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TABLE 14.—Comparison of Reactions to Chrysotile and Serpentine Injected Intratracheally

Doses: Each animal was given an intratracheal injection of 0.5 cc. of a 5 per cent suspension of the dust. Two weeks later another similar injection was given. Total amount of dust injected was 1 cc.

Animals used: Six groups of 5 guinea pigs each (one group for each type of dust).

Periods at which animals were killed: One or two animals in each group at 1, 2, 6, 8, 9, and 12 months after last injection.

Preparation of dust: Chrysotile (ball milled) untreated: Ball milled for 1,175 hr., dried and reground in agate mortar.

Chrysotile (ball milled) heated: Ball milled chrysotile heated for 2 hr. at about 700 C., then ground in agate mortar for 2 hrs.

Chrysotile (fibrous) untreated: Ground in agate mortar to pass 20 mesh.

Chrysotile (fibrous) ignited: Asbestos material heated for 2 hr. at about 700 C. No further grinding.

Serpentine (ball milled) untreated: Ball milled for 1,175 hr., dried and reground in agate mortar.

Serpentine (ball milled) ignited: Ball milled serpentine heated for 2 hr. at about 700 C., then ground in agate mortar for 2 hrs.

Mineral	Size of Dust Particles	Results
Chrysotile (ball milled) untreated	1 microns and less	Gravimetric decreased somewhat in some fibrosis. At 1 mo., considerable inflammatory edema and cellular proliferation and localization of dust particles about bronchioles; at 2 mo., only a very slight proliferative reaction; at 4, 8, 9, and 12 mo., only scattered small mononuclear phagocytes. At 2 mo., a few microscopic patches of this alveolar wall thickening with some alveolar septal changes in portion of air space resulting in thickened bronchi. No extensive fibrosis seen.
Chrysotile (ball milled) ignited	1 microns and less	Reaction limited to large foreign body giant cells without proliferation of fibrous tissue.
Chrysotile (fibrous) untreated	20-50 microns approx.	A distinct fibrosis. Reaction localized to reactive tissue about terminal bronchioles and within these tubes. Contraction caused substantial approximation of air spaces given off directly from terminal bronchioles. Reaction area became smaller with progress of time, no new lesions involved. No extensive positive even at points abutting intrapulmonary vessels. At 1 mo. considerable inflammatory edema and foci of cellular proliferation; at 2 mo., well defined cellular proliferation and fibrosis occurring locally about respiratory bronchioles. This reaction decreased in intensity with time, but at 12 mo. and was as extensive as that produced by 1 cc. of a 5 per cent suspension of asbestos dust. At 6 mo., reaction less extensive than at 2 mo., apparently due to contraction of fibrous tissue; asbestos bodies were abundant. At 8, 9, 12 mo., reaction still less extensive, confined to the immediate vicinity of the small terminal bronchioles, where the scar tissue was quite dense and was becoming hyaline in character. Sometimes it even obliterated the bronchioles. Asbestos bodies had become scarce. At 12 mo., the well demarcated peribronchial and interbronchial approximated areas of fibrosis had produced considerable distortion. Most prominently were patches of pneumonitis with considerable infiltration, some of which was being resorbed into normal tissue. These seemed to be precursors of the localized fibrous patches of this alveolar wall fibrosis seen elsewhere.
Chrysotile (fibrous) ignited	20-50 microns approx.	Reaction limited to large foreign body giant cells without proliferation. Heating the fibers, which made them brittle, destroyed their capacity to produce significant reaction.
Asbestos (ball milled) untreated	1 microns and less	Dust relatively inactive. At 1 and 2 mo., simple phagocytosis without proliferation; at 4 mo., no change except possibly lymphoid cell infiltration; at 8, 9, 12 mo., a slight chronic pneumonitis; at 12 mo., only a little pneumonitis without suggestion of fibrosis.
Asbestos (ball milled) ignited	1 microns and less	Dust relatively inactive. Reaction essentially the same as for untreated asbestos. With limited exception, less reaction for dust to be carried to bronchial poles.