

Warning Incidence of Silicosis on Rand. S. Africa Min. & Eng. J., 50, 673-6 (January 27, 1940). (British).

This is an abstract of the report on the work of the Miners' Phthisis Medical Bureau for the three year period ending July 31, 1938. The rate of incidence of silicosis has fallen to a new low record; however, there is a marked progressive increase in incidence with increase in duration of service, also with the increase in the amount of time spent in machine drilling. A modification of the system of periodical examination is urged.

Detection of Silica-Containing Dust in Lung Tissues by Means of Fluorescence Microscopy. M. Oberdallhoff. Arch. Gewerbepath. & Gewerbehyg., 9, 435-442 (1939). Abstracted in Brit. Chem. & Physiol., p. 158 (February, 1940).

quartz and other mineral dusts show characteristic fluorescence colors under ultra-violet light when treated with fluorochromes, especially auramine, and then washed with water. Quartz dust can be detected similarly in silicotic lung tissues provided that the specimen is first treated with alcohol-ether to remove the covering of fat on the quartz particles.

An X-ray Study of the Lungs of Workmen in the Asbestos Industry, Covering a Period of Ten Years. A.W. George and R.D. Lockard. Radiology 33, 196-202 (1939).

A discussion of the exposure to asbestos in the manufacture of brake linings. In 1928 and 1929, 12 workers with symptoms of asbestosis were retired on compensation and were followed for 7 years. In 1933, 800 employees from the same plant were x-rayed and three found to have advanced asbestosis. When the plant closed, 90 men sued for compensation and the authors give a discussion of the trial of 30 cases. During the trial, the 12 men retired 8 or 9 years before were produced. All but the women were performing laborious work, and no progress of the lung condition was apparent. There is a description of the x-ray appearance of asbestosis and the action of the dust on the lung. The authors consider that "the fiber is innocent of producing any pathologic disturbance except an impedance to the air in this region of the lung." Pleuritic changes are also seen -- adhesions and obliteration of the costophrenic angles. Emphysema and changes in the heart contour are other signs. No cases complicated by tuberculosis were found. X-ray will show asbestos in the lungs when there is enough to cause symptoms.

The Roentgenologic Aspects of Bronchomycosis. H.P. Doub. Radiology, 34, 267-275 (March, 1940).

The signs and symptoms of the bronchomycoses are similar to those of tuberculosis and often they are at first thought to be tuberculous in origin. Whenever the history or x-ray changes are atypical of tuberculosis, the sputum should be examined microscopically and also cultured repeatedly, so that these cases may not be treated as tuberculous. In early stages, these patients appear to have a mild bronchitis with some expectoration; later they develop many of the signs and symptoms and even the complications of tuberculosis. The final diagnosis rests on the discovery and identification of the offending organism. The roentgen changes are suggestive of a differential diagnosis in some instances but usually only suggest the presence of a fungous infection. The author describes some of the more prominent roentgen signs of the various bronchomycoses.

Lungs Affected by Ochre Dust. H. Otto. Arch. Gewerbepath. & Gewerbehyg., 9, 487-495 (1939). (German). Abstracted in Brit. Chem. & Physiol., p. 159 (February, 1940).

The harmful constituents of ochre appear to be iron oxides and silica. X-ray findings in ochre-affected lungs and pathological anatomy of iron-affected lungs are described.

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Phagocytosis of Foreign Material in the Lung. O.H. Robertson. *Physiol. Rev.*, 112-39 (January, 1941).

The author reviews the modes of entrance, distribution and disposition of foreign material in the respiratory tract. First, the progress of foreign particles to the lung is impeded by the mucous course of the nasal passages, the sticky mucous character of the surfaces, action of the cilia of the membrane and the cough reflex. Disposition of the material that has entered the terminal respiratory units is less simple. The principal method is by phagocytosis by amebic cells, the type of cell employed depending upon the character of the foreign matter. Bacteria such as the pneumococcus are handled by the polymorphonuclear leucocytes, which appear in great numbers. However, with mineral dusts, the large macrophage normally present in the region goes into action. They quickly engulf silica dust particles and carry them rapidly to lymph vessels and lymphoid tissue. On occasion the amebic cell degenerates, leaving the silica free in the parenchymal tissue. With asbestos, the process is somewhat different on account of the large size of the dust fiber. Macrophages accumulate around the fiber and form giant cells in which the so-called asbestosis bodies appear. Inasmuch as the lung appears to act as a filter for foreign material injected intravenously, it has been suggested that the pulmonary capillary endothelium carries on phagocytic activity. The evidence, however, is to the contrary. The same is true of the cells lining the tracheo-bronchial tree. A bibliography of 155 references is included.

