

stage. The author emphasizes the acute infection of the respiratory passages as the eliciting factor in asystole, the rapid fatal course of asystole, the occasional presence of signs of decompensation of the left ventricle and the inefficiency of cardiotonic treatment with digitalis and ouabain. Necropsy was performed on two of the patients; the anatomicopathologic examination revealed considerable dilatation and hypertrophy of the right ventricle and the right auricle. The electrocardiograms of these three miners resembled one another, and the author compares them with the electrocardiograms of 110 silicotic invalids who were still ambulant and not decompensated. He confirms the opinion that the electrocardiographic aspect of right predominance does not appear as an initial sign of "cor pulmonale" in silicosis. The roentgenologic signs of "cor pulmonale" usually appear earlier than the electrocardiographic changes. -- Arch. Ind. Hyg. & Occ. Med.

- 116 Reaction to Carbon Dioxide in Pneumokoniosis of Coal Miners.
K.W. Donald. Clin. Sc. 8, p. 45 (1949).

Confusion as to the relation of emphysema to pneumoconiosis prompted the author's study of the reactions of 56 patients with pneumoconiosis to four per cent carbon dioxide. The results of his observations led to the conclusion that an impaired reaction to carbon dioxide is obtained only if true emphysema is present. Although the incidence of emphysema, with impaired reaction to carbon dioxide, increases in those severely disabled by pneumoconiosis, it is emphasized that a considerable number of miners were extremely dyspneic with no signs of emphysema and a brisk reaction to carbon dioxide. If one accepts carbon dioxide tolerance as a specific test for emphysema, these results indicate that in many cases of pneumoconiosis the dyspnea is not due to emphysema. The disability of the miners without emphysema (as judged clinically, radiologically, and by their reaction to carbon dioxide) appears to be little related to the severity of the pneumoconiosis, and this suggests that some other factor, which cannot be appreciated by radiologic examination, is involved.

-- Condensed from Arch. Ind. Hyg. & Occ. Med.

- 117 The Morphology of Bauxite-Fume Pneumoconiosis. J.P. Wyatt and A.C.R. Riddell
Am. J. Path. 25, p. 447 (May, 1949).

A pulmonary disease is associated with the manufacture of abrasive powders, made up of an aluminum oxide of "corundum," resulting from the processing of a mix of finely ground bauxite, iron and coke. Dense white fumes are evolved during the process, leading to contamination of the furnace rooms, where fatal conditions have resulted. The radiologic evidence and the parenchymal fibrosis of the lung in this disease are so startling and different from the findings in other pneumoconiotic diseases that Shaver (who, with Riddell conducted an industrial survey), characterized this dust disease as individual and distinct from the more common silicosis. The authors consider the amorphous alumina dust in concentration as the dominant etiologic agent, but state that the final answer will be obtained from studies.

-- Condensed from Arch. Ind. Hyg. & Occ. Med.