sections;[28] their appearance is quite distinctive with poor resemblance to asbestos bodies in most instances.[28,29]

This brief summary highlights both the diagnostic value of the demonstration of asbestos fibers, coated or uncoated, and simultaneously indicates the technical difficulties attendant upon such demonstration. These difficulties have been sufficiently worrisome to prevent the routine use of advanced accessory methods, and reliance on the simple demonstration of asbestos bodies has continued to be the mainstay of diagnostic screening techniques, despite its known limitation. Thus, König, in studying extrapulmonary localization of asbestos, limited himself to the discovery of asbestos bodies[30] and Thomson, in his survey of the incidence of the presence of asbestos in the lungs of urban dwellers carefully sought asbestos bodies at the lung bases.[31]

It would therefore appear that the development of a simple, easily applicable technique, suitable for use with histological sections, which would more easily demonstrate both asbestos bodies and asbestos fibers, especially the latter, would be useful in the study of the biological effects of asbestos.

Asbestos fibers, as such, are not readily visible in pathologic specimens even when it is known that they are present. Generally, asbestos bodies



FIGURE 1. Sixty cycle ashing. Partially ashed paraffin section. One body and some fibers becoming visible (× 800).

8000 0946 PQ

PRODUCED BY FORD