PLAINTIFF'S EXHIBIT
IHF-492

MELLON INSTITUTE, PITTSBURGH, PA.

ABSTRACT NUMBER	DATE			FILE NUMBER
/ / 5	/ 5 / 64		N FC	752

AUTHOR: J. Lawson

TITLE: Pleural Calcification as a Sign of Asbestosis.

ORIG. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Clin. Radiol.	14	114-417	Oct. '63	Am. Rev. Resp. Dis.	90	333	Aug. '64

ABSTRACT:

The usual chest roentgenographic abnormalities in asbestosis include : (1) pin-point mottling, (2) ground glass homogeneous veiling of mid-lung fields, (3) accentuation of lung markings, causing "wire mesh net" appearance, (4) shaggy outline of heart, and (5) pleural thickening in costophrenic angles. Recently, calcified pleural placques have been identified in asbestos workers. Three cases are presented in which this entity was observed. Similarity is noted to the roentgenologic picture found in Karelia, Finland, where there are two anthophyllite-asbestos mines. Differences in pleural calcification incidence between reported series are ascribed to geographic variations in chemical and physical properties of asbestos.

-- Am. Rev. Resp. Dis. Absts.

EDITOR

MELLON INSTITUTE, PITTSBURGH, PA.

NUMBER			NFC	752
77	1/64			

AUTHOR: G. L. Leathart and J. T. Sanderson.

TITLE: Some observations on asbestosis.

ORIG. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Ann. Occ. Hyg. (London)	6	65-74	April-June 1963	Bull. Hyg.,	38	1162	Oct. 1963

The object of this paper is to consider the question of an increased occurrence of asbestosis in Britain and to describe the changing pattern of its incidence. The asbestos industry is expanding and the use of asbestos is increasing. The sources of information on the incidence of asbestosis are not very reliable. Although asbestos workers may claim benefit if suffering from asbestosis, medical supervision by periodical medical examination is limited to workers in asbestos textile and product factories. A large number of patients certified for benefit for asbestosis are insulating workers and sprayers and in these occupations there is no medical supervision. The authors estimate that 5,000 men are employed in insulation. The process of lagging is described. Dust counts were made during the installation of a new heating system at a local hospital. The dust count rose above the official MAC of 177 particles per cu.m. during the mixing process which takes place at 5 to 15 minutes ever 2 to 4 hours. Mixing is usually done by an apprentice and it is suggested that this work should be done by an elderly worker. The dust counts did not suggest that there was prolonged exposure to high concentrations of dust. It may be that conditions are much worse in other kinds of lagging, say in ships, or it may be that magnesium sensitizes the lungs to the effects of asbestos. It is suggested that the Asbestos Industry Regulations, 1931, and The National Insurance (Industrial Injuries) (Prescribed Diseases) Regulations, 1948 (covering the Medical Arrangement Scheme, 1931) should be amended to cover laggers; it is understood that this is under consideration. In the discussion which followed the reading of this paper at the 14th Conference of the British Occupational Hygiene Society, Professor R. C. Browne asked, but without reply, if anybody in the audience could say why asbestos is carcinogenic. -- Bull. Hyg.

ABSTRACT NUMBER	DATE		NFC	FILE NUMBER
/				752

AUTHOR I. Webster.

TITLE Asbestosis in non-experimental animals in South Africa.

ORIG. REV'D.	VOL.	PP.	DATE	ABSTR. REV'D.	VOL.	PP.	DATE
Nature	197	506	Feb. 2, 1963	Bull. Hyg.	38	649 650	June 1963

Asbestosis has been produced in experimental animals, and while Riviluoto (Acta Radiol. Stockholm, 1960, Suppl. 194) found anthophyllite asbestos fibers in the lungs of a cow from the vicinity of an asbestos mine, there seem to be no other records of asbestosis in non-experimental animals. The author, from the Pneumoconiosis Research Unit in Johannesburg, has examined the lungs of animals living near an asbestos mine or associated process, with the following results: (1) Interstitial fibrosis associated with asbestos bodies and needles was found in the lungs of a donkey which had worked for 10 years hauling ore from an amosite asbestos mine in the Transvaal. Numerous asbestos needles were also found in the lungs of another donkey so engaged for an unknown period. The author notes that Heppleston (Bull. Hyg. 30, 42 1955) found reticulin fibrosis in foci of dust deposits in the lungs of pit-ponies from South Wales; however, no silicotic lesions were found in haulage mules in a South African gold mine. (2) Focal areas of interstitial fibrosis associated with asbestos bodies and fibers were found in the lungs of a baboon which had been shot while raiding a farm in the neighborhood of crocidolite asbestos mills in the north-west Cape Province. It was one of a troop living in the hills near the mills and which had been seen in the vicinity. (3) In connection with work on the relationship of inhalation of asbestos dust to the development of mesothelioma of the pleura, carried out by the Unit (ibid. 38, 151, 1963), surveys of rodents are being made. Among 23 Rattus namaquensis trapped around the mill mentioned above, definite evidence of asbestosis was found in the right lung of 18 rats and probable asbestosis in 3. These rats do not ordinarily move more than 25 yards from their burrows, but the number trapped was far less than might have been expected; mortality appears to be high, but probably not from asbestosis. -- Bull. Hyg.

MILLER INSTITUTE, PITTSBURGH, PA.

ABSTRACT NUMBER	DATE			FILE NUMBER
265	3/63		NFC	752

AUTHOR: J. C. Wagner.

TITLE: Asbestosis in experimental animals.

ORIG. REV'D.	VOL.	PP.	DATE	ABSTR. REV'D.	VOL.	PP.	DATE
Brit. J. Ind. Med.	20	1-12	Jan. '63				

ABS

Previous animal experiments with asbestos dusts have been almost entirely confined to chrysotile asbestos. It was, therefore, decided to investigate the effects of mill dusts from the three types of asbestos that are produced commercially in South Africa, namely chrysotile, amosite, and crocidolite. Chrysotile and amosite samples were relatively pure while in contrast the crocidolite dust was found to consist mainly of iron stone and silica and contained less than 10% of asbestos fiber. Guinea pigs, Vervet monkeys, and rabbits were exposed to these dusts. The results were assessed on histological criteria. It was found that, in all three species of animals, the amosite dust produced more marked lesions than the chrysotile and that these lesions occurred at an earlier period. It was not possible to compare these lesions with those caused by the crocidolite dust, owing to its impure nature. It was noted, however, that this dust caused severe lesions in guinea pigs and monkeys and that the animals in this group succumbed more readily to respiratory infections. -- Author's abst.

CONT'D

MELLON INSTITUTE, PITTSBURGH, PA.

MELLON INSTITUTE, PITTSBURGH, PA.

ABSTRACT NUMBER	DATE			FILE NUMBER
266	3/63		NFC	752

AUTHOR M. Anspach.

TITLE Are pleural calcifications pathognomonic for asbestosis?

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
German.							
Intern. Arch. Gewerbepathol. Gewerbehyg.	19	108-120	1962	Bull. Hyg.	37	1238	Dec. '62

ABSTRACT:

The occurrence of pleural calcifications was studied during a mass x-ray survey of the Dresden area in 1960. All films showing such calcifications were noted except those obviously arising from pleurisy, empyema or chest injury. It was found that the distribution of the cases was not uniform but was concentrated largely in one or two districts in Dresden itself and to a much less extent in some other areas. The areas involved were mostly those in which asbestos works were or had been situated. The patients whose films showed plaques numbered 244; they were divided into 5 groups. In 77.78% of patients the action of asbestos dust was confirmed as the cause of calcification. In 11.54% no cause could be assigned, and in 10.68% pulmonary or pleural diseases were the cause. From these results it is concluded that pleural calcifications cannot be regarded as pathognomonic for asbestosis. There must be in addition proof of exposure to asbestos dust.

-- Cond. from Bull. Hyg.

CONT'D

MELLON INSTITUTE, PITTSBURGH, PA.

ABSTRACT NUMBER	DATE			FILE NUMBER
U.6.1	7/63		NFC	752

AUTHOR: H. Bohlig, G. Jacob and H. Muller.

TITLE: Asbestosis and tuberculosis—a new aspect of the compensation liability. German.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Intern. Arch. Gewerbepathol. Gewerbehyg.	19	434-449	1962	Bull. Hyg.	37	1239	Dec. '62

In both West and East Germany regulations provide for compensation for victims of silicosis and silicosis accompanied by tuberculosis. There is also provision for asbestosis victims but not where asbestosis is accompanied by tuberculosis. This position has not been changed because of the conclusions drawn by Wedler (Lungentuberkulose bei Asbestose, 1947, Leipsig: Barth) but in later years he has modified his opinion. The authors have, therefore, gone into the question anew and have accumulated a large number of cases. The particular conclusion of Wedler to be checked was that the accompanying tuberculosis ran a relatively favorable course independent of the degree of asbestosis and that it played no part in the occurrence and termination of an asbestosis. Up to the end of 1961, in the 613 known asbestosis patients, 40 of them had active tuberculosis, a proportion of 6.52%. Half of the 40 patients with the combined disease had died, 7 of tuberculosis. The total deaths in the 613 cases numbered 89. Tuberculosis was the fourth most frequent cause of death, after right heart failure, pulmonary carcinoma and carcinoma of other sites. The tuberculosis morbidity of asbestosis patients is higher than is generally admitted in Germany, but not significantly higher than that of the comparable age-groups of the rest of the population. An illustrative case of the combined disease is described. Treatment, including chemotherapy was not successful, and in this patient a mutually harmful influence was exerted by the two diseases. The authors press for this fact to be taken into consideration in individual compensation cases in Germany more than it has up to now. -- Bull. Hyg.

