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cause of ignorance about the cause of the disease, and because it manifested itself slowly and insidiously over a period of from ten to twenty years or more, asbestosis was probably more often than not misdiagnosed in the early part of the century as pulmonary tuberculosis, silicosis, or fibrosing pneumonia. In addition, coyness on the part of industry, timidity on the part of labor, and obtuseness on the part of the medical profession often combined to make early investigations into the health of asbestos workers meaningless. As a result, even though the asbestos industry was growing very rapidly in all the industrialized countries of the world, almost nothing was done to control dust levels in asbestos factories, and almost no medical information on asbestosis was gathered during the quarter of a century that followed the disclosures of Murray and Aurihault—although asbestos workers were probably dying like flies of it.

It was 1924 before the first clear case of death due to asbestosis appeared in medical literature. In that year, Dr. W. E. Cooke, an English physician, who gave the disease its name, performed a post-mortem examination on a thirty-three-year-old woman patient who had started working at the age of thirteen in an asbestos-textile factory in which there was no provision for the removal of dust. By 1917, after thirteen years of exposure, she had been coughing and in bad health, and from then on her attendance at work had been intermittent because of shortness of breath and lassitude. The autopsy showed extensive pulmonary fibrosis and dense strands of abnormal fibrous tissue connecting the lungs and the pleural membranes surrounding them. In addition, Cooke noted the presence of solid yellowish-brown particles, which he called "curious bodies," in the areas of fibrosis. "We have never seen anything parallel to this in pneumoconiosis due to other dusts, nor have we been able to find such occurrence in literature," he declared, and he added, "We cannot think there is any reasonable doubt that the particles in the lung are the heavy, brittle, iron-containing fragments of asbestos fibre."

Cooke's discovery, which was published in the *British Medical Journal* of July 26, 1924, and republished in 1927, provided the point of departure

for a scientific journey that started an apparently straightforward occupational hygiene and that has branched out into epidemiology, physical chemistry, physiology, and experimental pathology. A series of studies made between 1927 and 1931, a whole literature relating asbestosis appeared in Great Britain which included clinical and X-ray findings, descriptions of the histology of the disease, and the hypothesis (soon accepted) that the strange-looking, brownish-brown bodies noticed by Cooke were asbestos fibres that had been inhaled by the reaction of lung tissue, coated with a colloidal substance in iron. In fact, Cooke's "curious bodies" proved to be so abundant in the lungs of autopsied asbestos workers that many of which contained literally millions of them, that they quickly came to be called "asbestos bodies."

The most important investigation of this period was conducted by Dr. E. R. A. Merewether, a medical inspector for the Factory Department of the British Home Office. Between 1927 and 1929, he examined three hundred and sixty-three asbestos-textile workers out of an estimated total of twenty-two hundred asbestos workers employed in Great Britain at the time, and found that ninety-five, or slightly more than twenty-five per cent, showed evidence of suffering from pulmonary fibrosis. He also demonstrated that the incidence of fibrosis increased in direct proportion to the number of years of exposure, reaching eighty-one per cent in the group of workers who had been employed in the industry for twenty years or more. As a result of Merewether's report, Parliament passed legislation in 1931 that made asbestosis a compensable disease.

required improved methods of exhaust ventilation and dust suppression in asbestos-textile factories, and instituted periodical medical examinations for workers engaged in particularly dusty processes in the asbestos-textile industry.

After this promising burst of activity, however, progress in the field of asbestosis was depressingly slow, for, as things turned out, the doctors had only begun to scratch the surface of a problem of bewildering complexity. Many investigators assumed that the new regulations would prove effective in controlling the disease, thus failing to appreciate the fact that, once inhaled

