

and chemical characterization of the asbestos minerals which lead to their being inhaled and retained in the body, in their carrying with them other chemicals, in their migration, may open unsuspected avenues of biological research. -- Cond. from text.

Clinical and Pathological Studies of Pulmonary Asbestosis. I. Nakamura.
Nara Med. Assn. 18, 455-465 (Aug., 1967).

The environmental conditions in asbestos factories in Osaka and Nara were investigated. The nature of the dust in the factories was studied by electron microscopy. The concentration of suspended particles is tabulated for different plant operations in a Nara factory. The occurrence of asbestosis among the employees of these factories was studied by periodic x-ray examinations. Although definite asbestosis could not be found in employees working less than 5 years, the frequency of detection of definite asbestosis increased in those working more than 5 years as follows: there was 21% in those employed between 5 and 10 years, 54% between 10 and 15 years, 77% between 15 and 20 years, and 100% for those employed for over 20 years. The classification of x-ray findings and the development of asbestosis are discussed. Case histories and photographs of x-rays and lung sections are presented. -- APCA Absts.

Mesothelioma and Its Association With Asbestosis. M. Borow, et al.
J. Am. Med. Assn. 201, 587-591 (Aug. 21, 1967).

Within a three-year period 17 cases of mesothelioma (9 of the pleura and 8 of the peritoneum) were seen at a community hospital in New Jersey located near a major asbestos mill. The incidence of mesothelioma as well as asbestosis appears to be increasing.

-- Am. Rev. Resp. Dis. Absts.

Pulmonary Function Tests in Asbestos Workers. G. L. Leathart.
Trans. Soc. Occ. Med. 18, 49-55 (April, 1968).

There are three ways in which pulmonary function tests may contribute to the management of workers exposed to asbestos: they may be used to confirm a diagnosis of asbestosis, to follow the progress of the disease, or to monitor unaffected workers at risk. The object of this paper is to consider how successfully these three parts are played. The typical physiological abnormalities are described, serial studies in cases of asbestosis are presented, and tentative conclusions are drawn from a small prospective study of asbestos workers who were free of disease when first seen. The findings from this investigation are summarized as follows: (1) Established asbestosis causes a loss of diffusing capacity, vital capacity and compliance. Pleural calcification by itself does not. (2) Progressive loss of function is seldom arrested when the patient is transferred to other work and most cases deteriorate. (3) Diffusing capacity appears to be the best measurement for making an early diagnosis, but the diagnosis has been subsequently confirmed by other means in only four of the cases reported in the literature. (4) The development of crepitations at the lung bases sometimes precedes a significant drop in diffusing capacity and this may be a useful observation. (5) Finally, as a general conclusion, the function tests should not be interpreted in isolation nor be given undue respect. They should always be considered in conjunction with clinical and radiographic examination.

-- Cond. from text.

Source and Identification of Respirable Fibers. L. J. Cralley, et al.
Am. Ind. Hyg. Assn. J. 29, 129-135 (March-April, 1968).

Fibrous bodies with an iron-containing coating have been found in the lungs of persons coming to autopsy in a number of urban hospitals, the number of fibrous bodies varying greatly with approximately 4 to 6% of the persons examined showing numerous bodies. Because these findings raise questions with regard to the possibility that asbestos is a factor in increased lung cancer, questions concerning the nature, source, and significance of these bodies are discussed in the light of research needed to find answers. There are 12 references.-- Authors' abstr.

Pulmonary Ferruginous Bodies. Development in Response to Filamentous Dusts and a Method of Isolation and Concentration. P. Gross, et al. Arch. Pathol. 83, 539-546 (May, 1963).
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Formation of ferruginous bodies would not be confused with pathogenicity. Failure to understand this differentiation may result in the erroneous generalization that all fibrous dusts share the