Asbestosis in Grinders and Drillers of Brake Bands. Brachmann. *Arbeitsschutz*, p. 172-4 (1940). (German).

Brake bands are made of sheets of asbestos, or are pressed out of asbestos waste products and a filler, impregnated with artificial resin. Afterwards the bands and plates are ground and drilled. In Saxony all workers in asbestos plants must be examined annually. Clinical and x-ray examination of the grinders, drillers and men who file individual pieces has shown a few light cases of asbestosis after 2 years' work, and in nearly all such workers after 5 years employment.

The Struggle Against Asbestosis Today. Ehrhardt. *Arbeitsschutz*. pp. 191-3 (1940). (German).

The paper is a brief description of asbestosis, rather than an account of the struggle against it. The author states that no relationship was found between mask dust filtering ability and degree of asbestosis.

Methods of Avoiding the Dust Danger in Asbestos Plants, Valid from August 1, 1940. Anonymous. *Arbeitsschutz*. pp. 263-5 (1940). (German).

The new regulations concerning exhaust systems, established by the manufacturers, insurance association and German factory inspectors, are described. The efficiency of the systems must be tested by a representative of the insurance association.

Regulation to Change the Regulation Regarding Manufacture of Glass, Grinding, Polishing, Painting, Glass Containers and Related Industries, Dated September 13, 1940. Anonymous. *Arbeitsschutz*, p. 263 (1940). (German).

The German regulations prescribe that x-ray examinations be made of all workers employed at certain jobs in rooms where glass containers or refractory materials are produced or where sandblasting is conducted. The examinations are repeated every second year. All persons engaged in producing lead-containing mixtures or using lead colors are to be examined at least every 6 months.

Clinical Studies in Asbestosis. M. J. Stone. Am. Rev. Tuberc., 41, 12-21 (January 1940).

This report is based upon examination of 180 persons formerly employed in the opening, carding, spinning and weaving departments of an asbestos brake lining plant. Of the entire group, all of which were litigants for compensation, 31 were diagnosed as having no asbestosis; 148 were thought to have some degree of pulmonary involvement, grouped in three stages, on the following basis: Stage I, slightly increased lung markings with a chest expansion limited to less than 2 inches; Stage II, definite x-ray evidence of pulmonary fibrosis and definite symptoms; Stage III, marked pulmonary involvement by x-ray with well-marked symptoms. Details regarding the relationship between duration of exposure and degree of x-ray change are given on 168 of these cases and are shown in the accompanying table.

<u>Exposure Period</u>	<u>Total Exposed</u>	<u>I-Ray Evidence of Asbestosis</u>			
		<u>0</u>	<u>Stage I</u>	<u>Stage II</u>	<u>Stage III</u>
Under 4 years	47	53.2	28.0	17.0	0
4-9 yr.	56	0	64.2	21.4	14.2
10-15 "	40	0	35.0	50.0	15.0
Over 15"	25	0	36.0	56.0	8.0
<u>Average Exposure</u>			<u>8 yrs.</u>	<u>10 yrs.</u>	<u>11 yrs.</u>

Evidence of tuberculosis was found in 9 (5%) of the films of the total 180 cases; in only two was the infection active at the time of the initial examination. One case occurred in Stage II and the other in Stage III. After measurements of the heart shadows it was concluded that asbestosis was particularly prone to produce secondary changes in the heart and pericardium and that "the dyspnea noted in this disease is of cardiac or circulatory rather than pulmonary origin." Thirteen of these patients were re-examined 2 or 3 years later and the changes in the advanced cases seemed more marked but no change in the Stage I and Stage II type. Blood studies seemed to rule out the possibility of associated infections. Since the first examination 18 patients have died; 3 of pulmonary tuberculosis, 5 of broncho-pneumonia, 2 of lobar pneumonia, 2 of heart disease and the rest of various causes. Seventeen were chronic invalids complaining of cough and dyspnea.

