

- 1160 Flax Workers' Byssinosis in East Scotland. D. H. Smith, et al. *Scot. Med. J.* 7, 201-211 (May 1962). (Scottish Medical Journal, 5 St. Vincent Place, Glasgow C2, Scotland *).

A brief history of byssinosis in flax workers is given together with a description of the processes used in the preparation of flax and how they differ in Scotland and Northern Ireland. A survey of respiratory symptoms was carried out in 3 flax mills. Ninety-four night workers were excluded. A questionnaire was completed on 452 (97%) of the remainder. Respiratory function tests were done on 8 persons with byssinosis and 8 matched control subjects. No environmental measurements are reported. Eighty workers (17.7%) had symptoms of byssinosis grade I or II. A further 106 (23%) were placed in an indeterminate group on account of occasional chest tightness or other symptoms on Mondays. A table of prevalence by length of dust exposure is given, showing that some workers develop symptoms within 6 months. No clear relationship between mill fever and subsequent symptoms of byssinosis was shown. The prevalence of bronchitis increased with the severity of byssinosis. A significant association was shown between smoking and byssinosis. -- Bull. Hyg.

- 1161 Farmer's Lung. Physiopathologic Features of the Acute Interstitial Granulomatous Pneumonitis of Agricultural Workers. J. Rankin, et al. *Ann. Internal Med.* 57, 606-626 (Oct. 1962).

Exposure to unusual quantities of moldy farm dusts occasionally results in an easily recognized disease with distinct clinical physiologic, and pathologic features. The characteristic syndrome seen in 73 agricultural workers consisted of chills, fever, and dyspnea within a few hours after exposure to moldy farm dusts and the subsequent development of a diffuse interstitial pneumonitis. Lung biopsies from 8 patients during the subsiding phase of the disease revealed a specific acute granulomatous interstitial pneumonitis. Characteristically, the sections showed epithelioid cells, poorly defined tubercles, and giant cells of the Langhans' type, together with thickening of the alveolar septa which also were infiltrated with plasma cells and lymphocytes. Physiologic studies revealed the equally characteristic syndrome of a stiff lung with a reduced diffusing capacity, and non-uniform distribution of regional ventilation and blood flow. The functional derangement correlated directly with the structural alterations seen in the histologic sections. The lesion is usually reversible, but progressive interstitial fibrosis occasionally will develop. This unique disease probably will be encountered frequently in rural areas where climate conditions necessitate the storage of large quantities of winter forage. -- Authors' summary

- 1162 Progress of Pneumoconiosis in a Pottery. W. Krauss. *Z. ges. Hyg. u. ihre Grenzgebiete* 8, 18-38 (Jan. 1962). German.

This investigation was made to ascertain if factors apart from duration and intensity of exposure to dust played a part in determining the development, the course and progress of silicosis. Three hundred workers at the Kahla Pottery were grouped according to whether they suffered from silicosis (53), silicotuberculous (31), or were controls, with early exposure (57), or were healthy (159). They were also classified according to their exact occupations. The occupations varied greatly in the degree of exposure. Workers with the clay body were more exposed and suffered more readily than turners and much more than oven workers. The effect was not entirely dependent on the risk. Some of the oven workers showed a Stage III silicosis after a very short exposure, although in 10 oven workers with an equal exposure there was no disease. In the turners some workers had a Stage I silicosis after a much longer exposure than some who had a Stage III. These results show that workers may react differently to dust. It is pointed out that a familial and individual predisposition to dust may occur in the same way as there is a familial tendency to develop bronchitis. In the case of workers with silicotuberculosis the exposure is shorter than in silicosis; the disease frequently arises in people having a family history of tuberculosis. Silicosis itself may occur familiarly; out of 53 patients who suffered from silicosis 20 came from families where the father, mother, or sister had silicosis. External factors influence the course and progress

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