^{301,302} as well as copper and zinc³⁰³ can be reduced through dietary manipulation without impacting the growth performance and health of the animal. This alone is a positive impact on environmental parameters. Odor control through dietary manipulation holds much promise and may revolutionize animal feeding practices within the next few years. Experimental data suggest that dietary manipulations may reduce odor intensity by up to 16%, irritation intensity up to 31%, and improve odor quality by up to 14%.³⁰⁴

Windbreak Walls

Walls erected downwind from the fans that exhaust air from livestock buildings provide some blockage of the fan airflow in the horizontal direction and reduce the forward momentum of airflow from the fans. This process may reduce the amount of odorous dust that is transported off the farm, but primarily affects odorous plumes by enhancing dispersion.³⁰⁵ That is, the airflow from the fans is dispersed upward by windbreaks so that the odorous airflow becomes more dilute when leaving the farmstead and downwind. Objective measures suggest that windbreak walls may reduce irritation leeward of the walls by up to 92%.³⁰⁵ Several researchers believe that measurement of the impact of windbreak walls on airflow and the dust and odor levels in the airflow at the wall location should be incorporated into dispersion models to predict the downwind impacts of those emissions. Operating cost of structurally sound windbreak walls is relatively low. Installation of windbreak walls is estimated to cost as little as \$1.00 per finishing pig space in a building. Windbreaks have been installed downwind of tunnel-ventilated swine and/or poultry buildings in North Carolina, Georgia, Missouri, North Dakota, China, and Taiwan for odor and dust control. The success of windbreak walls in some parts of the world along with the relatively low operating cost of

windbreak walls are expected to stimulate further experimentation with airflow deflection devices.

Washing Walls or Wet Scrubbers

Using water to scrub odorous dust and ammonia from the airflow from animal building ventilation fans can be an effective method of controlling odor. A wet scrubber design using an evaporative cooling pad installed in an indoor wall has been tested in North Carolina.³⁰⁶ Measurements show that the system removes more than 60 percent of the dust at low (cool weather) ventilation rates but less than 20% of the dust at medium to high ventilation rates. This produced a 17% reduction in odor, an 18% reduction irritation, and an 8% improvement of odor quality at high ventilation rates.³⁰⁶ As expected, the dust was found to carry odorous compounds; therefore, dust removal should reduce odors downwind. The system also reduced ammonia levels in the ventilation airflow by 50 percent at a low ventilation rate.

Wet scrubber wall installation costs were approximately \$5.70 per finishing pig space for an 880-head finishing building. The main operating cost was the 1 hp water pump, which will have an annual cost of about \$600. Most of the water is recycled, so water usage is very low. The system is beneficial in that it provides some removal of odorous dust and ammonia without imposing a significant airflow restriction on the building fans, unlike industrial air filters and scrubbers. However, higher cleaning efficiencies will presumably be needed for effective odor and dust control in warm weather.

Biofilters

Biofilters may also be used to treat ventilation airflow moving through and out of animal buildings.³⁰⁷ Biofilters provide a medium for the growth of bacteria or other microbes that convert odorous compounds in the air to more benign products such as water, carbon dioxide and minerals. Air is forced through a biofilter at a slow enough rate that the odorous molecules are absorbed into the media on which the microbes are growing, and the microbes then metabolize the carbon substrate. Substances such as moist compost and wood chips serve as media in biofilters. Periodic moistening of the media is essential. Although they are widely regarded as an effective, low-cost meth-

od of cleaning industrial airflows, biofilters are considered an expensive odor control method for animal operations in some parts of the U.S. For example, biofilters properly sized for high summer ventilation rates (required in the Southeast) would be extremely expensive. Since biofilters work best with very odorous air (rather than the more dilute odorous air typical of high summer ventilation rates), biofilters can be used as a cool weather system, with a different system for treating odorous air in warm weather. In one study, biofilters reduced odor by 95%.³⁰⁷

Covers for Manure Collection and Treatment Structures

The storage structures that waste management systems use to collect and hold manure can be an odor source. These structures may be used for temporary storage of manure and wastewater until the contents can be spread on land or processed further. In North Carolina, the predominant collection and holding structure is the earthen lagoon, which is designed for biological treatment and sometimes for biogas collection. Covering such structures can reduce odor and gas releases as well as reduce wind-induced volatilization of gases and odor. In one study, Cheng³⁰⁸ reported that covers reduced odor intensity and irritation by 71% and 91%, respectively.

Covers may be geomembranes such as high-density polyethylene or reinforced polypropylene materials. Such covers may float on the liquid surface or they can be supported above the liquid, which requires extensive structural installation. Geomembranes are costly, especially when supported above the liquid. Covers can be advantageous from a rainwater exclusion standpoint, but floating covers must have a reliable means of removing the rainwater from the cover or else the cover can sink below the wastewater level. Membranes exposed to the sun's ultraviolet rays tend to deteriorate and become brittle after a few years. Covers less than 20 mils thick have generally been unsuccessful because of sunlight blistering, which produces holes in the cover, or because of gas pockets under the cover, which can lead to wind-induced ruptures and tears. Covers today generally have a thickness in the range of 40-60 mils. Geomembrane covers are sometimes used on larger surface area treatment lagoons to capture biogas, which is then used as an alternative fuel. Because of the large surface area of treatment lagoons, such covers are considered costly.

Biocovers, floating layers of slowly biodegradable materials, may

also be used to cover manure storage structures and may be made of chopped barley, wheat, flax, brome straw, corn stalks or peat moss. Such covers serve to either limit the volatilization of gases and odors from the surface of the stored contents or to filter these gases, reducing their odor levels. However, the cover materials tend to become water-logged and sink to the bottom of the storage tank and must be replaced every 4-6 months. When these materials sink, the rate of solids build-up tends to be increased, and it is much more difficult to pump manure solids and sludge from the structure.

Anaerobic Digesters

Anaerobic digesters are generally in the form of enclosures designed to be operated in the mesophilic temperature range (20 to 44°C) or in the thermophilic range (45 to 60°C). Some digester systems operate at ambient temperature and may be comprised of a covered anaerobic earthen lagoon. An example of such a system is the EPA AgStar System.³⁰⁸ Within each system, organic material is stabilized, and gaseous by-products, primarily methane and carbon dioxide, are formed. Considerable research has been devoted to recovery and reuse of biogas generated by anaerobic digesters as well as to the odor abatement potential of these systems; however, economics, equipment maintenance costs, erratic biogas production and increased managerial skill requirements have limited the adoption of this technology for manure utilization.

Solids Separation

The separation of the solid and liquid portions of the waste stream from animal housing buildings, known as solids separation, can reduce odor from lagoons by decreasing the organic load being treated by the lagoon. In the past, solid-liquid separation has been used to improve manure handling characteristics and for generation of solids for various purposes but has recently been investigated as a means of odor reduction and nutrient management.³⁰⁹ Separation of the manure into solid and liquid fractions not only produces a nutrient-rich solid material suitable for composting or land application, but also allows lower organic loading to subsequent treatment systems. Solid-liquid separation can typically remove 50-80% of the suspended matter in

manure streams. If the solid material is properly handled and not allowed to undergo anaerobic degradation, offensive odor can be avoided. If the same treatment practices are applied to raw and liquid manure, the lower organic load of the liquid manure produces lower levels of odor-causing compounds.³⁰⁹ However, the goals of odor reduction and nutrient management may not always be met by the same process. Liquid manure from a solid-liquid separation operation will have a reduced organic load. Aerobic treatment in this case may result in significant nitrate without sufficient carbon to support denitrification. The two processes must be carefully designed to balance all goals of the system. Solids separation was reported to reduce odor by 20-30% in one study.³⁰⁹

Composting

Composting is the biological decomposition of organic material under controlled, aerobic, thermophilic conditions into a humus-like stable end product. The composting process has long been used on farms and nonagricultural industries to manage wastes such as municipal wastewater treatment plant biosolids. However, even though it is an aerobic process, a composting operation can generate significant odor. Crawford³¹⁰ classified the odors at compost facilities as related to the original substrates, as produced during the composting process, and as produced during the final processing steps. Inorganic compounds of concern include ammonia and hydrogen sulfide, and organic compounds are typically low-molecular weight organic acids, mercaptans, and amines. A comprehensive review of odor compounds associated with composting has been published by Miller.³¹¹

Odors at compost facilities arise from a variety of sources and locations around the site. In open-air facilities, these sources could be considered as area sources due to the size of the facilities. With enclosed facilities, it is possible to create one or more point sources, depending on the method of odor control. The strength and character of the compost-generated odors is a function of input feedstocks, method of composting (windrow versus aerated static pile), temperature of the compost pile (temperatures above 60°C generate a particularly malodorous smell), age of the compost pile, and C:N ratio of the pile.

Walker³¹² described approaches to controlling compost odors by

operational techniques. In general, these approaches are summarized as follows:

- Maintain good housekeeping practices
- Mix materials as rapidly and thoroughly as possible
- Maintain aerobic conditions in piles
- Keep temperatures below 60°C
- Avoid ponding of water on-site
- Avoid stockpiling of large amounts of material
- Maintain odor control devices

Croteau et al.³¹³ evaluated the changes in odor generation at a biosolids and yard waste compost facility in Washington State. This facility was undergoing severe odor problems and switched from a windrow to a static pile method of composting. In this case, a 63 percent reduction in odor generation was achieved by operational changes.

Cerenzio³¹⁴ described how a compost facility in New Jersey overcame their odor problems by increasing aeration, enclosing the facility, maintaining better temperature control, and improving compost mix. Alix³¹⁵ discussed modifications made to a facility in western Massachusetts, which also overcame odor problems and gained public acceptance by covering their compost operation and scrubbing the off-gases through a biofilter.

Williams³¹⁶ described the main methods utilized to scrub compost odors from point sources. The two most widely utilized methods include chemical wet scrubbers and biofilters. In general, odors from compost facilities are difficult to treat because they exhibit the following characteristics:

- 100 percent relative humidity
- Low energy value
- A complex mixture of nitrogen and sulfur compounds
- Above 40°C
- High levels of ammonia

To overcome the problems inherent in treating compost facilities off-gases, a number of improvements in standard scrubbing treatment methods have been made. Ostojic and O'Brien,³¹⁷ Van Durme et al.,³¹⁸ Hentz et al.,³¹⁹ Thompson et al.,³²⁰ and Muirhead et al.,³²¹ all de-

scribe modifications made to wet scrubbers to treat compost off-gases. Table 2 illustrates the odor removal efficiency experienced at compost facilities that utilize wet chemical scrubber systems. Dunson³²² gives a good description of the control of odors by physical-chemical approaches.

Amirhor and Kuter,³²³ Wheeler,³²⁴ E&A Environmental Consultants,³²⁵ Giggey et al.,³²⁶ Ostojic and O'Brien,³¹⁷ Kuter et al.,³²⁷ and Boyette,³²⁸ to cite just a few, report on the performance of biofilters in controlling compost odors. Biofilters, described above, work by absorbing the odorous compounds in a water film surrounding organic matter and having the compounds biologically degraded, in contrast to chemical scrubbers, which utilize chemical reactions to neutralize and, thereby, remove odorous compounds. The challenges of biofiltration in treating compost off-gases include removal of excess ammonia, which can interfere with the biological processes, cooling the input air to below 40°C, and reducing the size of the biofilters. Table 3 shows the odor removal efficiency of biofilters at compost facilities. It should be noted here that complaints from nearby residents can still occur with 99% removal of VOCs. That is, 99% removal may not be adequate to eliminate odor complaints.