Air-Borne Matter. H.L.M. Lacombe. Indus. Chemist, 15, 177-8 (October, 1939); 379-82 (November, 1939); and 440-443 (December, 1939). (British).

This is a review of the fundamental characteristics of air-borne matter which must be set down before any detailed research can be made in any particular branch: origins of air-borne matter; measurement of particle size; characteristic dimensions; laws of the behavior of air-borne matter; dusts; Stokes' Law; fumes; smokes; electric characteristics; gravitation; filtration; electrostatic precipitation; and dust explosions. There is also a discussion of inflammable dusts; the effect of air-borne matter on health; kinds of dust; silicosis; and the importance of ventilation.

Methods of Rock Dusting American Coal Mines. J. J. Forbes. U.S. Bureau of Mines Rept. Invest., #3465 (1939).

The number and percentage of rock dusted mines is slowly increasing; indications are that the large producers are taking the most precautions. An average cost of rock dusting for protection against explosions in 28 mines is just under 1 cent per ton of coal mined. A survey of rock dusting practice shows the need of more adequate laws for and supervision of the extent and methods of this kind of prevention.

A. W. George and E. D. L. Harris

TITLE: An x-ray study of the lungs of men in the asbestos industry, covering a period of ten years.

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Radiol.	33	196-200		J I H	22	83	April

ABSTRACT: A discussion of the exposure to asbestos in the manufacture of brake linings. In 1928 and 1929, 12 men with symptoms of asbestosis were retired on compensation and were followed for 7 years. In 1933, 800 employees from the same plant were x-rayed and three found to have advanced asbestosis. When the plant closed, 90 men sued for compensation and the authors give a discussion of the trial of 30 cases. During the trial, the 12 men retired 8 or 9 years before were produced. All but the women were performing laborious work, and no progress of the lung condition was apparent. There is a description of the x-ray appearance of asbestosis and the action of the dust on the lung. The authors consider that "the fiber is innocent of producing any pathologic disturbance except an impedance to the air in this region of the lung". Pleuritic changes are also seen -- adhesions and obliteration of the costophrenic angles. Emphysema and changes in the heart contour are other signs. No cases complicated by tuberculosis were found. X-ray will show asbestos in the lungs when there is enough to cause symptoms.

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CLASSIFIED SUBJECT	6/70	FELLOWSHIP NUMBER	FILE NUMBER
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AUTHOR: M.A. Gerber

TITLE: Asbestosis and Neoplastic Disorders of Hematopoietic System

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Am. J. Clin. Pathol.	53	204-208	Feb. 1970	J. Am. Med. Assn.	211	1560	March 2, 1970

ABSTRACT:

Five cases of asbestosis associated with tumors of the hematopoietic system in a series of 35 cases of asbestosis proved by autopsy are reported. Two were cases of multiple myeloma, two were myeloproliferative disorders and included a case associated with reticulum cell sarcoma, and there was one case of Waldenstrom's macroglobulinemia. The incidence of this association is significantly higher than the overall incidence of such disorders in the corresponding age group of patients without asbestosis. --J. Am. Med. Assn. References and Reviews

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P.I.H.F.: 83

Digest Date

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10/77

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AUTHOR H.C. Lewinsohn

P-IHF: 194

RE Asbestosis — A diagnostic enigma

ORIG. REFS	VOL	PP	DATE	ABSTR. REFS	VOL	PP	DATE
J. Occup. Med.	19	607-610	Sept. 77	15 refs			

ABSTRACT

Although the carcinogenic properties of asbestos are presently attracting a good deal of attention, asbestosis is still the earliest lung disease resulting from exposure to it and its incidence in an exposed population is the most useful indicator of the degree of dust control exercised over a period of time. The diagnosis of asbestosis depends upon: (1) An adequate occupational exposure history. (2) Physical signs of pulmonary fibrosis. (3) Progressive radiological changes. (4) Confirmatory measurements of altered lung function. Asbestosis is a clinical entity and is readily diagnosed when all the above-mentioned criteria are met. Problems in diagnosis are encountered when one or more of the diagnostic criteria listed above cannot be substantiated. At the present time every effort is made to diagnose the disease in its early stages in the hope that removal from further exposure will prevent the direct and indirect complications.

