

One thing is certain. The utmost care and patience are needed to elicit the occupational history of the patient and to correlate this and the clinical picture with the X-ray film before a diagnosis of asbestosis is justified. As noted in relation to other occupational health hazards, there is an all too frequent tendency to make a diagnosis of a specific occupational disease because of presumptive or actual exposure without the corroboration of other essential factors to a correct diagnosis. We are not justified in making a diagnosis of asbestosis, any more than of silicosis, in the presence of an X-ray film showing no distinctive pulmonary pathology.

Associated with exposure to asbestos dust is the occurrence in the sputum and pulmonary tissues of a peculiar formation known as asbestos bodies. These asbestos bodies have been described by a number of observers and are due apparently to the action of the tissues upon the asbestos fibre. Their exact significance is doubtful but it is commonly agreed at the present time that they are not diagnostic of pulmonary fibrosis and indicate merely that the individual has been exposed to asbestos dust. (2) (9) Some observers believe that where these asbestos bodies appear in the sputum in clumps, they indicate actual disintegration of lung tissue.

Dr. Miller of the United States Public Health Service, in the (9) Public Health Reports, describes the technique which he employs in the intraperitoneal injection of finely divided dusts in a state of suspension. Miller defined three types of reaction - Absorption, Inert, and Proliferative. The first is produced by relatively harmless or inactive dusts; the second by dusts which could cause pulmonary fibrosis; and the third is the typical reaction of silicosis. Recently, in a personal communication, Miller described the effects of the injection of three varieties of asbestos, namely chrysotile,