TABLE 2. Data on odor removal from several wet scrubber installations at composting facilities.³¹⁶

Facility and reference	Date of Test	D/T Inlet		D/T Outlet		Odor Removal %		TRS Removal %	VOC Removal %
		Range	Avg.	Range	Avg.	Range	Avg.		
Akron, OH ³¹⁷	3/93, 8/93	53-338	180	12-85	47	55-85	74	-	-
Hamilton, OH ³¹⁷	9/91	158-289	223	84-158	127	0-47	31	-	-
Hampton Roads, VA ³¹⁸	6/90	-	1,700	-	200	-	88	-	-
Lancaster, PA ³¹⁷	9/88	130-380	-	60-140	-	55-67	-	-	-
Montgomery Co, MD ³¹⁷	1/92	175-315	230	52-94	63	67-76	72	-	-
Montgomery Co, MD ³¹⁹	n/a	-	-	-	-	80-90	-	-	-
Montgomery Co, MD ³²⁰	10/93-1/94	-	-	-	-	-	-	87	90
Schenectady, NY ³¹⁷	7/90	480-860	660	110-200	150	70-83	77	-	-
Schenectady, NY ³²¹	9/90	-	558	-	21	-	96	-	-

D/T = Dilutions to Threshold

n/a = Not Available

TRS = Total Reduced Sulfur

VOC = Total Volatile Organic Compounds

TABLE 3. Data on odor and VOC removal from several biofilter installations at composting facilities.³¹⁶

Facility and reference	Date of Test	D/T Inlet		D/T Outlet		Odor Removal		TRS Removal %	VOC Removal %
		Range	Avg	Range	Avg	Range	Avg		
Dartmouth, MA ³²³	5/93, 12/93	-	-	-	-	76-97	86	81	-
Hamilton, OH ³²⁴	9/91-3/92	180-1,200	635	5-25	19	-	97	99	99
Williamstown, MA ³²⁵	9/93	-	-	-	-	-	95	99	52
Lewiston-Auburn, ME ^{317,326}	9/93	71-158	115	7-11	8	90-94	93	-	-
Plymouth, NH ³²⁷	4/92	170-318	227	<10-35	23	79-96	90	-	-
Sevier, TN ³²⁵	11/93	-	1,020	-	22	-	99	93	82
Yarmouth, MA ³²⁶	4/93	143-262	214	4-26	12	88-98	95	>90	-

D/T = Dilutions to Threshold

TRS = Total Reduced Sulfur

VOC = Total Volatile Organic Compounds

Other methods utilized at compost facilities include use of neutralizing sprays at the periphery of the site. These sprays are claimed to neutralize the malodorous compounds or mask them with a pleasant scent, such as pine or citrus, but have had very limited successes, depending on the complexity of the odors produced, the strength of the odors, and the proximity of neighbors. Most applications have not found neutralizing sprays to be effective. The use of carbon filters and thermal oxidizers has not been particularly successful due to the high moisture content of the off-gases and the low heat value.

Aeration

Waste treatment systems that utilize aerobic conditions can be effective in controlling odors. Although the energy cost of aerobic treatment is often cited as a deterrent to its use, these costs must be weighed against costs of providing some other treatment if a particular farm or facility is under pressure to reduce odors.

Complete aerobic treatment not only stabilizes the organic carbon of the waste stream but it also converts organic nitrogen compounds to ammonium and then to nitrite and nitrate. Sulfur compounds are converted to odorless sulfate instead of odorous sulfide and mercaptan compounds.³²⁹ The recommended aeration capacity for such a system is twice the daily biochemical oxygen demand (BOD) load.³²⁹ How-

ever, providing the oxygen necessary to maintain this level of aerobic activity can be expensive with current aeration equipment. This has led to research into partial aeration of various schemes to lower the cost of the system while providing some level of odor control.

Partial aeration has been studied by several investigators.³³⁰⁻³³² This research showed that supplying oxygen such that the oxidation-reduction potential (ORP) is controlled between 100 and 200 mV E_h , where dissolved oxygen cannot be detected, can still provide significant odor reduction during treatment. Volatile fatty acids and other odor-causing compounds were not released from these treatment systems. However, some level of odor returned if wastes were applied to land or stored without aeration after only this minimal treatment. If the organic matter is not stabilized when aeration ceases, anaerobic degradation will occur and odorous compounds will be produced and released.³²⁹ Partial aeration can also be used to provide more complete treatment of wastewater, including nitrogen and phosphorus removal. Westerman and Zhang³²⁹ found that aeration could reduce irritation by up to 55%.

Aerobic Upflow Biofilters/Activated Sludge, Extended Aeration

As noted above, aeration is an effective method of reducing odor from manure or wastewater. Aerobic treatment of manure reduces or prevents the accumulation of volatile fatty acids and various other odorous compounds. Supplying oxygen to waste substrates generally requires considerable energy and is, therefore, expensive. If complete stabilization of the waste is desired, then the oxygenation capacity should be twice the total daily biochemical oxygen demand (BOD) of the waste with a hydraulic retention time of several days. Using a swine facility as an example and electrical energy cost of \$0.07 per kilowatt hour, the power cost for running an aeration system to treat the liquid manure continuously is about \$11 per year per finishing pig space (each space will grow approximately 2.6 pigs per year). Westerman and colleagues³³³ found that the odor and irritation intensities were reduced by up to 75% and 86%, respectively. If partial odor control is desired, then the oxygen supplied could be less than twice the total daily BOD loading. For example, some odor reduction can be accomplished by supplying about a third of the BOD loading. This would cost about \$1.80 per year per finishing pig space. However, aeration to supply only partial BOD removal could result in promoting

ammonia volatilization, which may be an undesirable tradeoff. If nitrification/denitrification is also desired for reducing nitrogen (by releasing nitrogen gas to the air), then additional aeration above twice the BOD may be required.

Besides different methods to supply oxygen to the wastewater, there are various methods to promote retention of the bacteria responsible for waste treatment. Generally, these methods may be described as suspended media or fixed media. Examples of these two methods are an activated sludge treatment using recycled solids as a suspended media and a biofilter using fixed media to retain bacteria.

The activated sludge system has typically been used for municipal waste for complete stabilization, and thus would tend to have high energy costs for supplying twice the BOD loading. The biofilter system could be designed to satisfy all of the BOD or only part of the BOD, depending on the objectives. The operating costs and the odor of the effluent would depend on what degree of treatment is desired, and the energy costs would probably fall between the \$1.80 and \$11 per year per finishing pig space depending on degree of treatment (using the assumed energy cost of \$0.07 per kilowatt hour). It should be noted that either system would likely require screening or removing the larger solids in the manure before the aeration treatment and would also produce biosolids from the treatment system. Both of these by-products would tend to have more odor than the liquid discharged from the treatment system and would likely require more treatment, such as lime stabilization to reduce odor.

Sequencing Batch Reactors (SBR)

Sequencing batch reactors (SBRs) have the potential to stabilize organic matter and reduce nitrogen from swine production effluent effectively and inexpensively.³³⁴ The sequence of batch operations in these reactors can be adjusted to suit the needs of the type of wastewater being treated. As applied to swine wastewater, the cycles include fill, react, settle, decant, and idle. The react cycle is the time during which waste is stabilized and nutrients are transformed and consumed. Nitrogen and phosphorus removal is accomplished by cycling the reactor between aerated and anoxic states during this period. Several researchers have investigated this system for swine wastewater treatment with good results.^{335,336,337} There is considerable variability in

the reduction of odor (35-89%) and irritation (39-99%) that has been reported.

Ozonation

Ozone, a triatomic allotrope of oxygen has a large oxidation potential and has been widely investigated for its potential to improve air quality. Ozone has also been used as a disinfectant and deodorizing agent. Laboratory and field evaluations of ozone treatments to reduce livestock odors have been conducted or are ongoing.^{338,339} However, due to the toxic nature of ozone, there is some concern regarding its use to treat indoor air spaces. Several professional groups including the Occupational Safety and Health Administration and the American Lung Association have expressed concern that the levels of ozone required to effectively deodorize polluted indoor air often exceed recommended or permissible exposure limits for humans. There do not appear to be major objections to ozonating lagoon water from a human health standpoint, but health concerns with indoor ozone are likely to cause health and safety regulators to address lagoon ozonation as well. Nevertheless, the relatively high indoor odorant levels in some livestock buildings and the potential for ozone to be rapidly depleted, thus minimizing ozone emissions to outdoor air, continue to make ozonation of indoor air an attractive but somewhat controversial possibility.

Product Additives

Product additives are generally described as compounds that can be added directly to freshly excreted or stored manure for purposes of odor abatement. There are hundreds of chemical and biological additives, masking agents and other commercial products that are being marketed to animal producers for odor management. In addition to odor management, many of these products are marketed as having other beneficial effects, including management of ammonia and hydrogen sulfide volatilization from stored manure; improved fertilizer value of the manure; fly control; improved animal health and feed conversion; and promotion of manure solids breakdown to enhance manure management and handling. Regarding odor abatement, these products can generally be grouped into several categories based on their mechanism of action.

- **Masking Agents.** These are mixtures of aromatic oils that have a strong characteristic odor of their own. They are designed to cover up, or mask, the targeted undesirable odor with a more desirable one;
- **Counteractants.** These are mixtures of aromatic oils that cancel or neutralize the targeted odor such that the intensity of the mixture is less than that of the constituents;
- **Digestive Deodorants.** These contain bacteria or enzymes that reduce undesirable odors through biochemical metabolic degradative processes;
- **Adsorbents.** These products have a large surface area that may be used to adsorb targeted odors before they are released, or volatilized, to the environment;
- **Feed Additives.** These are compounds incorporated into the animal's diet to improve animal performance and reduce targeted odors;
- **Chemical Deodorants.** These are strong oxidizing agents or germicides that alter or eliminate microbial action responsible for odor production or chemically oxidize compounds that make up the undesirable odor mixture.

During the past 2 years, approximately 2 dozen of these product types have been evaluated by the NC State University Animal and Poultry Waste Management Center.³⁴⁰ In general, only a few of the products significantly improved odor parameters under the conditions tested.

Far more peer-reviewed research on management of odor emissions is necessary before conclusions about the efficacy of odor interventions can be made with certainty.

FINAL COMMENTS

Our current state of knowledge clearly suggests that it is possible for odorous emissions from animal operations, wastewater treatment, and recycling of biosolids to have an impact on physical health. The most frequently reported symptoms attributed to odors include eye, nose, and throat irritation, headache, nausea, hoarseness, cough, nasal congestion, palpitations, shortness of breath, stress, drowsiness, and alterations in mood. Many of these symptoms (especially irritation,

headache, hoarseness, cough, nasal congestion, and shortness of breath) can be caused by stimulation of the trigeminal nerve in the nose at elevated levels of odorous VOCs. Co-pollutants in an odorous plume may also play a role. A genetic basis for some odor aversions may be the basis for complaints from unpleasant but nonirritating odors; unpleasant odors have been shown to activate different brain areas than pleasant ones.

Most published studies indicate that there are occupational health risks to workers in intensive livestock units who are exposed continuously to high concentrations of odorous VOCs, particulates, and microbes. However, more scientific data are necessary to quantify health symptoms from the types of exposures experienced by neighbors downwind of livestock or wastewater operations (e.g., continuous exposure to the lower levels of odorous emissions or intermittent exposures to high levels from temporary discharges). Objective scientific data must be obtained that relate specific concentrations of VOCs, particulates (including ammonium aerosols), and microorganisms alone and in combination to objective measures of health symptoms.

There are many potential study tools and biomarkers for the validation of odor-related health symptoms in clinical, epidemiologic, and research studies (see Table 1). These tools and biomarkers will be helpful in distinguishing between direct health effects (e.g., sensory irritation) and indirect effects (e.g., stress). Objective measures of health effects must then be related to the concentrations of odorous emissions as well as frequency and duration of exposure. A variety of methods are available to quantify odorous emissions including olfactometry, gas chromatography, and the electronic nose. However, there is still a need to develop portable, reliable, and sensitive sensors for field measurement of odorous emissions in real time.

Future studies will help establish minimal risk levels (MRLs) for odorous emissions analogous to those utilized by the Agency for Toxic Substances and Disease Registry (ATSDR), that is, substance-specific minimal risk levels (MRLs) to evaluate health effects. MRLs are defined as “estimates of daily human exposure to a chemical that are likely to be without an appreciable risk of adverse noncancer health effects over a specified duration of exposure.” In addition, knowledge of MRLs for odorous emission will assist in the development and implementation of cost-effective odor-abatement techniques that will

enable operators of livestock and wastewater operations to meet performance standards.

