

FILE NAME: State of the Art Literature (SAL)

DATE: 1945 Jan

DOC#: SAL041

DOCUMENT DESCRIPTION: Journal Article Abstracts RE Asbestos

JANUARY, 1948

INDUSTRIAL HYGIENE DIGEST

(Vol. 9, No. 1)

Literature Abstracts

- MEDICAL
- ENGINEERING
- LEGAL --- decisions and trends

Industrial Health News



INDUSTRIAL HYGIENE FOUNDATION

4400 FIFTH AVENUE

PITTSBURGH, PA.

January, 1945

do not inhibit the development of fibrotic nodules in the tracheobronchial lymph-
nodes of mice. The tissue of these nodes, therefore, reacts differently from the
lung tissue of rabbits. -- Author's summary.

- 7 Contribution to the Diagnosis of Pulmonary Silicosis by the Investigation of
Silica in the Blood and Sputum. H. Oyanguren and E. Bartholin. Rev. med. de
Chile, 71, 464 (May, 1943)

The diagnosis of silicosis has been confirmed by demonstration of silica in the
sputum and blood of 40 individuals. Silica which is conveyed to the lungs by in-
halation is taken up in greater part by the lymphatics and the remainder is ex-
pectorated. Silica interferes with the lymphatic circulation, producing a fibrous
proliferation which eventually results in the inclusion of the particles them-
selves. But before this occurs the silica which is inhaled passes through the
blood and may be excreted in the urine. Silica may normally be found in the blood
but if the quantity is less than 8 mg. percent as determined by the colorimetric
method, it is believed to be of no clinical significance. Quantities from 12 to
20 mg. percent are expressed as 1 plus, from 20 to 50 mg. percent 2 plus, and
above 50 mg. percent 3 plus. Positive chemical reactions for silica in the spu-
tum may be obtained in all cases of silicosis. The positive reactions in the
blood correspond to the amounts of silica contained in the sputum and positive
chemical reactions are found only in those individuals who have been exposed to
silica-bearing dust. The specific chemical reaction used is that described by
Oberhauser and depends on the reaction obtained with nitromolybdenate of ammonia.
This may be used equally on the blood and sputum and is a more certain test than
the spectrographic methods. -- Am. Rev. Tuberc.

- Asbestos Corn. H.S. Alden and W.M. Howell. Arch. Dermat. and Syph., 49, 312
(May, 1944)

The author describes corns or warts peculiar to asbestos workers, first noticed
by Derwitz in 1930. They have no relation to asbestos of the lungs. One charac-
teristic is that they appear and feel as if a foreign body were present, none is
ever found. It is probable, however, that one is present in the very early stages.

- Asbestosis and Pulmonary Carcinoma. H.W. Wedler. Deut. med. Wochschr., 69, 575-
576 (Aug. 6, 1943) German.

The author has collected the published autopsy records on asbestosis from various
countries and finds that there have been 14 instances of malignant disease of the
lungs and pleura in 92 post-mortem examinations (16 percent). This is in excess
of the proportion of lung carcinomata in autopsies generally (2-6 percent). Car-
cinoma as a complication of asbestosis occurred most frequently in males between
35 and 41 and was generally in the part of the lung most affected with asbestosis.
Development of the lesion was slow but corresponded with the length and intensity
of the exposure (12-42 years). There was often a long interval between the ces-
sation of exposure and the development of the cancer, which, in the author's view,
must now be regarded as an occupational cancer. -- Bull. Hyg.

Skin Diseases and Burns

- Protective Cream. J.G. Downing, L.M. Ohmart and M.J. Stoklosa. Arch. Der-
mat. and Syph., 49, 436 (June, 1944)

In industries where workers are exposed, to dermatologic irritants, and where it
is impracticable to wear gloves, protective creams help to minimize cutaneous ir-
ritations. Many protective creams are on the market under trade names, and should