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752

AUTHOR J. Lieben

TITLE Malignancies in Asbestos Workers.

ORIG. REFS	VOL	PP	DATE	ABSTR. REFS	VOL	PP	DATE
Arch. Environ.	13	619	Nov. '66				
Health		621					

ABSTRACT

A study of 68 hospital admissions with asbestosis from an asbestos textile and friction materials plant included 21 malignancies—13 of these were carcinoma of the lung and eight carcinomas of other organs. Eighteen of the patients had exposures to asbestos in their occupational environment for a period of 10 to 36 years. Only three patients had their first exposure after 1940. Extensive dust control measures have been instituted by the plant. There are six references.

-- Author's summary

3/68

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AUTHOR

P. E. Enterline and Mildred A. Landrick.

TITLE

Asbestos-Dust Exposure at Various Levels and Mortality.

ORIG. REFS.

VOL.

PP.

DATE

ABSTR. REFS.

VOL.

PP.

DATE

Arch. Environ. Health 181-186 Aug, 1967
15

ABSTRACT

A study was conducted on the mortality experience up to 16 1/2 years of 21,755 white males in three asbestos products industries and comparisons were made with the mortality experience of 6,281 white males in an industry without asbestos dust exposures and with the mortality experience of the entire U.S. white male population. An elevated death rate for all causes was found only among workers in the asbestos textile industry, an industry which has probably had heavy asbestos dust exposures. The other two asbestos products industries—asbestos building products and asbestos friction materials—probably had considerably lower levels of asbestos-dust exposure, and here death rates for all causes were below those experienced in all U.S. white males, and nearly identical to those among workers in the industry without asbestos-dust exposures. It is believed that asbestos-dust exposures among workers in the asbestos building products industry and the asbestos friction materials industry greatly exceeded those in modern urban communities, and that the modest response of the workers in these industries indicates that asbestos dusts at levels to which general populations are exposed probably is of little importance in the etiology of disease. There are 11 references.

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572

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AUTHOR I. B. Enticknap and W. I. Smither

TITLE Peritoneal Tumours in Asbestosis.

ORIG. REFS.

VOL.

PP.

DATE

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VOL.

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DATE

Brit. J. Ind. Med 21 20-31 Jan. '64

ABSTRACT

Eleven cases of diffuse abdominal tumors in association with exposure to asbestos were discovered in the years 1958 to 1963. There were 8 men and 3 women, all of whom had worked in the same factory. In 7 of the men the age at death ranged from 38 to 78 years; one man is still alive at the age of 46. The women died at 44, 61, and 67. The survival time after the first exposure varied from 20 to 46 years. The shortest period of exposure was 10 months and the longest 32 years. All three of the main commercial types of asbestos had been involved in their working operations. Histological confirmation of the nature of the tumor has been obtained at necropsy in 9 of the 10 deceased and at biopsy in 6, including the survivor. A remarkable feature of these cases is the minimal fibrosis found in the lungs. In 3 men and one woman, asbestosis was not diagnosed during life, and no patient was completely disabled by pulmonary fibrosis.

-- Authors' abst.

MELLON INSTITUTE, PITTSBURGH, PA.

P-IHF: 65

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752

AUTHOR J. R. Lynch
 TITLE Brake Lining Decomposition Products

ORIG REFS	VOL.	PP.	DATE	ABSTR REFS	VOL.	PP.	DATE
J. Air Poll. Control Assn.	18	824-26	Dec. 1968				

ABSTRACT

A number of investigators have found asbestos bodies in the lungs of urban residents who were not occupationally exposed to asbestos. A relationship between the carcinogenic properties of asbestos and the urban excess of lung cancer has been suggested. The decomposition products of brake linings have been described as a possible source of these fibers. Brake testing laboratory methods were used to test fiber emission from a variety of friction products. Only a very small fraction of the asbestos escaped as free fiber while the remainder was transformed into some other, nonfibrous, mineral. A significant release of free fiber occurred only under conditions extreme enough to produce brake failure. There are 12 references.