ACKNOWLEDGMENTS

The workshop participants included experts in diverse fields including medicine, organic chemistry, biochemistry, psychology, engineering, biology, and other disciplines. Academic institutions, regulatory agencies, environmental groups, the swine industry, consulting firms, and odor remediation companies were represented. During the two day conference, formal presentations were made on a variety of topics including odor issues in North Carolina (Ron Levine, MD, Deputy Secretary, North Carolina Department of Health and Human Services), basic olfactory physiology (Donald Leopold, MD, Department of Otolaryngology, University of Nebraska Medical School), health symptoms from odors (Dennis Shusterman, MD, Division of Occupational Medicine, University of California, San Francisco), changes in the olfactory epithelium from VOCs (Kevin Morgan, PhD, Glaxo-Wellcome), effect of odors on the brain (Tyler Lorig, PhD, Washington & Lee University), psychoimmune aspects of asthma (Maria Boccia, PhD, University of North Carolina), psychological effects of odors (Pam Dalton, PhD, Monell Chemical Senses Center), and health effects of dust (Kelley Donham, DVM, Institute of Agricultural Medicine & Occupational Health, University of Iowa). The participants then assembled into five working groups devoted to the following topics: medical issues, irritation, dust, toxicology, odor measurement, psychology, odor management, and legal issues. The remainder of the workshop was spent in these working groups in which participants discussed and integrated information on each topic. The purpose of this paper is to provide a summary of some of the issues that were addressed at the workshop.

The workshop participants were Dr. Joel Alpert, E & A Environmental Consultants, Inc.; Dr. Carol M. Baldwin, Veterans Affairs Medical Center, Tucson, AZ; Dr. Andy Baumert, National Pork Producers Council; Dr. Maria L. Boccia, University of North Carolina; Dr. Robert W. Bottcher, North Carolina State University; Dr. C. E. Buckley, III, Duke University Medical Center; Dr. Dwaine S. Bundy, Iowa State University; Mr. M. Steve Cavanaugh, Jr., Cavanaugh & Associates, Inc.; Dr. John Classen, North Carolina State University; Dr. Bill

Cure, Division of Air Quality, State of North Carolina; Dr. Pamela Dalton, Monell Chemical Senses Center; Dr. Kelley J. Donham, Institute of Agricultural Medicine & Occupational Health, University of Iowa; Dr. David Dorman, Chemical Industry Institute of Toxicology; Dr. Craig Farr, Elf-Atochem; Dr. Gary Foureman, US EPA National Center for Environmental Assessment; Dr. Jeff S. Gift, US EPA National Center for Environmental Assessment, Dr. Lowry A. Harper, US Department of Agriculture; Dr. Jonathan Jones, Silso Research Institute; Dr. Howard R. Kehrl, US EPA; Dr. Annette Kirshner, NIEHS; Dr. Ronald E. Lacey, Texas A & M University; Dr. James D. Lane, Duke University Medical Center, Dr. Donald A. Leopold, University of Nebraska Medical School; Dr. David Lipton, NC Department of Health and Human Services; Dr. Tyler W. Lorig, Washington & Lee University; Mr. Mike McGinley, St. Croix Sensory, Inc., Dr. Kevin Morgan, GlaxoWellcome, Inc.; Dr. Stanley I. Music, NC Department of Health and Human Services; Dr. Kevin P. Myers, Duke University Medical Center; Dr. Troy Nagle, North Carolina State University; Dr. Melva Okun, University of North Carolina School of Public Health; Dr. Bill Pate, NC Department of Health and Human Services; Dr. David Peden, US EPA Human Studies Facility; Dr. Naomi Poran, SemioChem Corporation; Dr. Jim Prah, US EPA; Dr. Jim Raymer, Research Triangle Institute; Dr. Carol Reiss, New York University; Dr. Ken Rudo; North Carolina OEES; Dr. Will Service, State of North Carolina Division of Epidemiology; Dr. Dennis Shusterman, University of California, San Francisco; Dr. Wayne Silver, Wake Forest University; Dr. Carr Smith, R J Reynolds Tobacco Co.; Dr. Robert Sneath, Silsoe Research Institute; Dr. Paul Sundberg, National Pork Producers Council; Dr. Kendall M. Thu, Northern Illinois University; Dr. Garrett L. Van Wicklen, University of Georgia; Dr. Jim Walker, Florida State University, Mr. Clyde Wilber, Greeley and Hansen, Engineers; Dr. Larry Williams, Duke University Medical Center; Dr. Luann Williams, North Carolina Department of Health and Human Services; Dr. Mike (C. M.) Williams, North Carolina State University; and Dr. Steven B. Wing; University of North Carolina School of Public Health.

The leaders of the breakout groups were Dr. Tyler Lorig, Dr. Pamela Dalton, Dr. C. M. Williams, Dr. Dennis Shusterman, and Dr. Jim Raymer.

The organizers of the workshop were Dr. Susan S. Schiffman, Duke

University Medical Center, Dr. John Walker, US EPA; Dr. Patricia D. Millner, USDA-REE-ARS-BA-NRI-S-MS LAB, and Dr. Rochelle Small, NIDCD/DCSD.

REFERENCES

1. Taylor D. Innovations fresh from the farm. *Environ Health Perspect* 1999; 107:A154-A157.
2. Pate W. Odor: a public health practice viewpoint. In: Schiffman SS, Walker JM, Small R, Millner P (Organizing Committee). *Participant Reviews and Opinions: Workshop on Health Effects of Odors*, Duke University; 1998.
3. Thu K, Donham K, Ziegenhorn R, Reynolds S, Thorne PS, et al. A control study of the physical and mental health of residents living near a large-scale swine operation. *J Agricult Safety Health* 1997; 3:13-26.
4. Wing S, Wolf S. Intensive livestock operations, health, and quality of life among eastern North Carolina residents. Report to the North Carolina Department of Health and Human Services. Division of Public Health 1999.
5. Schiffman SS, Sattely-Miller EA, Suggs MS, Graham BG. The effect of environmental odors emanating from commercial swine operations on the mood of nearby residents. *Brain Res Bull* 1995; 37:369-375.
6. Schiffman SS. Livestock odors-implications for human health and well-being. *J Anim Sci*. 1998; 76:1343-1355.
7. Beach JR, Raven J, Ingram C, Bailey M, Johns D, et al. The effects on asthmatics of exposure to a conventional water-based and a volatile organic compound-free paint. *Eur Respir J* 1997; 10:563-566.
8. American Society for Testing and Materials (ASTM). *Atlas Of Odor Character Profiles*. DS 61. Philadelphia: ASTM, 1992.
9. Silver WL. Neural and pharmacological basis for nasal irritation. *Ann N Y Acad. Sci* 1992; 641:152-163.
10. Spit BJ, Bretschneider F, Hendriksen EG, Kuper CF. Ultrastructure of free nerve endings in respiratory and squamous epithelium on the rat nasal septum. *Cell Tissue Res* 1993; 274:329-335.
11. Silver WL, Finger TE. The trigeminal system. In: Getchell TV, Doty RL, Bartoshuk LM, Snow JB Jr. (eds). *Smell and taste in health and disease*, New York: Raven Press; 1991: 97-108.
12. Cometto-Muñiz JE, Cain WS. Sensory irritation. Relation to indoor air pollution. *Ann NY Acad Sci* 1992; 641:137-151.
13. Cometto-Muñiz JE, Cain WS. Sensory reactions of nasal pungency and odor to volatile organic compounds: the alkylbenzenes. *Am Ind Hyg Assoc J* 1994; 55:811-817.
14. Kendal-Reed M, Walker JC, Morgan WT, LaMacchio M, Lutz RW. Human responses to propionic acid. I. Quantification of within- and between-participant variation in perception by normosmics and anosmics. *Chem Senses* 1998; 23:71-82.
15. Merck Index. Twelfth Edition. Whitehouse Station, NJ: Merck & Co., 1996.

16. Dick RB. Short duration exposures to organic solvents: the relationship between neurobehavioral test results and other indicators. *Neurotoxicol Teratol* 1988; 10:39-50.
17. Warren DW, Walker JC, Drake AF, Lutz RW. Effects of odorants and irritants on respiratory behavior. *Laryngoscope* 1994; 104:623-626.
18. Morgan WK, Reger RB, Tucker DM. Health effects of diesel emissions. *Ann Occup Hyg* 1997; 41:643-658.
19. Cometto-Muñiz JE, Cain WS, Hudnell HK. Agonistic sensory effects of airborne chemicals in mixtures: odor, nasal pungency, and eye irritation. *Percept Psychophys* 1997; 59:665-674.
20. Shusterman D. Acute health symptoms attributed to odorant exposures. In: Schiffman SS, Walker JM, Small R, Millner P (Organizing Committee). *Participant Reviews and Opinions: Workshop on Health Effects of Odors*, Duke University; 1998.
21. Ruth JH. Odor thresholds and irritation levels of several chemical substances: a review. *Am Ind Hyg Assoc J* 1986; 47:A142-A151.
22. Amoores JE, Hautala E. Odor as an aid to chemical safety: odor thresholds compared with threshold limit values and volatilities for 214 industrial chemicals in air and water dilution. *J Appl Toxicol* 1983; 3:272-290.
23. Watt MM, Watt SJ, Seaton A. Episode of toxic gas exposure in sewer workers. *Occup Environ Med* 1997; 54:277-280.
24. Alexeeff GV, Shusterman DJ, Howd RA, Jackson RJ. Dose-response assessment of airborne methyl isothiocyanate (MITC) following a metam sodium spill. *Risk Anal* 1994; 14:191-198.
25. Garcia-Medina MR, Cain WS. Bilateral integration in the common chemical sense. *Physiol Behav* 1982; 29:349-353.
26. EPA (United States Environmental Protection Agency). Air quality criteria for particulate matter. Volumes I, II, III. EPA/600/P-95/001a,b, cF. National Center for Environmental Assessment. Office of Research and Development. U. S. Environmental Protection Agency, Research Triangle Park, NC 27711, April, 1996.
27. Cometto-Muñiz JE, Cain WS, Abraham MH, Gola JMR. Chemosensory detectability of 1-butanol and 2-heptanone singly and in binary mixtures. *Physiol Behav* 1999; 67:269-276.
28. Korpi A, Kasanen JP, Alarie Y, Kosma VM, Pasanen AL. Sensory irritating potency of some microbial volatile organic compounds (MVOCs) and a mixture of five MVOCs. *Archiv Environ Health* 1999; 54:347-352.
29. Puente CL, Owens EJ, Gutentag PJ, Arsenal E. Exposures to ortho-chloro-benzylidene malononitrile. Controlled human exposures. *Arch Environ Health* 1963; 6: 72-80.
30. Shusterman DJ, Murphy MA, Balmes JR. Subjects with seasonal allergic rhinitis and nonrhinitic subjects react differentially to nasal provocation with chlorine gas. *J Allergy Clin Immunol* 1998; 101:732-740.
31. Schonhofer B, Voshaar T, Kohler D. Long-term lung sequelae following accidental chlorine gas exposure. *Respiration* 1996; 63:155-159.

