

asbestosis, and nodular silicosis. In silicosis which is represented by reticulation, identification is more difficult, but it is still possible in the hands of an expert. The identification of mild or moderate asbestosis is still more difficult. Only a great deal of experience which is integrated with a knowledge of concentrations and exposures of the dust involved makes possible an intelligent interpretation of such films.

-- Biol. Absts.

- 497 Does Silicosis Affect the Silica Content of Human Blood? G. Worth and G. Campen. *Z. physiol. Chem. (Hoppe-Seyler's)* 288, 155-164 (1951). *German*

The authors determined the silica content of blood of 264 persons, half of whom were coal miners with various stages of silicosis, using the molybdenum blue technique. The mean result for the whole group was 8.3 ± 2.4 micrograms silica per ml. of blood. Neither sex, different kinds of inflammatory or other diseases, nor silicosis caused any difference in the silica content of the blood. Tests were also made after ingestion of organic silicon compound. Here a rapid rise of silica content of blood and urine was found, but the blood silica had dropped to its normal value after 9 hours. The bearing of these findings on the silica solubility theory is discussed. If the theory is to be maintained, it must be assumed that the amounts dissolved are too small to be demonstrated in the blood or that excretion through the kidneys is too rapid.

-- Cond. from Bull. Hyg.

- 498 Silicotic and Tuberculosilicotic Lesions Simulating Carcinoma. F. G. Kergis. *J. Thoracic Surg.* 24, 545-567 (Dec. 1952).

The appearance of unilateral massive densities in the lungs of eight men between the ages of 49 and 69 with chronic pneumonitis has been reported. In each of these patients clinical and radiographic evidence strongly suggested bronchiogenic carcinoma. Five of the eight patients had prolonged exposure to silica-containing dust in various occupations. Five patients were treated by pneumonectomy, one by lobectomy, and one by thoractomy and biopsies were made. The fundamental feature of the pathological process in this group of patients was complete or partial bronchial obstruction by pressure of lymph nodes, which were the site of a chronic inflammatory reaction secondary to inhalation of silica-containing dust. In five patients the chronic obstructive pneumonitis was non-specific, and in three there was an added tuberculous infection. It is suggested that this condition be called "chronic silicotic lymphadenitis with obstructive pneumonitis (nontuberculous or tuberculous)." The patients are all alive; the six patients treated by excision have been relieved of their complaints.

-- Cond. from J. Am. Med. Assn.