

World Health Organization
Regional Office for Europe
Copenhagen



Biological effects of man-made mineral fibres

Proceedings of a WHO/IARC Conference
in association with JEMRB and TIMA

Copenhagen, 20-22 April 1982

Volume 2
Sessions VI-IX and annexes

511961 0461

PLAINTIFF'S
EXHIBIT
AL-1210

Fig. 5. A transmission electron microscope photograph of small dust particles from the ceramic fibre cloud; magnification, 6000x



Note: elongated particles counted as fibres because their aspect ratio was greater than 3 : 1 are arrowed.

Fig. 7. An
of

Note: the
dust, but

Fig. 6. An area of alveolar proteinosis from the lungs of a rat after 12 months of dusting with ceramic fibre; magnification, 250x

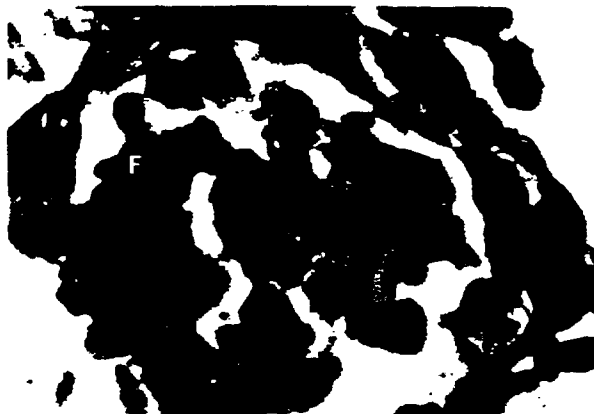


Fig. 8. A
a

Note: the alveolar septa are not thickened but the alveolar spaces are filled with proteinaceous material.

dust
6000x

Fig. 7. An alveolar space from the lungs of a rat 33 months after the start of dusting with ceramic fibre; magnification, 1500x



: ratio

Note: the alveolus is largely filled with macrophages containing particulate dust, but one ferruginous body (F), 25 µm in length, is present.

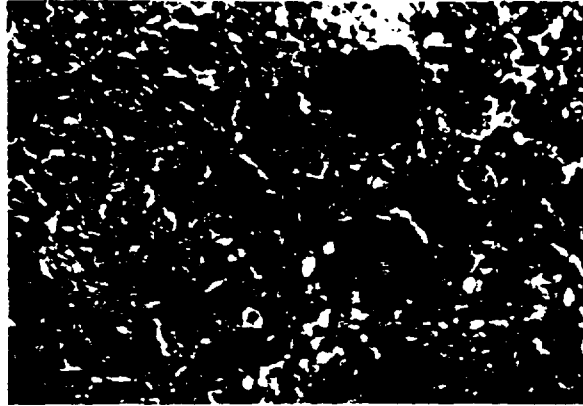
after
, 250x

Fig. 8. An area of interstitial fibrosis from the lungs of a rat 33 months after the start of dusting with ceramic fibre; magnification, 250x



es are

Fig. 9. The histological pattern shown by a malignant histiocytoma from the lungs of a rat treated with ceramic fibre dust; magnification, 450x



Note: most of the cells are of epithelioid type, but several multinucleate giant cells are also present.

The importance of experimental asbestos (1-). Since the test fibres in situ cannot be ruled out by inhalation or fibrogenicity; extrapulmonary in comparison to experimental

Material and

Dust character

The test compared potassium titanyl phosphate as reference as distribution of an average size of asbestos average fine respiratory diameter of the dust particles considered was observed in samples. By while PKT was

^a Fibre fibres.