32. Cometto-Muñiz JE, Cain WS. Physicochemical determinants and functional properties of the senses of irritation and smell. In: Gammage RB, Berven BA (eds) *Indoor air and human health*. CRC Lewis: Boca Raton; 1996: 53-63.
33. Schiffman SS. Characterization of odors from swine operations. Final report to the North Carolina Pork Council. October, 1996.
34. Alarie Y. Irritating properties of airborne materials to the upper respiratory tract. *Arch Environ Health* 1966; 13:433-449.
35. Allison DJ, Powis DA. Early and late hind-limb vascular responses to stimulation of receptors in the nose of the rabbit. *J Physiol* 1976;262:301-317.
36. Angell James JE, Daly M de B. Nasal reflexes. *Proc R Soc Med* 1969; 62:1287-1293.
37. Alarie Y. Sensory irritation by airborne chemicals. *CRC Crit Rev Toxicol* 1973; 2:299-363.
38. Alarie Y. Sensory irritation of the upper airways by airborne chemicals. *Toxicol Appl Pharmacol* 1973; 24:279-297.
39. Eccles R. Menthol and related cooling compounds. *J Pharm Pharmacol* 1994; 46:618-630.
40. Nielsen GD. Mechanisms of activation of the sensory irritant receptor by airborne chemicals. *Crit Rev Toxicol* 1991; 21:183-208.
41. Warren DW, Walker JC, Drake AF, Lutz RW. Assessing the effects of odors on nasal airway size and breathing. *Physiol Behav* 1992; 51:425-430.
42. Allen WF. Effect of various inhaled vapors on respiration and blood pressure in anesthetized, unanesthetized, sleeping and anosmic subjects. *Amer J Physiol* 1929; 88:620-632.
43. Wolfe V, Cornell R, Palmer C. Acoustic correlates of pathologic voice types. *J. Speech Hear Res* 1991; 34:509-516.
44. Ryan CM, Morrow LA, Hodgson M. Cacosmia and neurobehavioral dysfunction associated with occupational exposure to mixtures of organic solvents. *Am J Psychiatry* 1988; 145:1442-1445.
45. Bos PM, Zwart A, Reuzel PG, Bragt PC. Evaluation of the sensory irritation test for the assessment of occupational health risk. *Crit Rev Toxicol* 1991; 21:423-450.
46. Hudnell HK, Otto DA, House DE, Molhave L. Exposure of humans to a volatile organic mixture. II. Sensory. *Arch Environ Health* 1992; 47:31-38.
47. Prah JD, Case MW, Goldstein GM. 1998 equivalence of sensory responses to single and mixed volatile organic compounds at equimolar concentrations. *Environ Health Perspect* 1998; 106: 739-744.
48. Peppel P, Anton F. Responses of rat medullary dorsal horn neurons following intranasal noxious chemical stimulation: effects of stimulus intensity, duration, and interstimulus interval. *J Neurophysiol* 1993; 70:2260-2275.
49. Sekizawa SI, Tsubone H. Nasal receptors responding to noxious chemical irritants. *Respir Physiol* 1994; 96:37-48.
50. Torebjörk HE, Hallin RG. Perceptual changes accompanying controlled preferential blocking of A and C fibre responses in intact human skin nerves. *Exp Brain Res* 1973; 16:321-332.

51. Mackenzie RA, Burke D, Skuse NF, Lethlean AK. Fibre function and perception during cutaneous nerve block. *J Neurol Neurosurg Psychiatry* 1975; 38:865-873.
52. Hummel T, Gruber M, Pauli E, Kobal G. Chemo-somatosensory event-related potentials in response to repetitive painful chemical stimulation of the nasal mucosa. *Electroencephalogr Clin Neurophysiol* 1994; 92:426-432.
53. Koren HS, Devlin RB. Human upper respiratory tract responses to inhaled pollutants with emphasis on nasal lavage. *Ann NY Acad Sci* 1992; 641:215-224.
54. Koren HS, Graham DE, Devlin RB. Exposure of humans to a volatile organic mixture. III. Inflammatory response. *Arch Environ Health* 1992; 47:39-44.
55. Silver WL. Health effects of odors: Trigeminal chemoreception. In: Schiffman SS, Walker JM, Small R, Millner P (Organizing Committee). *Participant Reviews and Opinions: Workshop on Health Effects of Odors*, Duke University; 1998.
56. Cometto-Muñiz JE, Cain WS. Temporal integration of pungency. *Chem Senses* 1984; 8:315-327.
57. Wysocki CJ, Dalton P, Brody MJ, Lawley HJ. Acetone odor and irritation thresholds obtained from acetone-exposed factory workers and from control (occupationally unexposed) subjects. *Am Ind Hyg Assoc J* 1997; 58:704-712.
58. Dalton P, Wysocki CJ, Brody MJ, Lawley HJ. Perceived odor, irritation, and health symptoms following short-term exposure to acetone. *Am J Ind Med* 1997; 31:558-569.
59. Dalton P, Wysocki CJ, Brody MJ, Lawley HJ. The influence of cognitive bias on the perceived odor, irritation and health symptoms from chemical exposure. *Int Arch Occup Environ Health* 1997; 69:407-417.
60. Benignus VA, Muller KE, Graham JA, Barton CN. Toluene levels in blood and brain of rats as a function of toluene level in inspired air. *Environ Res* 1984; 33:39-46.
61. Maruniak JA, Silver WL, Moulton DG. Olfactory receptors respond to blood-borne odorants. *Brain Res* 1983; 265:312-316.
62. Cain WS. Perceptual characteristics of nasal irritation. In: Green BR, Mason JR, Kare MR (eds). *Chemical Senses, Volume 2: Irritation*, New York: Marcel Dekker; 1991:43-58.
63. Walker JC, Reynolds JH, Warren DW, Sidman JD. Responses of normal and anosmic subjects to odorants. In: Green BR, Mason JR, Kare MR (eds). *Chemical Senses, Volume 2: Irritation*, New York: Marcel Dekker; 1991: 95-118.
64. Doty RL. Intranasal trigeminal chemoreception: Anatomy, physiology, and psychophysics. In: Doty RL (ed). *Handbook of olfaction and gustation*, New York: Marcel Dekker; 1990: 821-834.
65. Abraham MH, Andonian-Haftvan J, Cometto-Muñiz JE, Cain WS. An analysis of nasal irritation thresholds using a new solvation equation. *Fundam Appl Toxicol* 1996; 31:71-76.
66. Abraham MH, Kumarsingh R, Cometto-Muñiz JE, Cain WS. An algorithm for nasal pungency thresholds in man. *Arch Toxicol* 1998; 72:227-232.
67. Stevens JC, Cain WS. Aging and the perception of nasal irritation. *Physiol Behav* 1986; 37:323-328.

68. Schiffman SS, Williams CM. Evaluation of swine odor control products using human odor panels. In: *Animal Waste Management Symposium*, Raleigh: NC State University; 1999: 110-118.
69. Doty RL. Intranasal trigeminal detection of chemical vapors by humans. *Physiol Behav* 1975; 14:855-859.
70. Doty RL, Brugger WE, Jurs PC, Orndorff MA, Snyder PJ, et al. Intranasal trigeminal stimulation from odorous volatiles: psychometric responses from anosmic and normal humans. *Physiol Behav* 1978; 20:175-185.
71. Cometto-Muñiz JE, Cain WS. Trigeminal and olfactory sensitivity: comparison of modalities and methods of measurement. *Int Arch Occup Environ Health* 1998; 71:105-110.
72. Hummel T, Barz S, Lötsch J, Roscher S, Kettenmann B, et al. Loss of olfactory function leads to a decrease of trigeminal sensitivity. *Chem Senses* 1996; 21:75-79.
73. Kobal G, Van Toller S, Hummel T. Is there directional smelling? *Experientia* 1989; 45:130-132.
74. Schneider RA, Schmidt CE. Dependency of olfactory localization on non-olfactory cues. *Physiol Behav* 1967; 2: 305-309.
75. Roscher S, Glaser C, Hummel T, Kobal G. An easy method for separating olfactory from trigeminal stimulation. *Chem Senses* 1996; 21: 492.
76. Cometto-Muñiz JE, Cain WS, Abraham MH, Kumarsingh R. Sensory properties of selected terpenes. Thresholds for odor, nasal pungency, nasal localization, and eye irritation. *Ann N Y Acad Sci* 1998; 855: 648-651.
77. Cometto-Muñiz JE, Cain WS. Relative sensitivity of the ocular trigeminal, nasal trigeminal and olfactory systems to airborne chemicals. *Chem Senses* 1995; 20:191-198.
78. Schiffman SS. Workshop on health effects of odors. Presented at North American Agromedicine Consortium. Raleigh, NC. September 28, 1999.
79. Kobal G. Pain-related electrical potentials of the human nasal mucosa elicited by chemical stimulation. *Pain* 1985; 22:151-163.
80. Thurauf N, Hummel T, Kettenmann B, Kobal G. Nociceptive and reflexive responses recorded from the human nasal mucosa. *Brain Res* 1993; 629:293-299.
81. Hummel T, Schiessl C, Wendler J, Kobal G. Peripheral electrophysiological responses decrease in response to repetitive painful stimulation of the human nasal mucosa. *Neurosci Lett* 1996; 212:37-40.
82. Hummel T, Kobal G. Differences in human evoked potentials related to olfactory or trigeminal chemosensory activation. *Electroencephalogr Clin Neurophysiol* 1992; 84:84-89.
83. Hari R, Portin K, Kettenmann B, Jousmaki V, Kobal G. Right-hemisphere preponderance of responses to painful CO₂ stimulation of the human nasal mucosa. *Pain* 1997; 72:145-151.
84. Kulle TJ, Cooper GP. Effects of formaldehyde and ozone on the trigeminal nasal sensory system. *Arch Environ Health* 1975; 30:237-243.
85. Barrow CS, Alarie Y, Warrick JC, Stock MF. Comparison of the sensory irritation response in mice to chlorine and hydrogen chloride. *Arch Environ Health* 1977; 32:68-76.

86. Vijayaraghavan R, Schaper M, Thompson R, Stock MF, Alarie Y. Characteristic modifications of the breathing pattern of mice to evaluate the effects of airborne chemicals on the respiratory tract. *Arch Toxicol* 1993; 67:478-490.

87. Vijayaraghavan R, Schaper M, Thompson R, Stock MF, Boylstein LA, et al. Computer assisted recognition and quantitation of the effects of airborne chemicals acting at different areas of the respiratory tract in mice. *Arch Toxicol* 1994; 68:490-499.

88. Boylstein LA, Anderson SJ, Thompson RD, Aarie Y. Characterization of the effects of an airborne mixture of chemicals on the respiratory tract and smoothing polynomial spline analysis of the data. *Arch Toxicol* 1995; 69:579-589.

89. American Society for Testing And Materials. E981-84 (1996) e1 Standard Test Method for Estimating Sensory Irritancy of Airborne Chemicals. ASTM Subcommittee: E35.26. American Society for Testing and Materials: West Conshohocken, PA; 1996.

90. Anderson RC, Anderson JH. Acute toxic effects of fragrance products. *Arch Environ Health* 1998; 53:138-146.

91. Anderson RC, Anderson JH. Toxic effects of air freshener emissions. *Arch Environ Health* 1997; 52:433-441.

92. Chamberlin NL, Saper CB. A brainstem network mediating apneic reflexes in the rat. *J Neurosci* 1998; 18:6048-6056.

93. Shusterman DJ, Balmes JR. A comparison of two methods for determining nasal irritant sensitivity. *Am J Rhinol* 1997; 11:371-378.

94. Stoddart DM. The scented ape: The biology and culture of human odour. Cambridge: Cambridge University Press; 1991.

95. Classen C, Howes D, Synnott A. *Aroma: The cultural history of smell*. New York: Routledge; 1994.

96. LeGuerer A. *Scent, The essential and mysterious powers of smell*. New York: Kodansha America, Inc., 1992.

97. Shukla NP. Air pollution by odour-sources, identification and control. *Rev Environ Health* 1991; 9:239-244.

98. Stern K, McClintock MK. Regulation of ovulation by human pheromones. *Nature* 1998; 392:177-179.

99. Ames RG, Stratton JW. Acute health effects from community exposure to N-propyl mercaptan from an ethoprop (Mocap)-treated potato field in Siskiyou County, California. *Archiv Environ Health* 1991; 46:213-217.

100. Gift JS, Foureman GL. Regulatory aspects and concerns of the health effects of odors. In: Schiffman SS, Walker JM, Small R, Millner P (Organizing Committee). *Participant Reviews and Opinions: Workshop on Health Effects of Odors*, Durham, NC: Duke University; 1998.

101. Lorig TS, Roberts M. Odor and cognitive alteration of the contingent negative variation. *Chem Senses* 1990; 15:537-545.

102. Durand-Lagarde M, Kobal G. P300: a new technique of recording a cognitive component in olfactory evoked potential. *Chem Senses* 1991; 16:379.

103. Kobal G, Hummel T. Human electro-olfactograms and brain responses to olfactory stimulation. In: Laing DG, Doty RL, Breipohl W (eds.). *The Human Sense of Smell*, Berlin: Springer; 1991: 135-150.