--Author's abstr.

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5/71

FELLOWSHIP
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752

AUTHOR J. R. Lynch, H. E. Ayer and D. L. Johnson.

TITLE The Interrelationships of Selected Asbestos Exposure Indices.

ORIG REFS	VOL.	PP.	DATE	ABSTR REFS	VOL.	PP.	DATE
Am. Ind. Hyg. Assn. J.	31	598-604	Sept./Oct. 1970				

ABSTRACT

THE INTERRELATIONSHIPS OF SELECTED ASBESTOS EXPOSURE INDICES. J. R. Lynch, H. E. Ayer and D. L. Johnson. *Am. Ind. Hyg. Assn. J.* 31: 598-604, Sept./Oct. 1970

Based on the assumption that the biological effect of asbestos is related to the concentration of respirable fibers, an index was developed which yields the concentration in numbers of asbestos fibers visible under 430X phase-contrast illumination. Data are presented relating this index to overall dustiness as measured by impinger counts and to absolute fiber concentration and distribution as measured by electron microscopy. The relation between count estimates and gravimetric measures of total dust and chrysotile asbestos deduced from magnesium analyses are given for gross and respirable samples. These relations are developed for use in operations in the manufacture of asbestos textile, friction, cement, and insulation products. The most convenient, practical, and direct index of asbestos fiber exposure proved to be the concentration of fibers longer than 5 microns counted on membrane filters at 430X phase-contrast illumination.

--Author's abstr.

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H.IHF: 212

6/73

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AUTHOR E. Sartorelli, *et al.*

TITLE Respiratory Physiopathology of Asbestosis

ORIG. REFS.	VOL.	PP.	DATE	ABSTR. REFS.	VOL.	PP.	DATE
Med. Lavoro	53	269-281	Jul/Aug. 1972 (Ital.)				

ABSTRACT
A study of the respiratory function was carried out in 724 male subjects exposed to inhalation of asbestos dust (workers of a mining company of chrysotile in Piedmont; insulators; workers engaged in the production of asbestos-cement, of asbestos textiles or of car brakes and friction clutch discs). In all subjects the vital capacity, VEMS and D_{LCO} at rest (steady state method) were determined. In some cases the residual volume was measured, the resistances of the airways (body plethysmography), of respiratory dead space, of arterio-al-veolar CO_2 gradient and also of D_{LCO} at work on a cycloergometer. The subjects were subdivided into 5 groups on the basis of the chest X-ray pattern (UICC classification, Cincinnati): 1st group with X-ray pattern 0/0 or 0/1 and with asbestos exposure less than 10 years (average exposure 5.7 years); 2nd group with X-ray pattern 0/0 or 0/1 and with asbestos exposure longer than 10 years (average exposure 21.2 years); 3rd group with X-rays 1/0 or 1/1; 4th group with X-rays 1/2, 2/1 or 2/2; 5th group with X-rays 2/3, 3/2 or 3/3. The results obtained can be summarized as follows. A ventilation insufficiency restrictive in type was (over)

observed in 5.6% subjects of the 1st group, in 10.1% subjects of the 2nd group and in 31.1%, 41.9% and 69.2% subjects of the 3rd, 4th and 5th group respectively. The finding of a ventilation insufficiency restrictive in type in a non-negligible percentage of subjects exposed to asbestos but with chest X-ray findings normal or dubious, seems to indicate the existence in these cases of pulmonary lesions still not detectable radiologically, but that nonetheless have already determined a change in lung elasticity. A ventilatory insufficiency obstructive in type due to chronic bronchitis with or without lung emphysema, was observed in percentages varying from 11.2% to 24.2% according to the group considered. In subjects with a chest X-ray pattern diagnostic of a severe asbestosis, evident changes of the rate ventilation/perfusion (increased respiratory dead space and a-A CO₂ gradient) were often present. A reduction of $\dot{V}_{D_{CO}}$ at rest and/or at work, below the lowest normal limits (defined from the study of 81 normal male subjects), was observed in 4.6 to 8.4% subjects of the 1st group, in 9.6 to 19.2% subjects of the second group and in percentage higher than 20% (up to 100%) in the subjects of the 3rd, 4th, and 5th group. The finding of pathological values of $\dot{V}_{D_{CO}}$ both at rest and at work, in a certain number of subjects exposed to asbestos, but with radiological changes or with X-ray changes insufficient for a clear-cut diagnosis of asbestosis, indicated that the pulmonary lesions induced by asbestos can determine evident functional changes of the alveolar-capillary gas exchanges also in a pre-radiological phase. In conclusion, the study of the respiratory function in workers exposed to asbestos offers useful data not only for an evaluation of the functional damage present in the subjects with an asbestosis evident at X-rays, but also for an early diagnosis, and therefore for the prevention of asbestotic pneumoconiosis.