MELLON INSTITUTE, PITTSBURGH, PA.

ABSTRACT NUMBER	DATE		NFC	FILE NUMBER
				752

AUTHOR: K. Szymczykiewicz and E. Wiecek.

TITLE: Comparison of pneumoconiosis producing properties of silican structureless and crystalline asbestos dust.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Polish. Med. Pracy	13	85-97	1962	Public Health Eng. Absts.	43	57	March 1963

ABSTRACT:

An amount of 40 mg. of silicon dust, structureless asbestos dust, and crystalline asbestos dust was introduced during ether anesthesia into the prepared trachea of guinea pigs divided into 3 groups (16 guinea pigs in each group). A different kind of dust was given to each group in 2 ml. of normal saline solution. The contents of colagene in the lungs as well as the SiO_2 in blood and lungs was estimated every 2 months. The lungs were subjected to histopathological examination. It was found that the pneumoconiosis-producing properties of the structureless asbestos are less than those of the crystalline asbestos as compared with the biological effect of the silicon dust. -- Public Health Eng. Absts.

CONTD

ABSTRACT NUMBER	DATE		FC	752

AUTHOR: F. Wagler, H. Müller, and M. Anspach.

TITLE: Is There an Endemic Asbestosis?

ORIG. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Z. ges. Hyg. u. ihre Grenzgebiete	8	246-255	Apr. '62	APCA Abstr.	10	5	June, '64

ABSTRACT:

The observations made by Kiviluoto in Finland which revealed that people living in the neighborhood of an open-cast asbestos mine got asbestosis with bilateral calcareous degeneration of the pleura without having ever worked in these dust-laden enterprises can be confirmed. Asbestos pneumoconiosis was also found in the neighborhood of an asbestos-processing plant in Dresden. The question of obligatory indemnification is discussed. The necessity of installing cyclones is pointed out. -- APCA Abstr.

CONT'D

MELLON INSTITUTE, PITTSBURGH, PA.

ABSTRACT NUMBER — DATE | NFC | FILE NUMBER 752

AUTHOR: H. B. Eisenstadt.

TITLE: Pleural asbestosis.

ORIG. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Am. Practitioner Dig. Treat.	13	573	Sept. '62	J. Am. Med. Assn.	182 adv. pg.	205	Nov. 3, 1962

ABSTRACT

Because of the widespread industrial use of asbestos the number of persons suffering from asbestosis is increasing. Frequently the correct diagnosis is never established. Pleural asbestosis may occur with only minimum parenchymal involvement, and it may present itself as acute, chronic, or recurrent pleuritis or as pleural mesothelioma. Three cases were observed among oil refinery workers, one with recurrent pleurisy, one with pleural calcification followed by tumor formation, and one with primary mesothelioma. Only lung biopsy will establish the correct diagnosis. Pleural biopsy is nonspecific.

-- J. Am. Med. Assn. References & Reviews

CON'D

MELLON INSTITUTE, PITTSBURGH, PA.

MELLON INSTITUTE, PITTSBURGH, PA.

AUTHOR: B. F. Postman.

TITLE: Dust control in the asbestos textile industry.

ORIG. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Am. Ind. Hyg. Assn. Journal	23	67-74	Jan.-Feb. 1962				

ABSTRACT

This presentation covers experiences in 6 asbestos textile plants during the past 25 years. Two important and moderately involved dust control problems are discussed for carding units and dry weaving looms. Invariably, permission has not been granted to obtain photos or to evaluate engineering performance of installed asbestos dust control installations. Information covering some modern technical advances in asbestos dust control have been provided through the courtesy of the Asbestos Textile Institute. -- Author's summary

CON'D.

CLASSIFIED SUBJECT		FELLOWSHIP NUMBER	FILE NUMBER
752			752

MELLON INSTITUTE, PITTSBURGH, PA.

16 | FC | 752

AUTHOR: P. Cartier and P. Gross.

TITLE: Nonoccupational diffuse pulmonary fibrosis: Report of a case in an asbestos worker.

ORIG. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Arch. Environment Health	4	73-80	Jan. '62	J. Am. Med. Assn.	179 adv.	207 pg.	Jan. 6, 1962

ABSTRACT: Reprints available from the Foundation upon request.

A case of nonoccupational diffuse chronic interstitial pulmonary fibrosis is reported in a worker exposed to asbestos dust for 38 years. Whereas the chronic interstitial pneumonitis appeared to have had its inception about 32 years prior to death and resulted in depletion of the pulmonary reserve, it was a superimposed patchy bronchopneumonia which, causing severe dyspnea and cyanosis, was the immediate cause of death. This case illustrates the hazard of making a clinical diagnosis of pneumoconiosis on purely presumptive evidence. A clinical diagnosis of pneumoconiosis to be sound, must be based on (a) knowledge of significant exposure to dust of respirable particle size, and (b) knowledge of the clinical as well as the radiological evolution of the pulmonary disease.

-- J. Am. Med. Assn. References and Reviews

CONT'D

MELLON INSTITUTE, PITTSBURGH, PA.

CLASSIFIED SUBJECT

FELLOWSHIP NUMBER: NFC

FILE NUMBER: 752

AUTHOR: H. Boldig, G. Jacob and H. Müller

TITLE: The constitutional factor in asbestosis.

ORIG. REF.	VOL.	PP.	DATE	ABSTR. REF.	VOL.	PP.	DATE
Arch. Gewerbepathol. u. Gewerbehyg.	18	596-609 (German)	1961	Bull. Hyg.	37	460	May'62

ABSTRACT:

The possibility of individual, family or racially conditioned susceptibility to certain diseases has long been discussed. It has been considered in relation to silicosis in a number of papers (Bull. Hyg. 30, 378 (1955)) which are mentioned and discussed in the present paper. In asbestosis, however, because of there being considerably fewer industrial concerns in which asbestos dust is a risk, the literature is scantier than that of silicosis and very few instances of asbestosis among members of the same family have been reported. There are given here detailed family histories and clinical particulars of members of 3 families—2 brothers in each of 2 families and 2 sisters in 1 family—all of whom suffered from the effects of exposure to asbestos in the course of their employments. In addition there is a description with many references of the morbidity of asbestosis and its relation to length of period of exposure to asbestos dust at work. The records of the 6 patients in all of whom x-ray examination showed definite asbestosis were: (1) two brothers died after 18 to 25 years' exposure to asbestos, one of bronchial carcinoma and the other of a pleural tumor; (2) two sisters after 32 to 35 years' exposure were alive, aged 84 and 82 years, but had shortness of breath and bronchial catarrh; and (3) two brothers had only 3 to 4 years' exposure to asbestos and were alive at over 62 years of age. Both of them suffered from some shortness of breath and cough. On this evidence the opinion expressed is that personal constitution plays no part in susceptibility to asbestosis but does influence the progress of the condition. -- Bull. Hyg.

DATE EXAMINED: BY:

PURPOSE OF SEARCH:

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CLASSIFIED SUBJECT

NFC 752

AUTHOR: C. A. Sleggs, P. Marchand and J. C. Wagner

TITLE: Diffuse pleural mesotheliomas in South Africa.

ORIG. REF.	VOL.	PP.	DATE	ABSTR. REF.	VOL.	PP.	DATE
S. African Med. J.	35	28-34	1961	APCA Absts.	8	7	June '62

ABSTRACT:

Although diffuse pleural mesothelioma is regarded as a rare tumor, the authors have had personal experience with 34 cases. This remarkable experience is apparently related to the area of asbestos production in South Africa. Asbestosis was seen in 6 of the 7 autopsies, and in 9 of 11 biopsies. However, only 19 of the persons had been employed in the asbestos industry; all but two of the remaining members of the group had been born and lived in this asbestos-producing area of Cape Province. Symptoms began with bronchitis and pleural pain, progressed to pleural effusion and pleural thickening, and finally manifested thoracic malignancy. Eight patients developed peritoneal involvement. Other metastases had involved cervical nodes, subcutaneous tissue, and the tongue. Experience with therapy had been very unsatisfactory. Of the patients of the group who died, 6% did so within the first year; 4 years was the longest survival time observed. -- APCA Absts.

CONT'D.

DATE EXAMINED _____ INT. _____

PURPOSE OF SEARCH:

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MELLON INSTITUTE, PITTSBURGH, PA.

NELSON INSTITUTE, PITTSBURGH, PA.