104. Lorig TS. EEG and ERP studies of low-level odor exposure in normal subjects. *Toxicol Ind Health* 1994; 10:579-586.
105. Zald DH, Pardo JV. Emotion, olfaction and the human amygdala: Amygdala activation during aversive olfactory stimulation. *Proc Natl Acad Sci USA* 1997; 94:4119-24.
106. Lorig TS, Herman KB, Schwartz GE, Cain WS. EEG activity during administration of low-concentration odors. *Bull Psychonom Soc* 1990; 28: 405-408.
107. Schwartz GE, Bell IR, Dikman ZV, Fernandez M, Kline JP, et al. EEG responses to low-level chemicals in normals and cacosmics. *Toxicol Ind Health* 1994; 10:633-643.
108. Sobel N, Prabhakaran V, Hartley CA, Desmond JE, Glover GH, et al. Blind smell: brain activation induced by an undetected air-borne chemical. *Brain* 1999; 122:209-217.
109. Ehrlichman H, Bastone I. The use of odour in the study of emotions. In: Van Toller S, Dodd G (eds). *The Psychology and Biology of Perfume*, Amsterdam: Elsevier; 1992.
110. Ehrlichman H, Kuhl SB, Zhu J, Warrenburg S. Startle reflex modulation by pleasant and unpleasant odors in a between-subjects design. *Psychophysiology* 1997; 34:726-729.
111. Cohen S, Herbert TB. Health psychology: psychological factors and physical disease from the perspective of human psychoneuroimmunology. *Annu Rev Psychol* 1996; 47:113-142.
112. Shusterman D, Lipscomb J, Neutra R, Satin K. Symptom prevalence and odor-worry interaction near hazardous waste sites. *Environ Health Perspect* 1991; 94:25-30.
113. Baba S, Ozawa H, Nakamoto Y, Ueshima H, Omae T. Enhanced blood pressure response to regular daily stress in urban hypertensive men. *J Hypertens* 1990; 8:647-655.
114. Grossman E, Oren S, Garavaglia GE, Schmieder R, Messerli FH. Disparate hemodynamic and sympathoadrenergic responses to isometric and mental stress in essential hypertension. *Am J Cardiol* 1989; 64:42-44.
115. Langewitz W, Ruddel H, Von Eiff AW. Influence of perceived level of stress upon ambulatory blood pressure, heart rate, and respiratory frequency. *J Clin Hypertens* 1987; 3:743-748.
116. Shavit Y, Lewis JW, Terman GW, Gale RP, Liebeskind JC. Opioid peptides mediate the suppressive effect of stress on natural killer cell cytotoxicity. *Science* 1984; 223:188-190.
117. Rose RM. Psychoendocrinology. In: Wilson JD, Foster DW (eds). *Textbook of Endocrinology*, 7th edition, Philadelphia: W. B. Saunders company; 1985: 653-681.
118. Schimmer BP, Parker KL. Adrenocorticotrophic hormone; adrenocortical steroids and their synthetic analogs; inhibitors of the synthesis and actions of adrenocortical hormones. Chapter 59. In: Hardman JG, Limbird LE, Molinoff PB, Ruddon RW, Gilman AG (eds), *Goodman & Gilman's The Pharmacological Basis of Therapeutics*, 9th edition, New York: McGraw-Hill, Health Professions Division; 1996: 1459-1485.

119. Camilleri M, Malagelada JR, Kao PC, Zinsmeister AR. Gastric and autonomic responses to stress in functional dyspepsia. *Dig Dis Sci* 1986; 31:1169-1177.
120. Gannon LR, Haynes SN, Cuevas J, Chavez R. Psychophysiological correlates of induced headaches. *J Behav Med* 1987; 10:411-423.
121. Rugh JD, Hatch JP, Moore PJ, Cyr-Provost M, Boutros NN, Pellegrino CS. The effects of psychological stress on electromyographic activity and negative affect in ambulatory tension-type headache patients. *Headache* 1990; 30:216-219.
122. Sapolsky RM, Uno H, Rebert CS, Finch CE. Hippocampal damage associated with prolonged glucocorticoid exposure in primates. *J Neurosci* 1990; 10:2897-2902.
123. Karasek R, Baker D, Marxer F, Ahlbom A, Theorell T. Job decision latitude, job demands, and cardiovascular disease: a prospective study of Swedish men. *Am J Public Health* 1981; 71:694-705.
124. Johnson JV, Hall EM. Job strain, work place social support, and cardiovascular disease: a cross-sectional study of a random sample of the Swedish working population. *Am J Public Health* 1988; 78:1336-1342.
125. Schnall PL, Pieper C, Schwartz JE, Karasek RA, Schluskel Y, et al. The relationship between 'job strain,' workplace diastolic blood pressure, and left ventricular mass index. Results of a case-control study. *JAMA* 1990; 263:1929-1935.
126. McGoon MD (ed). *Mayo Clinic Heart Book*. New York: William Morrow and Company; 1993.
127. Smith CJ, Bombick DW, McKarns SC, Morton MJ, Morgan WT, Doolittle DJ. Environmental room human physiology study using fresh diluted sidestream cigarette smoke. Proceedings of the 1996 Coresta Congress, Yokohama, Japan, November 6, 1996: 18-36.
128. Smith CJ, Scott SM. Cardiovascular effects of odors. In: Schiffman SS, Walker JM, Small R, Millner P (Organizing Committee). *Participant Reviews and Opinions: Workshop on Health Effects of Odors*, Duke University; 1998.
129. Nikkila EA. HDL in relation to the metabolism of triglyceride-rich lipoproteins. In: Miller NE, Miller GJ (eds). *Clinical and Metabolic Aspects of High-Density Lipoproteins*, Amsterdam: Elsevier; 1984.
130. Steinheider B, Winneke G, Schlipkoter HW. Stomatische und psychische Wirkungen intensiver Geruchsimmissionen. *Staub-Reinhaltung der Luft* 1993; 53:425-431.
131. Steinheider B, Both R, Winneke G. Field studies on environmental odors inducing annoyance as well as gastric and general health-related symptoms. *J Psychophysiol* 1998; 12(Supplement 1):64-79.
132. Shusterman D, Balmes J, Cone J. Behavioral sensitization to irritants/odorants after acute overexposures. *J Occup Med* 1988; 30:565-567.
133. Bolla-Wilson K, Wilson RJ, Bleecker ML. Conditioning of physical symptoms after neurotoxic exposure. *J Occup Med* 1988; 30:684-686.
134. Simon GE, Katon WJ, Sparks PJ. Allergic to life: psychological factors in environmental illness. *Am J Psychiatry* 1990; 147:901-906.
135. Dalton P, Wysocki CJ. The nature and duration of adaptation following long-term odor exposure. *Percept Psychophys* 1996; 58:781-792.

136. Van den Bergh O, Stegen K, Van de Woestijne KP. Learning to have psychosomatic complaints: conditioning of respiratory behavior and somatic complaints in psychosomatic patients. *Psychosom Med* 1997; 59:13-23.
137. Russell M, Dark KA, Cummins RW, Ellman G, Callaway E, Peeke HV. Learned histamine release. *Science* 1984; 225:733-734.
138. Tabershaw IR, Cooper WC. Sequelae of acute organic phosphate poisoning. *J Occup Med* 1966; 8:5-20.
139. Schottenfeld RS, Cullen MR. Recognition of occupation-induced posttraumatic stress disorders. *J Occup Med* 1986; 28:365-369.
140. Gyntelberg F, Vesterhauge S, Fog P, Isager H, Zillstorff K. Acquired intolerance to organic solvents and results of vestibular testing. *Am J Ind Med* 1986; 9:363-370.
141. Dager SR, Holland JP, Cowley DS, Dunner DL. Panic disorder precipitated by exposure to organic solvents in the work place. *Am J Psychiatry* 1987; 144:1056-1058.
142. Shusterman DJ, Dager SR. Prevention of psychological disability after occupational respiratory exposures. *Occup Med* 1991; 6:11-27.
143. Cann A, Ross D. Olfactory stimuli as context cues in human memory. *Am J Psychol* 1989; 102: 91-102.
144. Herz RS, Engen T. Odor memory: review and analysis. *Psychonom Bull Rev* 1996; 3:300-313.
145. Chaillan FA, Roman FS, Soumireu-Mourat B. Modulation of synaptic plasticity in the hippocampus and piriform cortex by physiologically meaningful olfactory cues in an olfactory association task. *J Physiol Paris* 1996; 90:343-347.
146. Siegel S, Kreutzer R. Pavlovian conditioning and multiple chemical sensitivity. *Environ Health Perspect* 1997; 105 (Suppl 2):521-526.
147. Siegel S. Multiple chemical sensitivity as a conditional response. *Toxicol Indust Health* 1999; 15:323-330.
148. Van den Bergh O, Stegen K, Van Diest I, Raes C, Stulens P, Eelen P, Veulemans H, Van de Woestijne KP, Nemery B. Acquisition and extinction of somatic symptoms in response to odours: a Pavlovian paradigm relevant to multiple chemical sensitivity. *Occup Environ Med* 1999; 56:295-301.
149. Esteban E. The confinement animal feeding operation workshop. Centers for Disease Control and Prevention. National Center for Environmental Health. Atlanta, GA, 30341-3724; 1998.
150. Frist MW. Appendix A. Public-health aspects: management of environmental odors. In: *Odors from Stationary and Mobile Sources*. National Research Council. Washington, DC: National Academy of Sciences; 1979: 441-459.
151. Mitchell RS, Judson FN, Moulding TS, Weiser P, Brock LL, et al. Health effects of urban air pollution. Special consideration of areas at 1,500 m and above. *JAMA* 1979; 242:1163-1168.
152. Morrell S, Taylor R, Lyle D. A review of health effects of aircraft noise. *Aust N Z J Public Health* 1997; 21:221-236.
153. Shusterman D. Critical review: the health significance of environmental odor pollution. *Arch Environ Health* 1992; 47:76-87.

154. Dalton P. Cognitive influence on odor perception. *Aroma-Chology Review* 1997; 6:2,8-9.
155. Dalton P. Odor perception and beliefs about risk. *Chem Senses* 1996; 21:447-458.
156. Smeets M, Dalton P. The nose of the beholder. *Aroma-Chology Review* 1999; 8(2):1,9,10.
157. Morgan KT. Has the mysterious world of odors been neglected by toxicology. In: Schiffman SS, Walker JM, Small R, Millner P (Organizing Committee). *Participant Reviews and Opinions: Workshop on Health Effects of Odors*, Duke University; 1998.
158. Bell IR, Schwartz GE, Peterson JM, Amend D. Self-reported illness from chemical odors in young adults without clinical syndromes or occupational exposures. *Arch Environ Health* 1993; 48:6-13.
159. Bell IR, Miller CS, Schwartz GE, Peterson JM, Amend D. Neuropsychiatric and somatic characteristics of young adults with and without self-reported chemical odor intolerance and chemical sensitivity. *Arch Environ Health* 1996; 51:9-21.
160. Bell IR, Schwartz GE, Bootzin RR, Wyatt JK. Time-dependent sensitization of heart rate and blood pressure over multiple laboratory sessions in elderly individuals with chemical odor intolerance. *Arch Environ Health* 1997; 52:6-17.
161. Baldwin CM, Bell IR, O'Rourke MK, Lebowitz MD. The association of respiratory problems in a community sample with self-reported chemical intolerance. *Eur J Epidemiol* 1997; 13:547-552.
162. Bell IR, Schwartz GE, Baldwin CM, Hardin EE, Klimas NG, et al. Individual differences in neural sensitization and the role of context in illness from low-level environmental chemical exposures. *Environ Health Perspect* 1997; 105 (Suppl 2): 457-466.
163. Baldwin CM, Bell IR. Increased cardiopulmonary disease risk in a community-based sample with chemical odor intolerance: implications for women's health and health-care utilization. *Arch Environ Health* 1998; 53:347-353.
164. Bell IR, Schwartz GE, Hardin EE, Baldwin CM, Kline JP. Differential resting quantitative electroencephalographic alpha patterns in women with environmental chemical intolerance, depressives, and normals. *Biol Psychiatry* 1998; 43:376-388.
165. Bell IR, Bootzin RR, Ritenbaugh C, Wyatt JK, DeGiovanni G, et al. A polysomnographic study of sleep disturbance in community elderly with self-reported environmental chemical odor intolerance. *Biol Psychiatry* 1996; 40:123-133.
166. Amundsen MA, Hanson NP, Bruce BK, Lantz TD, Schwartz MS, et al. Odor aversion of multiple chemical sensitivities: recommendation for a name change and description of successful behavioral medicine treatment. *Regul Toxicol Pharmacol* 1996; 24:S116-S118.
167. Doty RL, Deems DA, Frye RE, Pelberg R, Shapiro A. Olfactory sensitivity, nasal resistance, and autonomic function in patients with multiple chemical sensitivities. *Arch Otolaryngol Head Neck Surg* 1988; 114:1422-1427.
168. Hummel T, Roscher S, Jaumann MP, Kobal G. Intranasal chemoreception in patients with multiple chemical sensitivities: a double-blind investigation. *Reg Toxicol Pharmacol* 1996; 24:S79-S86.

