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The Principles and Practice
of
INDUSTRIAL MEDICINE

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Industrial medicine is largely forty-three years—the machine as from before the Christian era. the development of our knowledge lined in this chapter.

In the early days labor was p approach to our modern indus slaves would become proficient i would then contract for this pa known to have been done in this could easily have followed this

Hippocrates (about 460-370 B have been hookworm; those suf great intestinal disturbances and up until modern times made their disease.

Other diseases described by H gists, fullers, tailors, horsemen, f the metal worker as being pale : tended, hard abdomen, large sp.

Pliny the Elder (23-79) deser consisted of a bladder tied over sonous dusts and vapors. Pliny cabbage and bitter almonds as a He described poisoning with zin

Galen (131-201), the founder erences to occupational diseases. of Cyprus and was nearly overco men who carried out a vitriolic l avoid death in the midst of the scholars are exposed to a hazard were forced to use. Other occup cerned runners, farmers, wrestler who used their voices excessive

VII. OTHER PNEUMOCONIOSES

There is considerable disagreement in the medical literature concerning the exact etiology of certain types of pulmonary fibrosis due to dust inhalation other than silica dust. Asbestosis, siderosis, and anthracosis are the most important of these fibroses.

Asbestosis

It has been well proven that a peculiar type of linear pulmonary fibrosis is caused by minute asbestos fibers inhaled by workers in industries utilizing asbestos for the manufacture of fire resisting material, insulation, certain fabrics and ropes, paints, roofing, tile, etc., as well as the manufacture of asbestos itself.

Asbestos is magnesium silicate and is the only silicate which has experimentally been proven to produce a pulmonary fibrosis without exposure to silica.

The onset and clinical course of asbestosis is similar to that of slowly progressing silicosis and the symptoms in the later stages are identical. Fatal termination is usually by complicating pneumonitis, cardio-vascular decompensation, or tuberculosis. The roentgenopathology is typical and not difficult to differentiate from silicosis. Gloyne and Merewether state that the roentgenological appearances of asbestosis are revealed typically as a general lack of translucency with a fine pinhead mottling. This is the characteristic "ground glass" appearance. The film should always be compared with a film of a normal patient and a film of a silicotic patient taken with the same exposure.

The diagnosis depends upon a definite history of exposure to asbestos dust including sufficient period of exposure, roentgenological appearance, decreased pulmonary capacity, and the finding of asbestos bodies in the sputum of patients not yet removed from exposure to the dust. These asbestos bodies are well described and usually illustrated in most text books of clinical pathology. The pathology may be summarized in the single statement that it consists of a persistent, progressive, diffuse perialveolar fibrosis of the lungs. The fibers may be seen on histological examination to lie embedded in the fibrous walls of alveoli and bronchioli and each fiber appears to be encrusted by an iron-containing yellow pigment. As would be expected, in the later stages the fibrosis becomes confluent and massive.

Siderosis

Siderosis is chiefly a red pigmentation of the lung tissue due to inhalation of iron-containing dust frequently found in hematite miners. Experimentally, fibrosis has not been produced by pure iron or iron oxide dust

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and only when mixed with hazardous fibrosis result. Therefore, unless the siderosis by itself is asymptomatic clinical findings.

Anthracosis

Black pigmentation of the lungs types of carbon particles is common in industrial cities. Most marked blackening is found in the lungs of workers in industrial cities. There is some controversy concerning the fact that carbon dust of itself can produce a pulmonary fibrosis. There is conclusive experimental evidence that it does not. It is the author's opinion that all industrial pulmonary diseases are due to an admixture of silica dust with carbon dust. Pure carbon dust produces no clinical findings or disability.

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