ENTRY NUMBER	DATE		NFC	752
17	7/1			

AUTHOR: H. G. Brugsch and H. Bayley.

TITLE: Asbestosis in a worker engaged in automobile undercoating.

PUBLICATION	VOL.	PP.	DATE	ABSTR. PUBL.	VOL.	PP.	DATE
New Engl. J. Med.	265	379-381	Aug. 24 1961				

AB The material that the patient used contained asbestos of various fiber sizes in an asphalt base and was held in a mastic form by a solvent of the petroleum-distillate type. Lung biopsy revealed the presence of asbestos bodies of characteristic appearance. The unusual finding in this case was the presence of numerous amorphous bluish-staining deposits fairly widely dispersed throughout the specimen and surrounded by inflammatory and connective-tissue reaction. The x-ray appearance of finely granular infiltration throughout both lower lobes and the possibility that the sputum also contained asbestos bodies ("yeastlike bodies") indicate that the lung process in this man was of a chronic nature consistent with pneumoconiosis and the direct local action of foreign material such as asphalt and asbestosis. This is also suggested by some of the air tests obtained in the survey. The cross-sectional survey here reported indicates that under prevailing methods of operation, the use of an asbestos-base undercoating, when limited to short exposures, has not resulted in an occupational hazard. However, if this operation is performed continuously without adequate ventilation and protective respiratory equipment it may expose the worker to the potential danger of pneumoconiosis. As a protective measure, it is recommended that workers using asbestos-base undercoating material over a period of 10 hours weekly or more for periods longer than one year should observe the following rules: pre-employment and periodic x-ray studies of the chest, with the use of large-sized films (14 x 17 inches) should be made. When possible the workers should be rotated. Approved respiratory devices, with additional protection for the eyes, should be worn. Mechanical ventilation should be provided in the immediate vicinity of the work area.

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MELLON INSTITUTE, PITTSBURGH, PA.

ABSTRACT NUMBER	DATE		NEC	FILE NUMBER
				752

AUTHOR: W. G. Tellesson.

TITLE: Rheumatoid pneumoconiosis (Caplan's Syndrome) in an asbestos worker.

ORIG. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Thorax (London)	16	372-377	Dec. '61	Bull. Hyg.	37	353	Apr. '62

ABSTRACT

This case of Caplan's syndrome occurred in a man aged 39, who had been employed at one time in a factory making asbestos-cement sheets and moldings. In March, 1959 he had an attack of pneumonia; x-ray examination at that time showed unusual shadows in his right lung fields. These remained unchanged on his complete recovery from the pneumonia. In June, 1959 exploratory thoractomy was performed. Three masses were excised. The larger lesions were cavitated. Histological findings showed that this was a case of Caplan's syndrome and the presence of asbestosis bodies showed that the cause of the fibrosis was asbestosis. The patient made a good recovery, but from June, 1960 he had pains in his shoulders and in December had pain and swelling in his right index finger. The Rose-Waaler test was now positive. Comparison is made of this case with that reported by Richards and Barrett (Bull. Hyg. 34, 55, 1959) in which both the typical x-ray shadows and rheumatoid arthritis were present when the case was discovered. In the present case the pulmonary lesions may have been present without rheumatoid arthritis for less than 4 years. Comment is also made on the absence of the x-ray findings regarded as typical of asbestosis, but this is not very unusual. -- Bull. Hyg.

CON'D.

MILLOY INSTITUTE, PITTSBURGH, PA.

2/72 3/61 FC 752

AUTHOR: M. E. Bader, R. A. Bader and I. J. Selikoff.

TITLE: Pulmonary function in asbestosis of the lung. An alveolar-capillary block syndrome.

PUB. REF.	VOL.	PP.	DATE	ABSTR. REVS.	VOL.	PP.	DATE
Am. J. Med.	30	235-242	Feb. '61				

A

Seventeen workers exposed to asbestos dust were studied clinically and by pulmonary function tests. Vital capacity was well preserved in half of the patients and moderately reduced in the remainder. Residual volume was not significantly altered except for a slight increase in 6 patients. The RV/TC ratio was normal in all but 2 patients. Maximum breathing capacity was well preserved in all cases. Analysis of ventilation-perfusion relationships revealed normal intrapulmonary mixing of gases in all but 3 subjects, in whom it was reduced. Hyperventilation was present at rest and exercise in the majority of patients. Arterial oxygen saturation was slightly reduced in 6 patients at rest, and lower than 92% on exercise in 10 patients. While dead space ventilation (expressed as per cent of tidal volume) exceeded the upper limit in 12 patients, alveolar ventilation was increased in absolute terms and in no case was it decreased. The diffusing capacity of the lung for oxygen was measured in 5 patients at rest. In 4 of these it was reduced. In addition, in 4 of these 5 subjects, venous admixture was increased. These abnormalities in pulmonary function correlated poorly with intimacy and duration of exposure. A better correlation was found when compared with roentgenographic abnormalities. The physiologic findings noted are characteristic of the alveolar-capillary block syndrome. The pathologic changes produced in asbestosis of the lung are reviewed in relation to this physiological syndrome. -- Authors' summary

CONT'D

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MILLON INSTITUTE, PITTSBURGH, PA.

		NFC	752

AUTHOR: M. Hurwitz.

TITLE: Roentgenologic aspects of asbestosis.

ORIG. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Am. J. Roentgenol.	85	256-262	Feb. '61	Am. Rev. Resp. Dis.	84	629	Oct. '61
Radium Therapy Nuclear Med.							

ABSTRACT

The roentgenographic features of asbestosis as seen among asbestos workers in South Africa are described and discussed. Emphasis is placed on the pleural changes, which are found more frequently than is classic diffuse pulmonary fibrosis. Pleural involvement also occurs frequently in association with lung fibrosis. A characteristic pattern of sclerotic pleurisy presenting in the form of calcific pleural plaques is described. Although this pattern may be seen in a number of pneumoconioses resulting from exposure to certain silicate dusts, its incidence in asbestosis has received scant attention in previous publications. The diffuse type of fibrosis found in asbestosis should be differentiated etiologically from pulmonary collagenosis. Less frequently, there are lung changes alone, presenting the classic pattern of simple uncomplicated diffuse pulmonary fibrosis. This may vary in degree. A well-marked nodular lung pattern presumably due to associated silica exposure is occasionally encountered in asbestos workers. The complications of asbestosis are briefly referred to, including pleural mesothelioma, which appears to be relatively common among asbestos workers in the northern Cape Province of South Africa. -- Cond. from Am. Rev. Resp. Dis. Abstr.

CONT'D

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NFC 752

AUTHOR: S. G. Clark and P. F. Holt.

TITLE: Studies on the chemical properties of chrysotile in relation to asbestosis.

ORIG. REF'S.	VOL.	PP.	DATE	ANNTH. REP'S.	VOL.	PP.	DATE
Ann. Occ. Hyg. (London)	3	22-29	Jan. '61	Bull. Hyg.	36	634	July '61

ABSTRACT

There are two rival hypotheses, mechanical and chemical, of the pathogenesis of asbestosis. According to the chemical hypothesis the fibrosis of the lungs is due to the action of silicic acid derived from the decomposition of asbestos in the lungs. The present report describes studies made at the University of Reading, England. The experiments were made in vitro and the aim was to discover the rate of dissolution of South African chrysotile asbestos at temperatures between 25° and 90°C in neutral, acid and alkaline media. The media used were respectively water, 0.1 N hydrochloric acid and 0.1 N sodium hydroxide. The analyses of the extracts at various intervals of time are tabulated. It was observed that the dissolution resulted in the removal of magnesium and "the release of minute, two-dimensional flakes of the silica lattice". From this it is deduced that a reaction similar to that normally evoked by fine silica particles would follow. Dissolution, it was observed, occurred more readily with alternating acid and alkaline conditions than under the influence of acid or alkali alone. Such an alteration of acid and alkaline states occurs in inflammatory diseases including pneumonia and bronchitis. The authors conclude that if the breakdown of chrysotile follows the same course in vivo as it does in vitro, a pneumoconiosis having a general resemblance to silicosis would be expected. -- Cond. from Bull. Hyg.

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NELSON STATIONER, PITTSBURGH, PA.

ASBESTOS INDUSTRIAL HYGIENE LIBRARY, Saranac Lake, N.Y.

ABSTRACT NUMBER	DATE			FILE NUMBER
270	3/61		NFC	753

AUTHOR: E. E. Keal.

TITLE: Asbestosis and abdominal neoplasms.