169. Wysocki CJ, Dorries KM, Beauchamp GK. Ability to perceive androstenone can be acquired by ostensibly anosmic people. *Proc Natl Acad Sci USA* 1989; 86:7976-7978.
170. Wang HW, Wysocki CJ, Gold GH. Induction of olfactory receptor sensitivity in mice. *Science* 1993; 260:998-1000.
171. Karol MH. Allergic reactions to indoor air pollutants. *Env Health Persp* 1991; 95:45-51.
172. Bottcher RW. Dust in Livestock and Poultry Buildings: Health effects, interactions with odors, and control options. In: Schiffman SS, Walker JM, Small R, Milner P (Organizing Committee). *Participant Reviews and Opinions: Workshop on Health Effects of Odors*, Duke University; 1998.
173. Hammond EG, Fedler C, Smith RJ. Analysis of particle-borne swine house odors. *Agric Environ* 1981; 6:395-401.
174. Von Essen S, Donham K. Illness and injury in animal confinement workers. *Occup Med* 1999; 14: 337-350.
175. Laitinen S, Kangas J, Kotimaa M, Liesivuori J, Martikainen PJ. Workers' exposure to airborne bacteria and endotoxins at industrial wastewater treatment plants. *Am Ind Hyg Assoc J* 1994; 55:1055-1060.
176. Donham K, Cumro D. Synergistic health effects of ammonia and dust exposure. In: *International Symposium on Dust Control in Animal Production Facilities*. Danish Institute of Agricultural Sciences, Research Centre Bygholm, Schüttesvej 17 DK-8700 Horsens, Denmark. 1999: 166.
177. Oberdorster G, Ferin J, Gelein R, Soderholm SC, Finkelstein J. Role of the alveolar macrophage in lung injury: studies with ultrafine particles. *Environ Health Perspect* 1992; 97:193-199.
178. Oberdorster G, Ferin J, Lehnert BE. Correlation between particle size, in vivo particle persistence, and lung injury. *Environ Health Perspect* 1994; 102:173-179.
179. Oberdorster G, Gelein RM, Ferin J, Weiss, B. Association of particulate air-pollution and acute mortality: involvement of ultrafine particles? *Inhal Tox* 1995; 7:111-124.
180. Oberdorster G, Finkelstein J, Ferin J, Godleski J, Chang LY, et al. Ultrafine particles as a potential environmental health hazard. Studies with model particles. *Chest* 1996; 109:68S-69S.
181. Peters A, Dockery DW, Heinrich J, Wichmann HE. Short-term effects of particulate air pollution on respiratory morbidity in asthmatic children. *Eur Respir J* 1997; 10:872-879.
182. Peters A, Wichmann HE, Tuch T, Heinrich J, Heyder J. Respiratory effects are associated with the number of ultrafine particles. *Am J Respir Crit Care Med* 1997; 155:1376-1383.
183. Wilson WE, Suh HH. Fine particles and coarse particles: Concentration relationships relevant to epidemiologic studies. *J Air Waste Manage Assoc* 1997; 47:1238-1249.
184. Erisman J-W, Vermetten AWM, Asman WAH. Vertical distribution of gases and aerosols: the behaviour of ammonia and related components in the lower atmosphere. *Atmospheric Env* 1988; 22:1153-1160.

185. Tu KW, Kanapilly GM. Generation and characterization of submicron ammonium sulfate and ammonium hydrogen sulfate aerosols. *Atmospheric Env* 1978; 12:1623-1629.
186. Allen AG, Harrison RM, Wake MT. A meso-scale study of the behaviour of atmospheric ammonia and ammonium. *Atmospheric Env* 1988; 22:1347-1353.
187. Behra P, Sigg L, Stumm W. Dominating influence of NH₃ on the oxidation of aqueous SO₂: the coupling of NH₃ and SO₂ in atmospheric water. *Atmospheric Env* 1989; 23:2691-2707.
188. Huntzicker JJ, Cary RA, Ling C-S. Neutralization of sulfuric acid aerosol by ammonia. *Environ Sci Technol* 1980; 14: 819-824.
189. Committee of the Environmental and Occupational Health Assembly of the American Thoracic Society. Health effects of outdoor air pollution. *Am J Respir Crit Care Med* 1996; 153:3-50.
190. Donham KJ, Scallon LJ, Pependorf W, Treuhaft MW, Roberts RC. Characterization of dusts collected from swine confinement buildings. *Am Ind Hyg Assoc J* 1986; 47:404-410.
191. Cormier Y, Duchaine C, Israel-Assayag E, Bedard G, Laviolette M, Dosman J. Effects of repeated swine building exposures on normal naive subjects. *Eur Respir J* 1997; 10:1516-1522.
192. Wang Z, Manninen A, Malmberg P, Larsson K. Inhalation of swine-house dust increases the concentrations of interleukin-1 beta (IL-1 beta) and interleukin-1 receptor antagonist (IL-1ra) in peripheral blood. *Respir Med* 1988; 92:1022-1027.
193. Simpson JC, Niven RM, Pickering CA, Oldham LA, Fletcher AM, Francis HC. Comparative personal exposures to organic dusts and endotoxin. *Ann Occup Hygiene* 1999; 43:107-115.
194. Marks R, Jankowska K, Michalska M, Krolska M. The sea to air bacteria transfer from the coastal waters. *Bull Inst Marit Trop Med Gdynia* 1996; 47:93-103.
195. Thorne PS, Reynolds SJ, Milton DK, Bloebaum PD, Zhang X, et al. Field evaluation of endotoxin air sampling assay methods. *Am Ind Hyg Assoc J* 1997; 58:792-799.
196. Peden DB, Tucker K, Murphy P, Newlin-Clapp L, Boehlecke B, Hazucha M, Bromberg P, Reed W. Eosinophil influx to the nasal airway after local, low-level LPS challenge in humans. *J Allergy Clin Immunol* 1999; 104:388-394.
197. Eldridge MW, Peden DB. Allergen provocation augments endotoxin-induced nasal inflammation in atopic asthmatics. Unpublished manuscript, University of North Carolina, Chapel Hill, NC; 1999.
198. Baringer JR. The biology of herpes simplex virus infection in humans. *Surv Ophthalmol* 1976; 21:171-174.
199. Jackson RT, Tigges J, Arnold W. Subarachnoid space of the CNS, nasal mucosa, and lymphatic system. *Arch Otolaryngol* 1979; 105:180-184.
200. Shipley MT. Transport of molecules from nose to brain: transneuronal anterograde and retrograde labeling in the rat olfactory system by wheat germ agglutinin-horseradish peroxidase applied to the nasal epithelium. *Brain Res Bull* 1985; 15:129-142.
201. Roberts E. Alzheimer's disease may begin in the nose and may be caused by aluminosilicates. *Neurobiol Aging* 1986; 7:561-567.

202. Lach B, Atack E. Disseminated hemorrhagic leukoencephalomyelitis with localized herpes simplex brain stem infection. *Acta Neuropathol* 1988; 75:354-361.
203. Barnett EM, Jacobsen G, Evans G, Cassell M, Perlman S. Herpes simplex encephalitis in the temporal cortex and limbic system after trigeminal nerve inoculation. *J Infect Dis* 1994; 169:782-786.
204. Becker Y. HSV-1 brain infection by the olfactory nerve route and virus latency and reactivation may cause learning and behavioral deficiencies and violence in children and adults: a point of view. *Virus Genes* 1995; 10:217-226.
205. Kristensson K, Nennesmo L, Persson L, Lycke E. Neuron to neuron transmission of herpes simplex virus. Transport of virus from skin to brainstem nuclei. *J Neurol Sci* 1982; 54:149-156.
206. Plakhov IV, Arlund EE, Aoki C, Reiss CS. The earliest events in vesicular stomatitis virus infection of the murine olfactory neuroepithelium and entry of the central nervous system. *Virology* 1995; 209:257-262.
207. Morris MC, Joyce MA, Heath AC, Rabel B, Delisle GW. The responses of *Lucilia cuprina* to odours from sheep, offal and bacterial cultures. *Med Vet Entomol* 1997; 11:58-64.
208. Carde RT. Odour plumes and odour-mediated flight in insects. *Ciba Found Symp* 1996; 200:54-66; discussion 66-70.
209. Shim C, Williams MH Jr. Effect of odors in asthma. *Am J Med* 1986; 80:18-22.
210. Herbert M, Glick R, Black H. Olfactory precipitants of bronchial asthma. *J Psychosom Res* 1967; 11:195-202.
211. Eriksson NE, Lowhagen O, Nilsson JE, Norrland K, Wihl JA. Flowers and other trigger factors in asthma and rhinitis—an inquiry study. *Allergy* 1987; 42:374-381.
212. Millqvist E, Lowhagen O. Placebo-controlled challenges with perfume in patients with asthma-like symptoms. *Allergy* 1996; 51:434-439.
213. Subiza J, Subiza JL, Valdivieso R, Escibano PM, Garcia R, et al. Toothpaste flavor-induced asthma. *J Allergy Clin Immunol* 1992; 90:1004-1006.
214. Horesh AJ. The role of odors and vapors in allergic disease. *J Asthma Res* 1966; 4:125-136.
215. McFadden ER Jr., Warren EL. Observations on asthma mortality. *Ann Intern Med* 1997; 127:142-147.
216. Marguet C, Jouen-Boedes F, Dean TP, Warner JO. Bronchoalveolar cell profiles in children with asthma, infantile wheeze, chronic cough, or cystic fibrosis. *Am J Respir Crit Care Med* 1999; 159:1533-1540.
217. Chanez P, Vignola AM, Vic P, Guddo F, Bonsignore G, et al. Comparison between nasal and bronchial inflammation in asthmatic and control subjects. *Am J Respir Crit Care Med* 1999; 159:588-595.
218. Watanabe K, Kiuna C. Epithelial damage of nasal mucosa in nasal allergy. *Ann Otol Rhinol Laryngol* 1998; 107:564-570.
219. Calderon-Garciduenas L, Rodriguez-Alcaraz A, Garcia R, Sanchez G, Baragan G, et al. Human nasal mucosal changes after exposure to urban pollution. *Environ Health Perspect* 1994; 102:1074-1080.
220. Barnes PJ. Effect of nedocromil sodium on airway sensory nerves. *J Allergy Clin Immunol* 1993; 92:182-186.

