sufficient at this time to set an exposure standard *(other than zero) which could assure* prevention of mesothelioma in all workers, since the disease may occur following a very limited exposure 20 to 30 years earlier.[1]

Cigarette smoking is strongly implicated as a cocarcinogen among asbestos workers.[2] The incidence of bronchogenic carcinoma among nonsmoking asbestos workers is not significantly greater than that of nonasbestos workers, while asbestos workers who smoke have a much higher incidence.[2] Calculations suggest that cigarette smoking asbestos workers have approximately eight times the risk of developing lung cancer compared with other smokers.[1]

The TLV was established to protect against asbestosis and reduce to an acceptably low risk the development of neoplasms.[5]

Diagnosis: *Signs and symptoms include* localized pleural thickenings, which may become radiopaque through calcification; restrictive pulmonary function; rales, dyspnea, cyanosis, dry cough, and finger clubbing.

Differential Diagnosis: Differentiate from other diseases which are associated with diffuse infiltration of the lungs: Hamman-Rich syndrome, Löffler's syndrome, fungus infections, sarcoidosis, scleroderma, and other rare types of diffuse interstitial fibrosis.

Differential diagnosis of pleural mesothelioma should include inflammatory pleurisy, primary lung cancer, and the presence of metastatic disease from a primary tumor elsewhere in the body.[12]

Special Tests: Radiography, tuberculin skin test, and sputum culture should be performed.

Treatment: None is specific.

Medical Control: Preplacement and annual physical examination, with emphasis on the pulmonary, cardiovascular, and gastrointestinal systems; chest roentgenograms; lung function tests to include FVC and FEV (1 sec.); sputum cytology.

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AZINPHOSMETHYL

$(CH_3O)_2P(S)SCH_2(N_3C_7O)$

1977 TLV 0.2 mg/m³

Synonyms: O,O-Dimethyl S(4–oxo–1,2,3 –benzotriazin–3(4H)-ylmethyl) phosphoro-