ORIG. REF.	VOL.	PP.	DATE	ABSTR. REVD.	VOL.	PP.	DATE
Lancet	2	1211	1960	Can. Med. Assn. J.	84	14	Jan. 21, 1961

ABSTRACT

In 1953, an impression was formed at the London Hospital that women suffering from pulmonary asbestosis had ovarian neoplasms more often than other women. On the basis of this suspicion and because of the occurrence of other cases, the hospital records since 1948 were investigated. During that period, 23 women and 19 men were admitted with a diagnosis of asbestosis. In this series, there were 30 deaths (15 men and 15 women). Of these, 14 died with lung cancer (10 men and 4 women). This high incidence in men is partly due to selection, but this does not apply to the women, who were all non-smokers. Death occurred in one man with peritoneal cancer and in 9 women with ovarian or peritoneal cancer. This appeared to be more than a chance association, and spread from undiagnosed lung cancer seemed unlikely. At least 4 of the tumors were not of ovarian origin. Some evidence of hematogenous spread of asbestos fibers was adduced and it was suggested that a combination of mechanical and chemical factors may determine the peritoneum as the site of inflammatory and subsequent neoplastic change. No single satisfactory explanation for these cases could be drawn from the available material though they appeared to form a clinical entity of statistical significance.

-- Can. Med. Assn. J. Abstr.

CONT'D

CLASSIFIED SUBJECT			FELLOWSHIP NUMBER	FILE NUMBER
			752	

AUTHOR: J. C. Wagner, C. A. Sleggs, and P. Marchand.

TITLE: Diffuse pleural mesothelioma and asbestos exposure in the north western Cape Province.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Brit. J. Industr. Med.	17	260-271	1960				

ABSTRACT:

DATE EXAMINED: BY: PURPOSE OF RESEARCH:

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MELLON INSTITUTE, PITTSBURGH, PA.

NFC 752

AUTHOR. G. Jacob and H. Bohlig.

TITLE. The changes in the bronchial tree in asbestosis.

ORIG. ACCT.:	VOL.	PP.	DATE	ABSTR. RECD.:	VOL.	PP.	DATE
German. Arch. Gewerbe-pathol. Gewerbehyg.	18	247-257	1960	Bull. Hyg.	36	634	July'61

ABSTRACT

This bronchographic study of various stages of asbestosis has been facilitated by the use of a new contrast medium—propyliodon. In asbestosis with thickening of the pleura the small bronchi towards the base are bunched together with their ends turned back. This was described by Jacob as the "broom phenomenon" and is associated with displacement of the basal segments of the lung. This is not pathognomonic for asbestosis since it occurs in other conditions causing pleural thickening. In all cases the conditions grouped under the term "bronchitis deformans" are to be found. The distension of the bronchi expected from the character of the disease is evident but bronchiectasis is not so striking as in silicosis even in advanced asbestosis and it is cylindrical in type. In contrast to silicosis, there is no stenosis of the large bronchi. In asbestosis as a rule the lower and middle lobes, and in the left lung the lingula are affected, and in silicosis the upper lobe. In these lobes the bronchi are bunched while in the other lobes they are spread out. In asbestosis the normal appearance of the bronchus next to the hilus can be seen but this is not so in silicosis where there is an increase of the lung roots and obliteration of the lymph apparatus. The swelling of the roots may be so massive that many authors believe that silicotic patients with carcinoma of the lung have a greater expectation of life because of the closure of the way for metastasis. This very questionable assurance is not granted to the asbestosis patient. -- Cond. from Bull. Hyg.

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NELSON DENNIS, PITTSBURGH, PA.

ABSTRACT NUMBER	DATE			752
1070	11/60		NFC	

AUTHOR: G. L. Leathart.

TITLE: Clinical, bronchographic, radiological and physiological observations in ten cases of asbestosis.

PUBLN. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Brit. J. Ind. Med.	17	213-227	July'60				

ABSTRACT:

Ten cases of asbestosis (8 male, 2 female), aged 45 to 65 years have been kept under observation for periods up to 8 years. Bronchiectasis was demonstrated bronchographically in 6 cases. Clubbing of the fingers and coarse crepitations appeared to be signs of bronchiectasis rather than of uncomplicated asbestosis. It is suggested that the prevalence of bronchiectasis is higher than has been reported previously because the patients survived longer. Radiological findings are tabulated and compared with previous descriptions. In these subjects there was no relationship between radiological and clinical state. Nine patients eventually showed clinical deterioration and it often proceeded rapidly. The radiograph, however, usually remained unaltered. Pulmonary function tests, including diffusing capacity, arterial blood analysis and estimation of mechanical properties of the lung, were carried on in 10 cases, and in 11 asbestos workers (aged 35 to 64 years) without radiological abnormality. The steady state diffusing capacity for carbon monoxide at rest was lower in asbestosis than in control subjects. The pulmonary compliance was remarkably low in asbestosis and related fairly closely to the vital capacity. The maximum voluntary ventilation was also low and was related to increased pulmonary resistance but it cannot be said whether this is in the airways or in the lung tissue. Indirect evidence of inequalities of ventilation/perfusion ratio was obtained in most cases. There is no convincing evidence that pulmonary fibrosis occurs

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without radiological abnormality, but a defect of diffusion may occur. There is no test of pulmonary function which is diagnostic, but a low pulmonary compliance, especially if combined with a low diffusing capacity, is confirmatory. It is suggested that the demonstration of a progressive decline in vital capacity, or in diffusing capacity, may enable a diagnosis of asbestosis to be made before radiological abnormality has appeared, but this point has not been proved.

ABSTRACT NUMBER	DATE			FILE NUMBER
751	8/60		FC	753

AUTHOR: J. Anderson and F. A Campagna.

TITLE: Asbestosis and carcinoma of the lung. Case report and review of the literature.

ORIG. REF.	VOL.	PP.	DATE	ABBR. REF.	VOL.	PP.	DATE
Arch. Environmental Health	1	27-32	July'60				

ABSTRACT

A case of asbestosis associated with carcinoma of the lung is presented. The literature is reviewed, and this is the 24th reported case, with complete autopsy findings. In general, it conforms to the previously described cases where a relationship between the 2 diseases is intimated. It is suggested that further cases of asbestosis, with and without neoplasia, be reported with careful attention to other factors, such as smoking. Only when these facts are available will final assessment of the relationship between asbestosis and lung carcinoma be possible.

-- Authors' summary

MILLON INSTITUTE, PITTSBURGH, PA.

AGENCY NUMBER	DATE		NFC	FILE NUMBER 752

AUTHOR: R. Williams and P. Hugh-Jones.

TITLE: Radiological diagnosis in asbestosis.

DRUP. REFER.	VOL.	PP.	DATE	ABSTR. REFD.	VOL.	PP.	DATE
Thorax (London)	15	103	June'60	J. Am. Med. Assn.	174	1144	Oct. 22, 1960

ABSTRACT

The authors studied the lung function in 40 patients at the Royal Free Hospital, London, who had been exposed to asbestos dust in their work for varying periods of time. Of these, asbestosis had been certified by the pneumoconiosis medical boards in 21; 10 patients with a prolonged exposure did not have definite roentgenographic signs of asbestosis; in the remaining 9 patients the diagnosis of asbestosis was doubtful. The changes of pulmonary function observed in the patients with asbestosis were those common to patients with other interstitial fibroses, and consisted of a lowered diffusing capacity together with a reduced inspiratory capacity, hyperventilation (often accompanied by arterial desaturation) on exertion, with no evidence of air-flow obstruction except in patients in whom asbestosis was complicated by asthma or emphysema. Many patients also showed inequality of ventilation and ventilation-perfusion ratio. These functional changes were related to an independent grading of physical signs and roentgenographic appearances. Changes in lung function, specific for an interstitial fibrosis, often precede definite changes in the chest roentgenogram, so that finding them in patients with a history of exposure to asbestos is suggestive evidence of asbestosis whatever the roentgenographic appearances may be. -- J. Am. Med. Assn. Abstr.

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SELLON INSTITUTE, PITTSBURGH, PA.

MELLON INSTITUTE, PITTSBURGH, PA.

NFC 752

AUTHOR: K. G. Schmidt.

TITLE: The varieties of asbestos, their study by optical methods and their pathogenic action.
German

ORIG. REF.	VOL.	PP.	DATE	ABSTR. REF.	VOL.	PP.	DATE
Staub	20	173-180	June 1, 1960	Bull. Hyg.	35	968	Oct. '60

Asbestos is usually classified rather unscientifically by the characteristics which make it technically useful, by its place of origin, its color and so on. With modern methods, however, including an elaborate microscopical technique, 11 well-defined varieties of asbestos can be distinguished, the most important of which are chrysolite, amosite, crocidolite, tremolite and anthophyllite. In discussing the pathogenic action, the author states that asbestos may possibly undergo changes in the lung. However, it is doubtful how far the different varieties can be recognized in the lung dust. In speaking of the formation of asbestos bodies as a reaction intended to get rid of asbestos in the lung, he suggests that varieties susceptible to chemicals will form these readily. Chrysolite and possibly amosite may do so rather than the kinds of asbestos which are very resistant. Warning is given that the formation of bodies is not necessarily a disease. A considerable controversy has raged over the question as to whether chrysolite or hornblend is capable of producing bodies in the lungs. The literature as regards this and also the question of the action of short-fibered asbestos is reviewed. All forms of asbestos must be regarded as dangerous. It is suggested that chrysolite, crocidolite, and amosite have long, yielding fibers which can penetrate the lung more easily than the stiff brittle fibers of tremolite and anthophyllite. This would produce mechanical damage; chemical effects might result from the more sensitive chrysolite and amosite. The iron and aluminum content of the different types may also influence the pathogenic action.

