

which asbestosis appeared, it was difficult to ascribe any cardiac affections present to the asbestosis rather than to the ordinary wear and tear of life. Postmortem findings and roentgenologic examinations indicate that asbestosis is undoubtedly a pathological entity; but among these miners it develops so slowly as not to shorten working life, and there is no evidence that it predisposes to tuberculosis. The conclusions arrived at are supported by the opinions of experts from Saranac.

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

THE ERYTHROCYTE SEDIMENTATION RATE IN STAGES OF SILICOSIS. F. FOUBERT and G. LA FAY, *Rev. Méd. Minière*, 1950, nos. 9 and 10, p. 19.

Using the Fuente Hita method in a sloping tube, the authors have studied the sedimentation rate in 464 cases of silicosis. They have established sedimentation curves after observing the subjects for several years. In 30 cases of silicotuberculosis they almost always found an accelerated sedimentation rate, which might precede the manifestation of the tuberculous process. In 84 of 108 cases of the nodular type, they observed a low rate. In cases with massive shadows (90) they observed two types of curve, high in cases with diffuse extensive shadows and low in those with shadows showing retraction. In 236 cases with coalescent shadows the same results were produced as in the preceding category, according to whether they were progressive or not. The authors believe the erythrocyte sedimentation rate to be useful in following the progress of silicosis.

ENGLISH SUMMARY.

SIGNIFICANCE OF THE ELECTROCARDIOGRAM, PARTICULARLY OF CHEST WALL LEADS, FOR EVALUATION OF SILICOSIS. J. HÖRMANN, *Ztschr. Kreislaufforsch.* 39:624 (Oct.) 1950.

According to the German law of compensation for occupational diseases, compensation must be granted in cases of pneumoconiosis associated with progressive pulmonary tuberculosis, provided that "the coniotic new growth of connective tissue within the lung tissue causes reduced respiratory capacity and circulatory reaction to such an extent that the functional capacity of the body becomes considerably impaired." Fair evaluation of the condition of the patient with silicosis and reduced functional capacity, therefore, requires that any circulatory reaction may be determined early. Observation of this circulatory reaction, particularly if decompensation has not yet resulted, may be obtained with the aid of the electrocardiogram. It also facilitates differentiation of myocardial lesions due to silicosis and those of other origin.

Electrocardiographic records obtained from 107 patients with silicosis demonstrated that chest wall electrocardiograms are most useful with regard to both circulatory reaction and differentiation of myocardial lesions, because changes in the ST segment and in the T waves may be demonstrated with their aid at a time when those changes cannot yet be demonstrated by the extremity-electrocardiograms. The chest wall electrocardiograms are also of considerable aid in the diagnosis of the localization of the objectivated myocardial lesions of the right and the left ventricle, respectively. The occurrence of typical steep curves as a manifestation of an increased hemodynamic burden placed on the right ventricle may not yet be considered as a "circulatory reaction" in the legal sense, since a typical steep curve occurs in the large majority of cases without any clinical symptom of impairment of the heart.

Myocardial lesions were demonstrated on electrocardiographic examination in 27 of the 107 patients, and five of the 27 presented a normal curve in the extremity-electrocardiogram. Localization of the myocardial lesions in the left ventricle could be diagnosed with the aid of the chest wall electrocardiogram in 11 instances, and localization in the right ventricle in nine instances. Extrasystoles, arrhythmias and one typical Wilson block could be demonstrated in addition to changes in the ST segment in the remaining pathologic electrocardiographic records.

WHITE BLOOD CELL COUNTS OF SPRAYERS USING QUICK-DRYING PAINTS: A STUDY OF THE HEALTH OF WORKERS USING BENZENE SOLVENTS IN A MODERN FACTORY. F. JINDRÁK and K. T. VESELÝ, *Časopis Lékařů. Českyh* 89:285-288 (March 10) 1950.

Blood examinations were carried out for 25 persons employed as many as 23 years in spraying quick-drying paint which was dissolved in solvents of the benzene type. Spraying was carried out in cabinets from which the vapor-laden air was removed by exhaust fans. The investigation