221. Levin AS, Byers VS. Environmental illness: a disorder of immune regulation. *Occup Med* 1987; 2:669-681.
222. Marshall JS, Bienenstock J. The role of mast cells in inflammatory reactions of the airways, skin and intestine. *Curr Opin Immunol* 1994; 6:853-859.
223. Eccles R. Rhinitis as a mechanism of respiratory defense. *Eur Arch Otorhinolaryngol Suppl* 1995; 1:S2-S7.
224. Samet JM. Asthma and the environment: do environmental factors affect the incidence and prognosis of asthma? *Toxicol Lett.* 1995; 82-83:33-38.
225. Saunders Jr RL, Halpern GM, Gershwin ME. Odor-associated idiopathic anaphylaxis. A case report. *Allergol Immunopathol (Madr)* 1995; 23:35-37.
226. Donham KJ, Merchant JA, Lassise D, Pependorf WJ, Burmeister LF. Preventing respiratory disease in swine confinement workers: intervention through applied epidemiology, education, and consultation. *Am J Ind Med* 1990; 18:241-261.
227. Schiffman SS, Nagle HT. Effect of environmental pollutants on taste and smell. *Otolaryngol Head Neck Surg* 1992; 106:693-700.
228. Brooks SM, Weiss MA, Bernstein IL. Reactive airways dysfunction syndrome (RADS). Persistent asthma syndrome after high level irritant exposures. *Chest* 1985; 88:376-384.
229. Brooks SM, Weiss MA, Bernstein IL. Reactive airways dysfunction syndrome. Case reports of persistent airways hyperreactivity following high-level irritant exposures. *J Occup Med* 1985; 27:473-476.
230. Kern DG. Outbreak of the reactive airways dysfunction syndrome after a spill of glacial acetic acid. *Am Rev Respir Dis* 1991; 144:1058-1064.
231. Cormier Y, Coll B, Laviolette M, Boulet LP. Reactive airways dysfunction syndrome (RADS) following exposure to toxic gases of a swine confinement building. *Eur Respir J* 1996; 9:1090-1091.
232. Flury KE, Dines DE, Rodarte JR, Rodgers R. Airway obstruction due to inhalation of ammonia. *Mayo Clin Proc* 1983; 58:389-393.
233. Donham KJ, Rubino M, Thedell TD, Kammermeyer J. Potential health hazards to agricultural workers in swine confinement buildings. *J Occup Med* 1977; 19:383-387.
234. Donham K. A historical overview of research on the hazards of dust in livestock buildings. In: *International Symposium on Dust Control in Animal Production Facilities*. Danish Institute of Agricultural Sciences, Research Centre Bygholm, Schüttesvej 17 DK-8700 Horsens, Denmark. 1999: 13-21.
235. Bongers P, Houthuijs D, Remijn B, Brouwer R, Biersteker K. Lung function and respiratory symptoms in pig farmers. *Br J Ind Med* 1987; 44:819-823.
236. Cormier Y, Boulet LP, Bedard G, Tremblay G. Respiratory health of workers exposed to swine confinement buildings only or to both swine confinement buildings and dairy barns. *Scand J Work Environ Health* 1991; 17:269-275.
237. Reynolds SJ, Donham KJ, Whitten P, Merchant JA, Burmeister LF, et al. Longitudinal evaluation of dose-response relationships for environmental exposures and pulmonary function in swine production workers. *Am J Ind Med* 1996; 29:33-40.
238. Quinn TJ, Donham KJ, Merchant JA, Schwartz DA. Peak flow as a measure of airway dysfunction in swine confinement operators. *Chest* 1995; 107:1303-1308.

239. Vogelzang PF, van der Gulden JW, Preller L, Heederik D, Tielen MJ, et al. Respiratory morbidity in relationship to farm characteristics in swine confinement work: possible preventive measures. *Am J Ind Med* 1996; 30:212-218.
240. Vogelzang PF, van der Gulden JW, Preller L, Tielen MJ, van Schayck CP, et al. Bronchial hyperresponsiveness and exposure in pig farmers. *Int Arch Occup Environ Health* 1997; 70:327-333.
241. Vogelzang PF, van der Gulden JW, Folgering H, Kolk JL, Heedrick D, et al. Endotoxin exposure as a major determinant of lung function decline in pig farm workers. *American Journal of Respiratory & Critical Care Medicine*. 1998; 157:15-18.
242. Vogelzang PF, van der Gulden JW, Folgering H, van Schayck CP. Longitudinal changes in lung function associated with aspects of swine-confinement exposure. *J Occup Environ Med* 1998; 40:1048-1052.
243. Vogelzang PF, van der Gulden JW, Folgering H, van Schayck CP. Organic dust toxic syndrome in swine confinement farming. *Am J Ind Med* 1999; 35:332-334.
244. Jolie R, Backstrom L, Thomas C. Health problems in veterinary students after visiting a commercial farm. *Can J Vet Res* 1998; 62:44-48.
245. Kennah HE 2d, Hignet S, Laux PE, Dorko JD, Barrow CS. An objective procedure for quantitating eye irritation based upon changes of corneal thickness. *Fundam Appl Toxicol* 1989; 12:258-268.
246. Freeberg FE, Nixon GA, Reer PJ, Weaver JE, Bruce RD, et al. Human and rabbit eye responses to chemical insult. *Fundam Appl Toxicol* 1986; 7:626-634.
247. Karson CN. Physiology of normal and abnormal blinking. *Adv Neurol* 1988; 49:25-37.
248. Madden RK, Paugh JR, Wang C. Comparative study of two non-invasive tear film stability techniques. *Curr Eye Res* 1994; 13:263-269.
249. Franck C. Fatty layer of the precorneal film in the 'office eye syndrome.' *Acta Ophthalmol (Copenh)* 1991; 69:737-743.
250. Kjaergaard S, Pedersen OF, Molhave L. Sensitivity of the eyes to airborne irritant stimuli: influence of individual characteristics. *Arch Environ Health* 1992; 47:45-50.
251. Rokicki LA, Holroyd KA, France CR, Lipchik GL, France JL, et al. Change mechanisms associated with combined relaxation/EMG biofeedback training for chronic tension headache. *Appl Psychophysiol Biofeedback* 1997; 22:21-41.
252. Pritchard D. EMG levels in children who suffer from severe headache. *Headache* 1995; 35:554-556.
253. Prager JM, Mikulis DJ. The radiology of headache. *Med Clin North Am* 1991; 75:525-544.
254. Phagoo SB, Watson RA, Pride NB. Use of nasal peak flow to assess nasal patency. *Allergy* 1997; 52:901-908.
255. Malm L. Assessment and staging of nasal polyposis. *Acta Otolaryngol (Stockh)* 1997; 117:465-467.
256. Hauser R, Elreedy S, Hoppin JA, Christiani DC. Upper airway response in workers exposed to fuel oil ash: nasal lavage analysis. *Occup Environ Med* 1995; 52:353-358.

257. Koltai PJ. Effects of air pollution on the upper respiratory tract of children. *Otolaryngol Head Neck Surg* 1994; 111:9-11.
258. Irander K, Stahlbom B, Welinder H, Akesson B. Metachromatic cells and eosinophils in the nasal mucosa and N,N-dimethylbenzylamine exposure. *Acta Otolaryngol (Stockh)* 1997; 117:433-436.
259. Peden DB. The use of nasal lavage for objective measurement of irritant-induced nasal inflammation. *Regul Toxicol Pharmacol* 1996; 24:S76-S78.
260. Druce HM. Nasal blood flow. *Ann Allergy* 1993; 71:288-291.
261. Corey GA, Rodney WM, Hocutt JE Jr. Rhinolaryngoscopy by family physicians. *J Fam Pract* 1990; 31:49-52.
262. Muta H, Baer T, Wagatsuma K, Muraoka T, Fukuda H. A pitch-synchronous analysis of hoarseness in running speech. *J Acoust Soc Am* 1988; 84:1292-1301.
263. Kinlay S, Leitch JW, Neil A, Chapman BL, Hardy DB, et al. Cardiac event recorders yield more diagnoses and are more cost-effective than 48-hour Holter monitoring in patients with palpitations. A controlled clinical trial. *Ann Intern Med* 1996; 124:16-20.
264. Martinez-Lopez JI. ECG of the month. On the fast or slow lane? Narrow-QRS tachycardia. *J La State Med Soc* 1997; 149:221-223.
265. Barsky AJ, Cleary PD, Brener J, Ruskin JN. The perception of cardiac activity in medical outpatients. *Cardiology* 1993; 83:304-315.
266. Barsky AJ, Cleary PD, Coeytaux RR, Ruskin JN. The clinical course of palpitations in medical outpatients. *Arch Intern Med* 1995; 155:1782-1788.
267. Linzer M, Yang EH, Estes NA 3rd, Wang P, Vorperian VR, et al. Diagnosing syncope. Part 2: Unexplained syncope. Clinical Efficacy Assessment Project of the American College of Physicians. *Ann Intern Med* 1997; 127:76-86.
268. Schiffman SS. Taste and smell losses in normal aging and disease. *JAMA* 1997; 278:1357-1362.
269. Stein RT, Holberg CJ, Morgan WJ, Wright AL, Lombardi E, Taussig L, Martinez FD. Peak flow variability, methacholine responsiveness and atopy as markers for detecting different wheezing phenotypes in childhood. *Thorax* 1997; 52:946-952.
270. Higgins BG, Francis HC, Yates CJ, Warburton CJ, Fletcher AM, et al. Effects of air pollution on symptoms and peak expiratory flow measurements in subjects with obstructive airways disease. *Thorax* 1995; 50:149-155.
271. Boezen HM, Schouten JP, Postma DS, Rijcken B. Relation between respiratory symptoms, pulmonary function and peak flow variability in adults. *Thorax* 1995; 50:121-126.
272. Lemièrè C, Malo JL, Boutet M. Reactive airways dysfunction syndrome due to chlorine: sequential bronchial biopsies and functional assessment. *Eur Respir J* 1997; 10:241-244.
273. Wieslander G, Norback D, Bjornsson E, Janson C, Boman G. Asthma and the indoor environment: the significance of emission of formaldehyde and volatile organic compounds from newly painted indoor surfaces. *Int Arch Occup Environ Health* 1997; 69:115-124.
274. Tobias JD, Meyer DJ. Noninvasive monitoring of carbon dioxide during respiratory failure in toddlers and infants: end-tidal versus transcutaneous carbon dioxide. *Anesth Analg* 1997; 85:55-58.

275. Wiedemann HP, McCarthy K. Noninvasive monitoring of oxygen and carbon dioxide. *Clin Chest Med* 1989; 10:239-254.
276. Stock MC. Capnography for adults. *Crit Care Clin* 1995; 11:219-232.
277. Numa AH, Newth CJ. Assessment of lung function in the intensive care unit. *Pediatr Pulmonol* 1995; 19:118-128.
278. Peters A, Doring A, Wichmann HE, Koenig W. Increased plasma viscosity during an air pollution episode: a link to mortality? *Lancet* 1997; 349:1582-1587.
279. Hubert W, Moller M, Nieschlag E. Stress reactions in response to the procedure of LHRH tests as measured by salivary and serum cortisol and psychological variables. *Horm Res* 1989; 32:198-202.
280. Akyuz S, Pince S, Hekin N. Children's stress during a restorative dental treatment: assessment using salivary cortisol measurements. *J Clin Pediatr Dent* 1996; 20:219-223.
281. Obminski Z, Wojtkowiak M, Stupnicki R, Golec L, Hackney AC. Effect of acceleration stress on salivary cortisol and plasma cortisol and testosterone levels in cadet pilots. *J Physiol Pharmacol* 1997; 48:193-200.
282. Beerda B, Schilder MB, Janssen NS, Mol JA. The use of saliva cortisol, urinary cortisol, and catecholamine measurements for a noninvasive assessment of stress responses in dogs. *Horm Behav* 1996; 30:272-279.
283. Benschop RJ, Nieuwenhuis EE, Tromp EA, Godaert GL, Ballieux RE, et al. Effects of beta-adrenergic blockade on immunologic and cardiovascular changes induced by mental stress. *Circulation* 1994; 89:762-769.
284. Dekaris D, Sabioncello A, Mazuran R, Rabatic S, Svoboda-Beusan I, Racunica NL, et al. Multiple changes of immunologic parameters in prisoners of war. Assessments after release from a camp in Manjaca, Bosnia. *JAMA* 1993; 270:595-599.
285. Miletic ID, Schiffman SS, Miletic VD, Sattely-Miller EA. Salivary IgA secretion rate in young and elderly persons. *Physiol Behav* 1996; 60:243-248.
286. Saha S, Gandhi A, Das S, Kaur P, Singh SH. Effect of noise stress on some cardiovascular parameters and audiovisual reaction time. *Indian J Physiol Pharmacol* 1996; 40:35-40.
287. Malathi A, Parulkar VG. Evaluation of anxiety status in medical students prior to examination stress. *Indian J Physiol Pharmacol* 1992; 36:121-122.
288. Sharma VM, Sridharan K, Selvamurthy W, Mukherjee AK, Kumaria MM, et al. Personality traits and performance of military parachutist trainees. *Ergonomics* 1994; 37:1145-1155.
289. Suarez EC, Williams RB Jr, Kuhn CM, Zimmerman EH, Schanberg SM. Biobehavioral basis of coronary-prone behavior in middle-age men. Part II: Serum cholesterol, the Type A behavior pattern, and hostility as interactive modulators of physiological reactivity. *Psychosom Med* 1991; 53:528-537.
290. Wilber C. Levels of odor impact. In: Schiffman SS, Walker JM, Small R, Millner P (Organizing Committee). *Participant Reviews and Opinions: Workshop on Health Effects of Odors*, Duke University; 1998.
291. American Society for Testing and Materials (ASTM). *Standard Practice for Referencing Suprathreshold Odor Intensity*. E544-75. Philadelphia: ASTM; 1988.