-- Cond. from Bull. Hyg.

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ABSTRACT NUMBER | DATE | NFC | 752

AUTHOR. K. G. Schmidt.

TITLE. Types of asbestos, their study by optical methods and their pathogenic action.

ORIG. REF.	VOL.	PP.	DATE	ABSTR. REF.	VOL.	PP.	DATE
Staub	20	173-180	June'60	APCA Absts.	7	4	June'61

ABSTRACT

It is shown that with the polarization and phase contrast microscope it is comparatively simple to distinguish 11 types of asbestos. The code for the determination is given. The behavior of these types of asbestos in regard to health is tested. Chrysolite, amosite, and crocidolite asbestos are dangerous. Tremolite or anthophyllite may cause illness. Too little is known about the other types of asbestos. At present it is necessary that all asbestos dusts be treated as being injurious to the lungs. -- APCA Absts.

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BATTELLE INSTITUTE, PITTSBURGH, PA.

63	1/6		NFC	752

AUTHOR: P. Hugh-Jones and B. E. Heard.

TITLE: Complications of asbestosis demonstrated at the post-graduate Medical School of London.

JOUR. REF.	VOL.	PP.	DATE	ABSTR. REF.	VOL.	PP.	DATE
Brit. Med. J.	1	1345-1353	Apr. 30 1960	Bull. Hyg.	35	862	Sept. '60

ABSTRACT

The authors described the history, clinical findings and postmortem appearances in a case of asbestosis affecting a man aged 50 who had worked with asbestos for 11 years. The asbestosis had caused honey-combing in peripheral parts of the lungs, principally the left where the lower posterior subpleural zone, the diaphragmatic surface, and to a small extent the anterior surface and apex were affected. A columnar-cell carcinoma was present in the posterior segment of the right lower lobe, and there were numerous metastases in the lungs, hilar glands, liver, brain, adrenals and bones. In addition there were present rheumatic heart disease and old rheumatoid arthritis. The detailed presentation of the case was followed by a full discussion. Hugh-Jones referring to the radiological appearances, stated that specific changes may be absent in some cases of undoubted asbestosis, and that in such cases pulmonary function tests provided useful diagnostic evidence; it seemed reasonable to deduce the presence of asbestosis where, in addition to a history of exposure to asbestos, the patient was found to have interstitial fibrosis causing alveolar-capillary block, finger clubbing and chest rales, whether or not the x-ray film showed characteristic changes. The authors referred to the interesting problem that, in this and other cases of asbestosis, the distribution of the fibrosis does not always correspond to the distribution of asbestos. -- Bull. Hyg.

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SELLER INSTITUTE, PITTSBURGH, PA.

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SILICOSIS INSTITUTE, PITTSBURGH, PA.

AUTHOR. M. Yoshikawa.

TITLE. Experimental asbestosis in guinea pigs and rats.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Japanese.							
J. Sci. Labour (Tokyo)	36	182-195	Apr'60	Bull. Hyg.	35	862	Sept.'60

ABSTRACT

67 Experimental Asbestosis in Guinea Pigs and Rats. M. Yoshikawa. J. Sci. Labour (Tokyo) 36, 182-195 (Apr. 1960). *Japanese.*

The authors used guinea pigs and rats, and induced asbestosis by the technique of compulsive inhalation of asbestos fibers in saline. There was a high mortality soon after inhalation, due to asphyxia from obstruction of relatively large bronchi and to atelectasis and pneumonia from obstruction of smaller bronchi. The essential changes proved to be non-specific alveolitis with giant cells and formation of asbestosis bodies; in rats, but not guinea pigs, there was no proliferation of collagenous fibers in the fibrous lesions. The finding of asbestosis bodies in rats is regarded as new. It had formerly been assumed that asbestos fibers less than 5 microns in length are harmless, but the author's findings suggest that this is not true. -- Bull. Hyg.

CONT'D

Industrial Hygiene Foundation, Pittsburgh, Pa.

NFC

AUTHOR: H. Bohlig, G. Jacob and B. Kallabis.

TITLE: Morbidity and pathology of lung cancer with asbestosis.

RMID. RECD.		VOL.	PP.	DATE	ABSTR. RECD.	VOL.	PP.	DATE
Z. Unfallmed.	German	52	64-78	Mar. 15,	Bull. Hyg.	34	1020	Oct. '59
Berufskrankh.				1959				

ABSTRACT

The extensive world literature on cancer of the lung in asbestos workers and on related subjects is here reviewed at considerable length with statistical analysis and critical discussion. From these reports the admittedly rough estimate is made that among 40,000 asbestos workers in the world 80 cases of lung cancer have been reported in 20 years. The opinions and conclusions of different observers vary considerably and these differences are examined. Particular consideration is given to the importance of skilled autopsy examination and the difficulties which may exist in forming an opinion on whether in a particular case exposure to asbestos contributed to the development of cancer. Much more research on this cancer problem is needed but up to the present it is stated that a comparison of the expectation of pulmonary cancer in the general population with that of workers in asbestos shows that in the latter groups the risk of cancer is not increased. The morbidity curve of cancer with asbestosis perhaps reaches its peak at a somewhat earlier age than that of non-industrial bronchial carcinoma. -- Bull. Hyg.

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MELLON INSTITUTE, PITTSBURGH, PA.

ABSTRACT NUMBER	DATE			NFC	753
982	10/60				

AUTHOR: I. A. Böhme.

TITLE: Abbestosis and lung carcinoma. 1.

PUBLICATION	VOL.	PP.	DATE	ABSTR. REPT.	VOL.	PP.	DATE
German							
Arch. Gewerbepath. Gewerbehyg.	17	384-395	1959	APCA Absts.	6	1	Aug. '60

ABS

Previous reports in the literature of a lung carcinoma associated with an asbestosis condition, are reviewed and the results collected in a table in the text. Of a total of 894 tissue specimens examined from cases of known asbestosis, 143 indicated the presence also of lung carcinoma. Using the original groupings, as originally reported, the lung cancer incidence ranged from 15 to 20%. One of these groups is the result of a survey of world literature by Hueper in 1955 where 738 examinations indicated the presence of 143 lung carcinomas or an incidence of 15.5%. It is noted that contained within this latter large grouping are several small ones where the individual reports would indicate an incidence of 31 to 40%. Asbestosis develops slowly following a long period of exposure, and the lung carcinoma appears to make its appearance in the latter part of this period. The author presents detailed case histories of 6 patients from a group of 62, and later 100 asbestosis patients on whom the author and his associates made studies over the period of 1936-1958. In 4 of the 6 patients a lung carcinoma was shown to exist. The interrelationship of the 2 pathological conditions is discussed briefly. The necessity for good pathological differentiations of the 2 conditions is stressed.

-- APCA Absts.

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CONTACT NUMBER	DATE		NFC	FILE NUMBER
265	11/60			752

AUTHOR: A. Tomic.

TITLE: Public health and hygienic factors in the region of an asbestos mine and factory.

ORIG. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Higijena(Belgrade)	10	273-286	1958	Bull. Hyg.	34	1137	Nov. 1959

ABSTRACT

An investigation has been made of the hygienic conditions in the environs of an asbestos mine and factory in Yugoslavia. Among 76 workmen seeking medical attention who were examined radiologically 22 (28.9%) were suffering from asbestosis, 29 (38.2%) from anthracosilico-asbestosis and 2 (2.6%) from anthracosilicosis. The dust content of the air in the factory ranged from 5 to 550 mg./cu.m., and the total daily atmospheric deposit at various points in a village situated 600 meters from the factory ranged from 203.5 to 996.6 mg./sq.m. -- Bull. Hyg.

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MELLON INSTITUTE, PITTSBURGH, PA.

Mellon Institute, Pittsburgh, Pa.

ABSTRACT NUMBER	DATE			FILE NUMBER
251	3/60		NFC	753

AUTHOR: N. Nordvik.

TITLE: Are silicosis and asbestosis predisposing causes of cancer of the lung?

ORIG. REFR. (French)	VOL.	PP.	DATE	ABSTR. REFR.	VOL.	PP.	DATE
Arch. belges med. sociale	17	85-99	Feb. '59	Bull. Hyg.	34	1020	Oct. '59

ABS.

A grinder of steel castings who suffered from silicosis developed cancer of the lung which was proved by the detection of malignant cells in the sputum. He claimed compensation on the basis that the combined lesions constituted an occupational disease. This question whether or not malignant disease of the lung should be regarded as causally related to pneumoconiosis and so compensatable is not uncommon nowadays; indeed it is an increasingly frequent problem for compensation medical boards. The crucial difficulty is that primary cancer of the lung is a disease prevalent among all groups of the population, irrespective of their occupations. A particular aspect of the problem is the excessively high incidence of lung cancer among heavy cigarette smokers. In the absence of experimental proof that pneumoconiosis and cancer of the lung are linked etiologically, recourse must be had to studies of the relative prevalence of lung cancer in separate occupational groups. This statistical approach has been used in many field studies all over the world. A review of these studies is the substance of the present article. The author does not accept that there is any interrelationship between cancer and silicosis but admits the probability in asbestosis. These conclusions accord generally with present thought and practice in Great Britain. -- Cond. from Bull. Hyg.

