LEAD TOXICITY: SOME OBSERVATIONS AND SPECULATIONS. E. BASKIND, South African M. J. **23**:955 (Nov. 26) 1949.

An investigation was made at an electric accumulator factory near Naples in 1945, when all conditions of factory hygiene were at a discount and the diet of those employed was disorganized; 207 workers of both sexes were watched who with vociferous reiteration declared the entire symptomatology of lead poisoning. However, a routine test for lead in the urine sifted the affected from the unaffected. All clinical cases of plumbism showed a positive urinary analysis; a proportion of workers with symptoms but no clinical signs had lead in their urine; but others had no lead in their urine despite a multiplicity of symptoms. No relationship was found between the amount of lead in the urine and the severity of the clinical picture. A prior indication of lead in the urine always preceded clinical manifestations. The worst clinical cases were those in which the diet had been inadequate, and the morbidity was higher among workers who did not take a meal before commencing work. As fresh fruit and vegetables were the only adequate items in the diet, ascorbic acid seems to be of little value in plumbism. Inadequacy in fat may possibly be much more important; unfortunately, the conditions did not allow this suggestion to be followed up. It calls for further investigation.

ADAPTED FROM BULL. HYG.

GRANULOMAS OF THE SKIN DUE TO ASBESTOS. H. OLLIVIER, P. MORAND and R. BRUN, Arch. d. mal. profess. **10**:516, 1949.

A man whose work lay in applying asbestos sheets to lag-heating stoves wounded the palm of his left hand. The injury was slight and almost passed unnoticed. A fortnight later he came under notice complaining because at the site of the prick a swelling which was increasing in size had appeared. There was no inflammation, and the swelling was hard at the center. When this core was excised, a small white nucleus was dissected out which was seen under the microscope to be formed of needles of asbestos together with a mass of crystalline matter. In order to examine this matter, other samples from other asbestos scars were ablated and so 6 mg. was obtained for analysis. Then the matter was identified as cholesterol. One point of some interest is that this formation of cholesterol would seem to indicate a fundamental and biochemical defensive process of the body against aggression by asbestos.

E. L. COLLIS [BULL. HYG.].

ADRENOCORTICAL FUNCTION IN SILICOTICS. A. RAULE and E. GRISLER, Med. d. lavoro **41**:243 (Aug.-Sept.) 1950.

In 6 of 13 patients suffering from simple silicosis and in 8 of 9 who had active tuberculosis in addition to their silicosis the Thorn test detected a functional deficiency of the cortex of the adrenal gland. The frequency of adrenocortical insufficiency in silicotics is further proved by the presence of clinical signs of hypoactivity as well as by histological observations in the adrenal glands of workmen suffering from silicosis, and by the fact that the output of the neutral 17-ketosteroids has been found lowered in 10 silicotics. The hypothesis has been advanced that silicosis may in a certain number of the patients produce some chronic exhaustion of adrenal function.

ADAPTATION OF ENGLISH SUMMARY.

CLASSIFICATION AND NOMENCLATURE OF DUSTS AND OF ORGANIC CHANGES CAUSED BY DUSTS. A. WINKLER, München. med. Wchnschr. **92**:1113 (Oct. 13) 1950.

Winkler points out that on the basis of the action of dusts, or better the reaction of tissues exposed to them, they can be grouped into slightly active, moderately active and intensely active dusts. Although some investigators have differentiated dangerous and harmless dusts, he believes that there are no completely harmless dusts, that all of them, if they act on the respiratory tract in sufficient density and for a sufficiently long period, will have some harmful effects.

As to the organic changes, the respiratory lesions can be classified first on the basis of the types of dusts that produced them, second on the basis of the nature, the degree and the extent of the lesion and third on the basis of the degree of functional impairment. The author differentiates between "benign" and "malignant" dust lesions. He classifies as benign those which are caused by dusts that never produce severe organic lesions and impair functional activity only