292. American Society for Testing and Materials (ASTM). Correlation of Subjective-Objective Methods in the Study of Odors and Taste. STP 440. Philadelphia: ASTM, 1984.
293. Sweeten JM. Separation distances for swine odor control in relation to manure nutrient balances. *Applied Eng Agric* 1998; 14:543-549.
294. Barnebey-Cheney. Scentometer: An instrument for field odor measurement. Bulletin T-748. Columbus, Ohio: Barnebey-Cheney Activated Carbon and Air Purification Equipment Co; 1987.
295. Flyger H, Lewin E, Thomsen EL, Fenger J, Lyck E, et al. Physical and chemical processes of sulphur dioxide in the plume from an oil-fired power station. *RISO Report* 1977; (328):1-56.
296. Lehning M, Shonnard DR, Chang DP, Bell RL. An inversion algorithm for determining area-source emissions from downwind concentration measurements. *Air Waste* 1994; 44:1204-1213.
297. Nagle SS, Schiffman SS, Gutierrez R. The how and why of electronic noses. *IEEE Spectrum* September, 1998: 22-31.
298. North Carolina Agricultural Research Service-J.C. Wynne, director. Control of Odor Emissions from Animal Operations; 1998. (available at http://www.cals.ncsu.edu/waste_mgt/)
299. Howard MD, Gordon DT, Garleb KA, Kerley MS. Dietary fructooligosaccharide, xylooligosaccharide and gum arabic have variable effects on cecal and colonic microbiota and epithelial cell proliferation in mice and rats. *J Nutr* 1995; 125:2604-2609.
300. Canh TT, Aarnink AJA, Verstegen MWA, Schrama JW. Influence of dietary factors on the pH and ammonia emissions of slurry from growing-finishing pigs. *Anim Sci* 1998; 76:1123-1130.
301. Sutton AL, Kephart KB, Verstegen MWA, Canh TT, Hobbs PJ. Potential for reduction of odorous compounds in swine manure through diet modification. *J Anim Sci* 1999; 77:430-439.
302. Sutton AL, Patterson JA, Layi Adeola O, Richert BA, Kelly DT, et al. Reducing sulfur-containing odors through diet manipulation. *Proceedings of Animal Production Systems and the Environment, Volume 1, July 19-22, 1998, Des Moines, IA: Iowa State University of Science and Technology; 1998: 125-130.*
303. Spears JW, Creech BA, Flowers WL, Hill GM. Reducing zinc and copper in swine waste through dietary manipulations. *Proceedings of Animal Production Systems and the Environment, Volume 1, July 19-22, 1998, Des Moines, IA: Iowa State University of Science and Technology; 1998: 115-119.*
304. Armstrong TA, Williams CM, Spears JW, Schiffman SS. Effect of copper source and level on odor and performance in swine. In: *Proceedings of 1999 Animal Waste Management Symposium. Raleigh: NC State University; Published by North Carolina State University Animal Waste Management Field Day Committee, College of Agriculture and Life Sciences: 1999: 239-242.*
305. Bottcher RW, Keener KM, Baughman GR, Munilla RD, Parbst KE. Wind-break walls for modifying airflow and emissions from tunnel ventilated swine buildings. *Proceedings of Animal Production Systems and the Environment, Volume II,*

July 19-22, 1998, Des Moines, IA: Iowa State University of Science and Technology; 1998: 639-644.

306. Bottcher RW, Keener KM, Munilla RD, Parbst KE, van Wicklen GL. Field evaluation of a wet pad scrubber for odor and dust control. In: Proceedings of 1999 Animal Waste Management Symposium. Raleigh: NC State University; Published by North Carolina State University Animal Waste Management Field Day Committee, College of Agriculture and Life Sciences: 1999: 243-246.

307. Nicolai R, Janni K. Biofiltration-technology for odor reduction from swine buildings. Proceedings of Animal Production Systems and the Environment, Volume I, July 19-22, 1998, Des Moines, IA. Published by Iowa State University of Science and Technology; 1998: 327-332.

308. Cheng J, Roos KF, Saele LM. Evaluation of covered anaerobic lagoon system for swine waste treatment and energy recovery. Proceedings of 1999 Animal Waste Management Symposium. January 27-28, 1999. Research Triangle Park, NC. Published by North Carolina State University Animal Waste Management Field Day Committee, College of Agriculture and Life Sciences: 1999: 261-264.

309. Zhang RH, Westerman PW. Solid-liquid separation of animal manure for odor control and nutrient management. *Appl Eng Agr* 1997; 13:657-664.

310. Crawford S. Odors and bioaerosols from composting facilities. Proceedings of the Eighth Annual Minnesota Solid Waste Seminar; 1991.

311. Miller FC. Minimizing odor generation. In: Hoitink HAJ, Keener HM (eds.). *Science and Engineering of Composting: Design, Environmental, Microbiological and Utilization Aspects*, Wooster, Ohio: Ohio State University, 1993: 219-241.

312. Walker J. Control of composting odors. In: Hoitink HAJ, Keener HM (eds.). *Science and Engineering of Composting: Design, Environmental, Microbiological and Utilization Aspects*, Wooster, Ohio: Ohio State University; 1993: 185-218.

313. Croteau G, Sasser LW, Wu NT. Conducting an odor audit at a biosolids composting facility. *WEF Biosolids Conference*; 1998.

314. Cerenzio PF. Turnaround in Sussex County. *BioCycle* 1987; 28(4):26-28.

315. Alix CM. Retrofits curb biosolids composting odors. *BioCycle* 1998; 39(6):37-39.

316. Williams TO. Odors and VOC emissions control methods. *BioCycle* 1995; 36(5):49-56.

317. Ostojic N, O'Brien M. Control of odors from sludge composting using wet scrubbing biofiltration and activated sludge treatment. Presented at the Water Environment Federation Specialty Conference Series: Odor and Volatile Organic Compound Emission Control for Municipal and Industrial Wastewater Treatment Facilities, Jacksonville, Florida; April, 1994: 5/9-20,

318. VanDurme GP, McNamara BF, McGinley. Bench-scale removal of odor and volatile organic compounds at a composting facility. *Water Environ Res* 1992; 64:19-27.

319. Hentz LH, Murray CM, Thompson JL, Gasner LL, Dunson JB. Odor control research at the Montgomery County Regional Composting Facility. *Water Environ Res* 1992; 64:13-18.

320. Thompson JL, Murray CM, Grimes DK. Improving compost odor scrubbing performance. *BioCycle* 1995; 36(2):80-86.
321. Muirhead T, LaFond P, Dennis D. Air handling and scrubber retrofits optimize odor control. *BioCycle* 1993; 34(3):68-75.
322. Dunson JB. Control of odors by physical-chemical approaches. In: Hoitink HAJ, Keener HM (eds.). *Science and Engineering of Composting: Design, Environmental, Microbiological and Utilization Aspects*, Wooster, Ohio: Ohio State University, 1993: 242-261.
323. Amirhor P, Kuter GA. Performance evaluation of biofilter at Dartmouth, Massachusetts Biosolids Composting Facility. Presented at the New England Water Environment Association. Annual Meeting, Boston, Massachusetts. February, 1994.
324. Wheeler ML. Proactive odor management: the evolution of odor control strategies at the Hamilton, Ohio Wastewater Treatment and Sludge Composting Facility. Presented at the BioCycle National Conference, St. Louis, Missouri. May 1992.
325. E&A Environmental Consultants, Inc. Report Submitted to the Hoosac Water Quality District, Williamstown, Massachusetts: 1993, and Air sampling report for Sevier compost facility. Report submitted to Bedminster Bioconversion Corporation. Cherry Hill, New Jersey; 1994.
326. Giggey MD, Dwinal CA, Pinnette JR, O'Brien MA. Performance testing of biofilters in a cold climate. Presented at the Water Environment Federation Specialty Conference Series: Odor and Volatile Organic Compound Emission Control for Municipal and Industrial Wastewater Treatment Facilities, Jacksonville, Florida; April, 1994:4/29-39.
327. Kuter GA, Harper JE, Naylor LM, Gormsen PJ. Design, construction, and operation of biofilters for controlling odors at composting facilities. Presented at the 86th Annual Meeting and Exhibition of the Air and Waste Management Assoc., Denver, Colorado; June, 1993.
328. Boyette RA. Biofilter economics and performance. Presented at Composting in the Carolinas Conference and Exposition, Myrtle Beach, South Carolina, 1996.
329. Westerman PW, Zhang RH. Aeration of livestock manure slurry and lagoon liquid for odor control: a review. *Appl Eng Agr* 1997; 13:245-249.
330. Sneath RW. Centrifugation for separating piggery slurry. 3. Economic effects on aerobic methods of odor control. *J Agr Eng Res* 1988; 39:199-208.
331. Sneath RW, Burton CH, Williams AG. Continuous aerobic treatment of piggery slurry for odour control scaled up to a farm-size unit. *J Agr Eng Res* 1992; 53:81-92.
332. Williams AG, Shaw M, Selviah CM, Cumby RJ. The oxygen requirements for deodorizing and stabilizing pig slurry by aerobic treatment. *J Agr Eng Res* 1989; 43:291-311.
333. Westerman PW, Bicudo JR, Kantardjieff A. Aerobic fixed-media biofilter treatment of flush swine manure. ASAE Paper 98-4121, 1998 Annual International Meeting, Orlando, FL. American Society of Agricultural Engineers, 2950 Niles Rd., St. Joseph, MI 49085.

334. Bortone G, Gemelli S, Rambaldi A, Tilche A. Nitrification, denitrification, and biological phosphorus removal in sequencing batch reactors treating piggery wastewater. *Water Sci Technol* 1992; 26:977-985.
335. Bicudo JR, Svoboda IF. Effect of intermittent-cycle extended-aeration treatment on the fate of carbonaceous material in pig slurry. *Bioresource Technol* 1995; 54:53-62.
336. Bicudo JR, Svoboda IF. Effects of intermittent-cycle extended-aeration treatment on the fate of nutrients, metals and bacterial indicators in pig slurry. *Biore-source Technol* 1995; 54:63-72.
337. Osada T, Haga K, Harada Y. Removal of nitrogen and phosphorus from swine wastewater by the activated sludge units with the intermittent aeration process. *Water Res* 1991; 25:1377-1388.
338. Wu JJ, Park SH, Hengemuehle SM, Yokoyama MT, Person HL, Masten SJ. The effect of storage and ozonation on the physical, chemical and biological characteristics of swine manure slurries. *Ozone Sci Engin* 1998; 20:35-50.
339. Keener KM, Bottcher RW, Munilla R, Parbst KE, Van Wicklen G. Field evaluation of an indoor ozonation system for odor control. ASAE Paper 98-4151, 1999 Annual International Meeting, Orlando, FL. American Society of Agricultural Engineers, 2950 Niles Rd., St. Joseph, MI 49085.
340. Williams CM. Alternative animal waste management technologies: A status report. Raleigh: Waste Management Programs, North Carolina State University: 1999: 1-9.

Copyright of *Journal of Agromedicine* is the property of Haworth Press and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.