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4/6 4157 | | | NFC | 752

AUTHOR: A. G. Rickards and G. M. Barrett.

TITLE: Rheumatoid lung changes associated with asbestosis.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Thorax	13	185-193	Sept, '58	Bull. Hyg.	34	55	Jan'59

ABSTRACT:

A man aged 49 years developed severe rheumatoid disease. About one year after the onset of joint pains he died of acute influenzal pneumonia. At necropsy numerous necrobiotic foci of rheumatoid type were observed in the lungs. These foci were superimposed upon extensive asbestosis. This is the first recorded case of rheumatoid pneumoconiosis in which the dust was asbestos. For four years the deceased had been employed in a factory in mixing calcined diatomaceous earth with asbestos. The emphasis of the paper is on the histopathology of the lesions. In discussing the pathogenesis of the necrobiotic foci in the lungs the authors suggest that actual silica particles play a more important part than the presence of pre-formed collagen in the production of these lesions.

-- Cond. from Bull. Hyg.

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FORM 77

283 #58 | | FC | 753

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AUTHOR: D. C. Braun and T. D. Truan.

TITLE: An epidemiological study of lung cancer in asbestos miners.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
A. M. A. Arch. Ind. Health	17	634-653	June '58				

ABSTRACT:

Records were obtained on 6091 asbestos miners in Quebec having at least five years of exposure and who were in the industry in 1950. Of the 187 known dead, cancer of the lung was considered to have been reasonably proved in 9 and to be strongly suggested in 3. The mortality rate on the basis of the "proved" deaths was 25.3 per 100,000, and on the basis of the 12 deaths was 33.8 per 100,000. The mortality rate from lung cancer does not appear to increase with length or degree of exposure. Comparison of the experience among the asbestos miners with that of various segments of the unexposed, comparable population shows that the observed number of deaths among the miners is not significantly greater than the expected number. The death rate from cancer in the areas contiguous to the asbestos operations is comparable to that in areas widely scattered throughout the Province of Quebec and is lower than in some urbanized areas within the Province. It would also appear from available data, that the world-wide experience of persons exposed to asbestos dust is not worse with respect to lung cancer than that of the unexposed population.

-- Cond. from authors' summary

DATE EXAMINED: BY: FFR PURPOSE OF SEARCH: CONT'D

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MELLON INSTITUTE, PITTSBURGH, PA.

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MELLON INSTITUTE, PITTSBURGH, PA.

CLASSIFIED SUBJECT: 219 2/55

NUMBER: NFC 752

AUTHOR: E. Sartorelli.

TITLE: Severe asbestosis with alveo-capillary block syndrome.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Italian. Med. lavoro	48	358-362	1957	Bull. Hyg.	32	969	Oct. '57

ABSTRACT:

The author reports a case of severe asbestosis in a man aged 57 who was employed for seven years in a very dusty asbestos factory. Three years after commencing work the patient complained of dyspnea on exercise, with slight sputum, the condition became progressively worse and finally he was sent to a sanatorium as a case of combined tuberculosis and asbestosis with a disability of 50%. After two years, in spite of his respiratory symptoms, he started work as a general laborer, and was admitted to the author's clinic three years later with a recurrence of chest symptoms. No tubercle bacilli were found. X-ray of the chest showed intense reticulation especially in the medio-basal regions, small zones of fibrosis in the right apico-clavicular area and thickening of the pleura at the left base. Tests of respiratory function showed dyspnea on repose and markedly so on exercise, and while respirometry gave only slight alteration from normal, the oxygen saturation was only 90%. The diagnosis of advanced asbestosis was made on account of the marked respiratory insufficiency, absence of tuberculosis, increased erythrocyte sedimentation rate and hypergammaglobulinemia. -- Cond. from Bull. Hyg.

DATE EXAMINED: BY: JM PURPOSE OF SEARCH:

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MELLON INSTITUTE, PITTSBURGH, PA.

FORM 2

CLASSIFIED SUBJECT		FELLOWSHIP NUMBER	FILE NUMBER
506 4/57		FC	753

AUTHOR: K. M. Lynch, F. A. McIver, and J. R. Cain.

TITLE: Pulmonary tumors in mice exposed to asbestos dust.

ORIG. REPS.	VOL.	PP.	DATE	ABSTR. REPS.	VOL.	PP.	DATE
Arch. Ind. Health	15	207-214	Mar.'57				

ABSTRACT:

Mice of a selected strain (AC F_1) were exposed to a dusty atmosphere containing asbestos floats of a type used by others experimentally, at 150 to 500 million particles per cubic foot. The largest single experimental group consisted of 127 animals killed at 19 months after exposure for 17 months. This group was compared with 222 control animals. Primary lung tumors were demonstrated microscopically in 46% of the dusted mice and in 36% of the controls. Multiple pulmonary tumors were demonstrated in 18% of the dusted animals and in 8% of the control animals. No significant histologic or cytologic difference was observed between tumors in the two groups. No clear-cut proof of malignancy was found in any of the lung tumors studied. The authors have been unable to demonstrate any proof of the carcinogenicity of asbestos under the conditions of the experiment, but the increased incidence of multiple lung tumors in dusted animals must be regarded as a possible accentuation by the inhalation of asbestos dust of an existing tendency to develop lung tumors. Future experiments with asbestos should include the use of larger animals, probably monkeys. The equivocal nature of this report does not answer the questions raised by accumulating clinical evidence that asbestosis is strongly associated with, and therefore is a possible cause of, pulmonary carcinoma in man. -- Adapted from authors' summary

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MELLON INSTITUTE, PITTSBURGH, PA.

CLASSIFIED SUBJECT		FELLOWSHIP NUMBER	FILE NUMBER
1011 3/57		NFC	752

AUTHOR: M. Navratil, V. Krecek, and L. Cvachova.

TITLE: Results of functional respiratory and circulatory tests of workers exposed to asbestos dust over a number of years.

ORIG. REFR.	VOL.	PP.	DATE	ABSTR. REFR.	VOL.	PP.	DATE
Czech. Pracovni Lekarstvi	8	329-333	1956	Bull. Hyg.	32	460	5/57

ABSTRACT:

Sixty workers exposed to asbestos dust were classified according to severity of asbestosis and according to age. They were subjected to functional tests for prolonged expiration and for ventilatory coefficients, and to electrocardiography. In the over 50 age group, quite apart from all radiological data, a drop in vital capacity is found, due not merely to age but also to emphysema which was detected in 19 patients. The ventilation coefficients in the asbestosis-free and early asbestosis groups were within normal limits. In those with advanced asbestosis there was a distinct drop in the ventilation coefficients, due to fibrosis and associated pathological conditions. The differences in the carbon dioxide ventilation coefficients and in the vital capacity figures were on the limit of significance. Hypertrophy of the right heart was present in two subjects with advanced asbestosis.

-- Cond. from Bull. Hyg.

DATE REARMED: BY: FFR PURPOSE OF SEARCH: CONT'D.

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MELLON INSTITUTE, PITTSBURGH, PA.

FORM 77 10M

CLASSIFIED SUBJECT: 761 3/57

FELLOWSHIP NUMBER: NFC

FILE NUMBER: 752

AUTHOR: J. Frost, J. Georg, and P. F. Moller.

TITLE: Asbestosis with pleural calcification among insulation workers.

ORIG. REFR.	VOL	PP.	DATE	ABSTR. REFR.	VOL.	PP.	DATE
Danish Med. Bull.	3	202-204	Nov. '56	Bull. Hyg.	32	260	3/57

ABSTRACT:

In Denmark only a few persons manipulate insulation products including asbestos, kieselguhr, magnesia, glass wool, and rock wool. The first two have been regarded as fibrogenic to the lungs when their dust is inhaled. In order to ascertain any occupational risk in the work 31 workers with more than 20 years' exposure, of 52 years average age, were carefully examined clinically and by x-ray. Abnormalities were found in the surprising number of 22. A total of nine exhibited fine mottling indicative of pulmonary asbestosis. In 19 patients pleural changes were seen, which were due to adhesions and extensive thickening with calcification. The abnormalities in the pleura were so widespread in some instances as to obliterate other pathological changes. The calcification is unusual and may be ascribed to combined exposure to calcium and magnesium in the presence of fibrogenic asbestos dust. Sample analyses of the kieselguhr in use did not reveal the presence of alpha-quartz. The finding of pronounced bilateral pleural changes in the present series definitely points to an occupational origin. -- Cond. from Bull. Hyg.

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MELLON INSTITUTE, PITTSBURGH, PA.

1190 9/56

FELLOWSHIP NUMBER: NFC | FILE NUMBER: 753

AUTHOR: H. Bohlig and G. Jacob.