--Authors' abst. in English

Industrial Health Foundation, Pittsburgh, Pa.

Digest Date		Digest Number		FILE NUMBER
6/73		41		752
AUTHOR: G.F. Rubino and G. Scansetti				
TITLE: Epidemiological Studies on Asbestosis in the Asbestos Manufacture Industry				
ORIG. REFS.	VOL.	PP.	DATE	ABST. REFS.
Med. Lavoro	63	282-298	Jul./Aug. 1972 (Ital.)	

ABSTRACT: This study concerns 635 subjects exposed to the risk of asbestosis in the three principal manufacture sections of Piedmont: asbestos-cement, friction materials for car brakes and clutches, textiles. About two thirds of the subjects examined had presented a claim for assessment of occupational disease, the remainder had been dismissed from the factories for different reasons. The clinical, radiological and functional data were analyzed both for sections and for decades of exposure time, and for type of work: this last considered, for the sake of simplicity and in each section, as working phase, respectively initial, intermediate or final of the entire working cycle. The chest X-rays were classified according to the "extended" scheme of BIT (1968). More than one half of the cases presented a radiological type of opacity "s", a little more than 10% a type "t", while about one third of the cases did not present radiological lung changes diagnostic for asbestosis. The time of exposure necessary for the appearance of opacities "s" or "t" was much shorter for the textile workers than for the workers of the other two sections. The same was true for the workers engaged in the initial working phases, compared to those engaged in the intermediate and final phases; moreover, for the same exposure time, the workers of the initial (over

... showed a more diffuse pattern than the workers of the intermediate and especial-
of the final phases. The pleural alterations (thickening and pleural calcifications) were
considered only in the subjects with no history of other diseases which can usually produce pleural
changes. Pleural alterations were found in more than one fifth of all the subjects investigated
one fourth if one considered only the textile workers, where the incidence was higher.
the appearance was more precocious; an early occurrence was observed also for the subjects
aged in the initial working phases in general. The most frequent change was the parietal
thickening, followed by the costo-phrenic obliteration, the diaphragmatic calcifications or
parietal calcifications. The first two types of change were prevalent in the workers of
initial working phases, the calcifications in the workers of the final ones. The calcifications
seemed to be more related to the duration of exposure and to the time from first exposure,
to the severity of exposure. As functional parameters, only the vital capacity and VEMS
percentages of the standard values established by CECA, were taken into consideration.
particularly a correlation has been observed between decreased parameters and working
age and manufacture section; with similar X-ray patterns or duration of exposure, the
decrease was significantly greater for workers of the initial phases, and respectively
for textile workers. For the same type of radiological lesion, the lesser or greater degree
of capacity diffusion was paralleled both by vital capacity and by VEMS; the lesser or greater
extension was paralleled mostly by VEMS. The relative rarity of right heart impairment,
first at ECG, was confirmed; only 2-3% cases showed a "pulmonale" P wave or changes in right
ventricular conduction. The importance and also the frequent occurrence of asbestosis among
workers of asbestos-cement is emphasized. Finally it is remarked that from the point of view of
insurance, the assessment of a compensable disablement seems often to prescind from the working
age in which the subject had been engaged; this is in contrast both with the logical expectancy
with the data presented, which on the contrary point to a progressive decrease of the risk
from the initial to the final phases of the working cycle. --Authors' abst. in English