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do not inhibit the development of fibrotic nodules in the intrabronchial lymphatics of mice. The tissue of these nodes, therefore, reacts differently from the lung tissue of rabbits. -- Author's Summary.

Contribution to the Diagnosis of Pulmonary Silicosis by the Investigation of Silica in the Blood and Sputum. H. Ouyanguren and E. Bartholin. Rev. med. de Chile, 71, 404 (May, 1943)

The diagnosis of silicosis has been confirmed by demonstration of silica in the sputum and blood of 40 individuals. Silica which is conveyed to the lungs by inhalation is taken up in greater part by the lymphatics and the remainder is excreted. Silica interferes with the lymphatic circulation, producing a chronic proliferation which eventually results in the inclusion of the particles themselves. But before this occurs the silica which is inhaled passes through the blood and may be excreted in the urine. Silica may normally be found in the blood but if the quantity is less than 3 mg. percent as determined by the colorimetric method, it is believed to be of no clinical significance. Quantities from 10 to 20 mg. percent are expressed as 1 plus, from 20 to 50 mg. percent 2 plus, and above 50 mg. percent 3 plus. Positive chemical reactions for silica in the sputum may be obtained in all cases of silicosis. The positive reactions in the blood correspond to the amounts of silica contained in the sputum and positive chemical reactions are found only in those individuals who have been exposed to silica-bearing dust. The specific chemical reaction used is that described by Oberhauser and depends on the reaction obtained with nitromolybdate of ammonia. This may be used equally on the blood and sputum and is a more certain test than the spectrographic methods. -- Am. Rev. Tuberc.

The Asbestos Corn. H.S. Alden and T.M. Howell. Arch. Dermat. and Syph., 49, 112 (May, 1944)

The author describes corns or warts peculiar to asbestos workers, first noticed by Dermitz in 1930. They have no relation to asbestos of the lungs. One characteristic is that they appear and feel as if a foreign body were present, none is ever found. It is probable, however, that one is present in the very early stages.

Asbestosis and Pulmonary Carcinoma. H.M. Nedlar. Deut. med. Wochschr., 69, 375-376 (Aug. 6, 1943) German.

The author has collected the published autopsy records on asbestosis from various countries and finds that there have been 14 instances of malignant disease of the lungs and pleura in 92 post-mortem examinations (16 percent). This is in excess of the proportion of lung carcinoma in autopsies generally (2-6 percent). Carcinoma as a complication of asbestosis occurred most frequently in males between 35 and 41 and was generally in the part of the lung most affected with asbestosis. Development of the lesion was slow but corresponded with the length and intensity of the exposure (12-42 years). There was often a long interval between the cessation of exposure and the development of the cancer, which, in the author's view, must now be regarded as an occupational cancer. -- Bull. Hyg.

Skin Diseases and Burns

A New Protective Cream. J.G. Downing, L.M. Osmart and M.J. Stocklose. Arch. Dermat. and Syph., 49, 436 (June, 1944)

In industries where workers are exposed to dermatologic irritants, and where it is impracticable to wear gloves, protective creams help to minimize cutaneous irritations. Many protective creams are on the market under trade names, and are