TITLE: New viewpoints on pulmonary cancer in asbestos workers.

ORIG. REFS.:	VOL.	PP.	DATE	ABSTR. REFS.:	VOL.	PP.	DATE
German. Deut. med. Wochschr.	8	231-233	Feb. 17, '56	J. Am. Med. Assn.	161	916	6/30/56

The following distinguishing features have been attributed to the lung cancer that has been recognized as an occupational disease of asbestos workers: (1) increased incidence; (2) development at an early age; (3) dependence on duration of exposure to asbestos dust; (4) a latedt period between onset of exposure and the appearance of the cancer; (5) the localization; (6) the histological structure; and (7) the multicentral origin. The authors discuss each of these points, and show that there is little clear evidence to support any of these assumptions, with exceptions noted. Women workers in the asbestos industry have lung cancer more often, and at an earlier age than do other women, but the same is not true of men. Malignant growths of the pleura seem to occur more often in asbestos workers than in other persons. The multicentral development is observed also in workers exposed to cobalt and to chromates. The study of the pathogenesis is still in the state of hypotheses, and the theory of mechanical pathogenesis is given most consideration. Microtraumas and asbestos bodies are always found in the pulmonary cancers of asbestos workers, but the authors feel that this does not necessarily prove the mechanical theory. They cite several factors that speak against a purely mechanical pathogenesis of asbestos cancer, but they concede that the development of so-called asbestos warts proves the irritating effect of asbestos on human tissues. -- Cond. from J. Am. Med. Assn.

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FORM 77

CLASSIFIED SUBJECT

1159 9/56 | | FC | 752

AUTHOR: E. R. Wiese and W. E. B. Hall.

TITLE: Asbestosis: report of a case.

ORIG. REFS.:	VOL.	PP.	DATE	ABSTR. REFS.:	VOL.	PP.	DATE
Diseases of Chest	30	229, 230	Aug. '56				

The history and autopsy findings in a fatal case of asbestosis are reported. Conditions described include: absence of the middle lobe of the right lung; greatly enlarged heart; wide spread, sharply demarcated development of fibrosis; and degeneration of collagen in extensive irregular fields. These and other conditions are described fully. Fine needles representing the original asbestos fibers were seen. Small asbestos bodies were seen in a few areas of local fibrosis, although they had not appeared in the sputum.

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MELLON INSTITUTE, PITTSBURGH, PA.

FORM 11-8 REV.

ABSTRACT NUMBER	DATE		NFC	FILE NUMBER
4 [illegible] 7	[illegible]			752

AUTHOR: I. Webster

TITLE: Asbestosis

ORIG. REFR.:	VOL.	PP.	DATE	ABSTR. REFR.:	VOL.	PP.	DATE
S. African Med. J.	38	870-872	Oct. '64	APCA Absts.	10	9	Mar. '65

ABSTRACT:

The pneumoconiosis produced by the inhalation of asbestos dust still presents a large number of problems, and the main ones appear to be: (1) The particular property of the dust which causes fibrosis and how it does it. (2) The length of exposure or dust load necessary to produce this fibrosis. (3) The reason for the increased incidence of pulmonary malignancy in asbestosis. It is a disease produced by the inhalation of dust and as such can be prevented. The managements of the asbestos industry have introduced many procedures to prevent atmospheric pollution in the last few years, and the principles of these applied to manufacturing concerns using asbestos will reduce the contamination of the urban atmosphere. Under such conditions an ever-increasing atmospheric dust hazard, as has been suggested by some workers in South Africa, is not anticipated. -- APCA Absts.

MELLON INSTITUTE, PITTSBURGH, PA.

MELLON INSTITUTE, PITTSBURGH, PA.

CLASSIFIED SUBJECT			FELLOWSHIP NUMBER	FILE NUMBER
1/68			NFC	752

AUTHOR: J. Bjure, B. Soderholm, and J. Widimsky

TITLE: Cardiopulmonary Function Studies in Workers Dealing With Asbestos and Glasswool.

ORIG. REFS.:	VOL.	PP.	DATE	ABSTR. REFS.:	VOL.	PP.	DATE
Thorax	19	22-27	1964.				

ABSTRACT:

Pulmonary fibrosis is thought to be a common complication of exposure to asbestos dust. The inhaled asbestos fibres are supposedly not transported by the pulmonary lymphatics, and thus one single massive exposure might lead to the same stage of fibrosis as a prolonged but less intense exposure. This industrial hazard has led to the search for substitutes for asbestos in insulation work, and at present glasswool and rockwool are often used. The fragmentation of these materials may give rise to fibre particles which can be inhaled and deposited in the alveoli. The possible effect on cardiopulmonary function in a group of men doing insulation work, with prolonged exposure to glasswool and rockwool dust, is the subject of the present paper, and a similarly exposed group of asbestos workers was studied for comparison. With a similar time of exposure glasswool did not cause any detectable functional impairment. Exposure to asbestos gave rise to a marked restriction in dynamic lung function, a reduced diffusing capacity, and, in three out of eight subjects, a pathologically raised pulmonary artery pressure at rest or during exercise. -- Cond. from text

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FORM 77

MELLON INSTITUTE, PITTSBURGH, PA.

ABSTRACT NUMBER	DATE		NFC	753
	10/67			

AUTHOR N. G. Demy and H. Adler

TITLE Asbestosis and Malgnancy

DATA SERVS.	VOL.	PP.	DATE	ABSTR REVD.	VOL.	PP.	DATE
Am. J. Roentgenol. Radium Therapy Nuclear Med.	100	597-602	July, 67	J. Am. Med. Assn.	201	171	Aug. 28, 1967

ABSTRACT

History revents a relationship between asbestosis and malignancy. A study based on 20 years' experience with asbestosis in an industrial community shows a correlation between malignancy and long-term exposures varying from 15 to more than 25 years. Of 47 patients studied, 36 had carcinoma, one had fibrosarcoma, and 10 had mesothelioma. All of these 47 patients had previous long exposure to asbestos products and processing.

-- J. Am. Med. Assn. References & Reviews

ABSTRACT NUMBER			FILE NUMBER
66 1165		NEC	753

AUTHOR: P.C. Elwood, et al.

TITLE: A Follow-Up Study of Workers From an Asbestos Factory.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Brit. J. Ind. Med.	21	304-307	Oct. '64				

ABSTRACT

66 A Follow-Up Study of Workers from an Asbestos Factory. *P.C. Elwood, et al.* Brit. J. Ind. Med. 21, 304-307 (Oct. 1964).

Associations between exposure to asbestos and carcinoma of the lung, diffuse mesothelioma of the pleura, and diffuse abdominal tumors have been demonstrated. Only by an epidemiological approach can the total risks of exposure to asbestos be estimated, and such a study is reported here. This suggests that white asbestos (chrysotile) may not be a serious hazard as far as mesothelioma or abdominal tumors are concerned, though there is some evidence of an excess in the number of deaths from carcinoma of the lung and bronchus.

-- Authors' abst.

COMMENTS

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NFC 752

AUTHOR: H. B. Eisenstadt

TITLE: Asbestos Pleurisy

ORIG. SER'L	VOL.	PP.	DATE	ABSTR. SER'L	VOL.	PP.	DATE
Diseases of Chest	46	78-81	July'64				

ABSTRACT:

A case of benign asbestos pleurisy has been described. This disease differs greatly from the classic picture of pulmonary asbestosis. It is probably not as uncommon as it would appear from the sparsity of reports in the literature. Asbestos pleurisy is usually not recognized because it has a benign, self-limited course requiring no specific therapy. It can be suspected in a person having been exposed to this substance for a prolonged period of time. Such contact may have taken place recently or a number of years ago. The correct diagnosis requires not only pleural, but also lung biopsy for the demonstration of asbestos bodies. Asbestosis must be considered in the differential diagnosis of any form of idiopathic pleurisy.

-- Author's summary

CONT'D

ABSTRACT NUMBER	DATE		NFC	FILE NUMBER 752

AUTHOR: F.M. Engelbrecht

TITLE: Experimental Studies on Asbestos.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
S. African J. Lab. Clin. Med.	10	45-48	June'64	APCA Absts	10	6	May'65

ABSTRACT:

Experimental Studies on Asbestos. F.M. Engelbrecht. S. African J. Lab. Clin. Med. 10, 45-48 (June, 1964).

The pathogenicity of pure, very fine crocidolite particles and of a mixture of crocidolite and quartz was investigated after intratracheal injection of 50 mg. of these dusts into the lungs of rats. The proliferation of reticulin due to these two dusts respectively, was found to differ significantly. The crocidolite particles elicited an initial reticulinosis that became slightly more compact, with or without collagen fibers, especially in cases with acute infections. It appeared that exposure only to asbestos dust predisposed to acute respiratory infections. The asbestos-quartz admixture gave a progressive increase in reticulin and collagen, resulting in partially acellular collagenous nodules (grade-3 fibrosis). The histological picture of the pathological changes appeared to be very similar to those observed in human asbestosis. Asbestos dust in combination with a small amount of free silica should be regarded as extremely dangerous. No malignant tumors have been produced in the experimental period by either asbestos or the asbestos-quartz admixture. Some non-malignant pleural changes were observed in animals of the asbestos group with infection, and in animals of the asbestos-quartz group.

