

oxygen-deficit incurred after alveolar oxygen has been absorbed without replenishment from atmospheric air. Hyperventilation, often applied to remedy shallow or slow respiration, also decreases the carbon dioxide level below the threshold needed to motivate the respiratory center. If carotid body hypoxemia has been supplying stimuli to respiration, 100% oxygen also deprives the patient of this drive to spontaneous and adequate ventilation.

Collapse of the lungs from these causes is preventable by ventilation with a helium-oxygen mixture supplying percentages of oxygen nearer that of room air, using a rate of artificial ventilation that does not induce hypocarbia. Transition from the artificial atmosphere of the anesthetic machine to a normal atmosphere should not be an abrupt change of rate of pulmonary ventilation or a precipitous decline in percentage of inhaled oxygen.

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Asbestosis

To the Editor:—The editorial, "Dangerous Dusts and Furtive Fumes—New and Resurrected" (JAMA, Nov. 5, 1960, page 1320), is correct in pointing out an interesting illusion. A truly new disease has a classic description to which little can be added as time goes on, but the unwary reporter of a "new" disease who ignores classical literature, whether medical or not, is apt to be only a resurrection man.

Asbestosis is so "new" a disease that industry has reluctantly accepted it as an occupational hazard. And yet Strabo, the Greek geographer and historian (63 B. C.—24 A. D.) described the dangers of asbestos weaving, and Pliny the Younger (61-113 A. D.), in his description of the diseases of slaves, called asbestosis an occupational disease. Both writers stated that the use of asbestos in the manufacture of handkerchiefs, headcloths, and tablecloths was common, and that the cost of these articles was equal to the pearls of India. No mention is made of the disease among miners of asbestos.

Until 1900, deaths among asbestos workers were attributed to pneumonia or tuberculosis. In that year, Murray described mineral deposits in the lungs of a young man who died after 10 years' exposure in the dusty cubicle of an asbestos factory. His description is consistent with what we now know to be asbestos particles. Our scientific knowledge of this "new" disease stems from that autopsy, though the clue was 1800 years old.

One would think that would be enough, but medical obtuseness, industrial coyness, and labor's timidity unwittingly hoodwinked the law in a Department of Labor investigation in Canada, 1912. The Commission could find no occupational damage in 600 asbestos workers. Even in 1918, Hoff-

mann, in a U. S. Labor Bureau Statistics Bulletin, assured the insurance companies that the early deaths among asbestos workers were due to tuberculosis.

It is a pretty exercise in medical history to consult textbooks of pathology from 1910 to 1930. They are uniformly blank on asbestosis. And even today, the descriptions smell of library paste.

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Psychogenic Fever

To the Editor:—The question from Roland D. Roecker on page 1221 of the Oct. 29th JOURNAL interests me greatly because I have seen many cases in which I felt no doubt about the psychogenic production of fever. My most remarkable case was that of a professional athlete, a woman with a magnificent body but a peculiar type of slightly psychotic mind. She went for four years with a fever that sometimes reached 103°F (39.4°C). She was studied in some of the biggest and best medical institutions in this country. Because she had a lot of abdominal pain with her fever, her abdomen was explored three times before I saw her. The last surgeon had said there might be slight, possible tuberculous changes in her tubes, so, I am ashamed to say, I allowed her to have a fourth exploration. When, looking over the shoulder of the surgeon, saw absolutely nothing in her abdomen to explain her pain or her fever, I got in touch with a woman friend of hers and learned that the fever had begun four years before when she married a man who, apparently because of her lack of femininity, could not get an erection with her. The day she agreed to divorce him, the fever left and didn't come back for, as I remember, a year or two. Then she returned with her old fever and abdominal pain. This time I found that her problem was that a powerful athlete had fallen violently in love with her but was so jealous that he caused her nothing but great anxiety. The day I talked her into putting a truce between her and the lover, she got better again.

I could tell of patients in whom the fear of operation produced a temperature of 101°F (38.9°C). I could tell of times when a woman merely coming into my office felt anxiety that produced a temperature of 102°F, and I remember instances in which fever was very definitely due to the temper tantrums of men with psychic epilepsy. Their fever disappeared the day I put them on diphenylhydantoin sodium.

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