-- APCA Absts.

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NFC 752

AUTHOR: D. O'B. Hourihane

TITLE: The Pathology of Mesotheliomata and an Analysis of Their Association with Asbestos Exposure.

ORIG. REF'S	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
Thorax	19	268-278	May '64	Am. Rev. Resp. Dis.	91	645	Apr. '65

ABSTRACT:

Thirty-four cases were available for study. The tumors had occurred in seven men and 27 women whose ages ranged from 42 to 70. The symptoms prior to death had been of short duration: the maximal time was 12 months and in many patients the period was less than three months. In 17 patients the tumor had arisen in the pleura, in 13 patients in the peritoneum, and probably in the peritoneum in four others. The tumor was epithelial in origin in 19, from fibrous tissue in five, and of mixed origin in 14. There was involvement of regional lymph nodes in nine patients, metastasis to bone in three, and metastasis to viscera in seven. In nine cases there were areas of focal necrosis. Asbestos bodies were found in 14 cases: in six cases of pleural tumor and in eight cases of peritoneal tumor. A search for asbestos bodies was made from routine necropsy material from 50 cases of carcinoma of the lung. They were found in lung or hilar lymph nodes in 6% of these but never in the pleura, within the tumor, or in any other viscus. The strict criteria for the diagnosis of mesothelioma are discussed in detail, and the need for necrospy to exclude the presence of a primary tumor elsewhere is emphasized.

-- Am. Rev. Resp. Dis. Absts.

ABSTRACT NUMBER	DATE		NFC	FILE NUMBER
7:4	7/64			752

AUTHOR: I. J. Selikoff, J. Churg, and E. C. Hammond

TITLE: Asbestos Exposure and Neoplasia.

ORIG. REF'S.	VOL.	PP.	DATE	ABSTR. REF'S.	VOL.	PP.	DATE
J. Am. Med. Assn.	188	22-26	4-6-64				

ABSTRACT: Building trades insulation workers have relatively light, intermittent, exposure to asbestos. Of 632 insulation workers, who entered the trade before 1943 and were traced through 1962, 45 died of cancer of the lung or pleura, whereas only 6.6 such deaths were expected. Three of the pleural tumors were mesotheliomas; there was also one peritoneal mesothelioma. Four mesotheliomas in a total of 255 deaths is an exceedingly high incidence for such a rare tumor. In addition, an unexpectedly large number of men died of cancer of the stomach, colon, or rectum (29 compared with 9.4 expected). Other cancers were not increased; 20.5 were expected, 21 occurred. Twelve men died of asbestosis.
- Authors' abst.

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In guinea pigs and rabbits after various forms of experimental introduction of the cork dust. Clinically, the chronic stage chiefly is characterized by bronchitis and emphysema associate with pronounced pulmonary function changes. Much of the damage relates to mechanical imp ment, but specific injury is induced by some unknown factor. Cor pulmonale is a rare seque and subsequent malignancy is practically unknown. The reports here presented on tissue ex aminations derive from 11 individuals, with deaths chiefly from accidents, for whom there w no previously clinical records. The true incidence of suberosis is unknown, but it may be su pected that some degree of impairment is near to universal in long exposed workers. There no specific therapy, and preventive measures at the present time is the only prospect of avoi this disease. -- Author's summa

1157 Current Aspects of Silicosis. M. Lob.
Schweiz. med. Wochschr. 93, 639-644 (April 27, 1963). French.

An attempt is made to summarize current views on the morbid anatomy and patho- genesis of silicosis. The controversy surrounding emphysema and bronchitis in silicotic pa- tients is discussed, and brief mention is made of tuberculosis, lung cancer, and right heart

Professor Thomson's opinion that the very small amount of asbestos dust which may

There can be no disagreement with Professor Thomson's statement that the presence of asbestos bodies in the lung merely indicates exposure to asbestos fibres and not the existence of asbestosis. When numerous asbestos bodies are regularly found in conjunction with a diffuse chronic interstitial pneumonitis, the probability that the two findings are related would appear to be overwhelming. When, however, only one or two asbestos bodies can be found and the associa- tion with chronic pneumonitis is infrequent, there would appear to be a possibility that the pneu- monitis is non-specific and the asbestos body a fortuitous finding. This possibility could become a strong probability if it can be ascertained that the person in whom this lesion is found had no significant exposure to asbestos dust. In view of the commonness of chronic interstitial pneumo- nitis of some degree in the lungs of adults, particularly in the older age groups, it may be wise to adopt a conservative attitude regarding the significance of isolated rare asbestos bodies in the lungs.

ABSTRACT NUMBER — DATE | FC | FILE NUMBER 752

AUTHOR: Paul Gross

TITLE: Chronic pneumonitis and asbestosis.

PUBLICATION	VOL.	PP.	DATE	ABSTR. REPR.	VOL.	PP.	DATE
Brit. Med. J.	2	1130-1131	Nov. 2 1963				

ABSTRACT: The following letter by Dr. Paul Gross, which was published in the British Medical Journal, November 2, 1963 pertains to an article by J. G. Thomson, et al., an abstract (No. 662) of which appeared on page 21 of the July 1963 issue of the Industrial Hygiene Digest.

Sir, In a letter (January 12, p. 123) Professor J. G. Thomson discussed the "new pulmonary condition, basal asbestosis," which he had described in a paper[1] then in press.

Professor Thomson's diagnosis of basal asbestosis seems to depend upon the recognition of a limited slight chronic interstitial pneumonitis in conjunction with finding one or several isolated asbestos bodies in the lung juice. However, various degrees of chronic interstitial pneumonitis which are not necessarily limited to the basal portions of the lungs, of unknown aetiology, and not associated with asbestos bodies, are common findings in unselected necropsied hospital deaths[2], particularly if the silver impregnation technique for reticulin is routinely employed in the study of the lung sections.

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ACCESSION NUMBER			FILE NUMBER
		NEC	752

AUTHOR: J. Bjure, B. Soderholm, and J. Widimsky

TITLE: Cardiopulmonary Function Studies in Workers Dealing With Asbestos and Glasswool.

ORIG. REPT.	VOL.	PP.	DATE	ABSTR. REPT.	VOL.	PP.	DATE
Thorax	19	22-27	Jan. '64	Public Health Eng. Absts.	45	53	Feb. - Mar. '65

Glasswool and rockwool are now being used in insulation work as substitutes for asbestos, which causes the chronic disabling disease asbestosis. To compare the fibrogenicity of these substances the cardiopulmonary function of 8 asbestos workers (Group A) was compared with that of 6 workers using glass and rockwool (Group B). In both groups working conditions and the duration of past exposure were similar, but whereas A had radiological evidence of asbestosis, B were considered normal on clinical examination. Group A had lower vital capacity, lower forced expiratory volume but normal FEV/VC ratio, elevated pulmonary artery pressure and pulmonary vascular resistance, increased stiffness of the lungs (low compliance) decreased diffusing capacity, lower oxygen tension of arterial blood with increased alveolar-arterial gradient and dead-space. There was no increase in airway resistance or impairment in the distribution of inspired air. Physical performance was comparable in the two groups, but A had a somewhat higher respiratory rate for a given work load. In three subjects in A the ECG indicated right ventricular hypertrophy and it is suggested that when found in asbestos workers this type of abnormality indicates the need for further cardiopulmonary studies. Thus, whereas B subjects were essentially normal, A had changes in cardiopulmonary function that are now established as evidence of diffuse lung fibrosis. It is concluded that prolonged exposure to glass and rockwool, unlike exposure to asbestos, does not cause significant impairment in cardiopulmonary function. There are 24 references. -- *Public Health Eng. Absts.*

ABSTRACT NUMBER	DATE			FILE NUMBER
57	6/65		NFC	752

AUTHOR: I. B. Entricknap and W. I. Smither

TITLE: Peritoneal Tumours in Asbestosis.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Brit. J. Ind. Med	21	20-31	Jan. '64				

ABSTRACT:

Eleven cases of diffuse abdominal tumors in association with exposure to asbestos were discovered in the years 1958 to 1963. There were 8 men and 3 women, all of whom had worked in the same factory. In 7 of the men the age at death ranged from 38 to 78 years; one man is still alive at the age of 46. The women died at 44, 61, and 67. The survival time after the first exposure varied from 20 to 46 years. The shortest period of exposure was 10 months and the longest 32 years. All three of the main commercial types of asbestos had been involved in their working operations. Histological confirmation of the nature of the tumor has been obtained at necropsy in 9 of the 10 deceased and at biopsy in 6, including the survivor. A remarkable feature of these cases is the minimal fibrosis found in the lungs. In 3 men and one woman, asbestosis was not diagnosed during life, and no patient was completely disabled by pulmonary fibrosis. -- Authors' abst.

CONT'D

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