

Stamps—After Current Table



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LITERATURE ABSTRACTS

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INDUSTRIAL HYGIENE FOUNDATION

MELLON INSTITUTE

4400 FIFTH AVENUE ·· PITTSBURGH, PA. 15213

PLAINTIFF'S EXHIBIT

CHR-310

- 182 Rheumatoid Factor in Serum of Individuals Exposed to Asbestos. B. Pernis, et al.
Ann. N.Y. Acad. Sci. 122, 112-120 (Dec. 31, 1965).

The presence and titer of rheumatoid factors in the sera of 315 asbestos insulation workers and of 103 controls were determined by conditioned hemagglutination with tanned red cells coated with aggregated human or rabbit gamma globulins. The asbestos workers were exposed to the dust for periods from 1 to 54 years, and most of them showed x-ray evidence of asbestosis that was graded into grades from one to three. A definite increase in frequency and titers of rheumatoid factors in the controls of same age and sex, was found in workers with asbestosis of grades in two and three. Similar serological abnormalities are found in cases of pulmonary fibrosis of different origin, idiopathic, silicosis, coal workers' pneumoconiosis, and sarcoidosis.

-- APCA Absts.

- 183 Occupational Hazards of Pipe Insulators. W. T. Keane and M. R. Zavon.
Arch. Environmental Health 13, 171-184 (Aug. 1966).

In this survey the attempt has been made to investigate all of the substances with which insulators come in contact in the normal pursuit of their trade. In the present state of technology, and in light of existing medical and toxicological data, the majority of the substances examined proved incapable of presenting a serious health hazard to insulators. The only insulating substance which justifies concern is asbestos. This report and other available scientific data at the present time are insufficient to provide an adequately based conclusion. The most convincing data are those of Selikoff. The further results of his and other investigations will be awaited and should contribute toward sound judgment of this matter. There are 155 references. -- Authors' summary

- 184 Malignancies in Asbestos Workers. J. Lieben.
Arch. Environmental Health 13, 619-621 (Nov. 1966).

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

- 185 Exposure to Asbestos and Malignancy. Anonymous.
London Clin. Med. J. 7, 10-11 (Jan. 1966).

Recent surveys have shown asbestos bodies to be present in many of the otherwise normal lungs of those living in clean, non-industrial communities, suggesting that environmental contamination with asbestos dust is widespread. Perhaps this is not altogether surprising considering the variety of domestic asbestos products that exist and their wide use in modern building. Present evidence suggests that there is a wide spectrum of pathological changes resulting from asbestos inhalation. Prominence was given recently to the relationship between asbestos exposure and mesothelioma. Possible widespread community contamination by asbestos clearly calls for a full assessment of its carcinogenic properties. Both chrysotile and crocidolite have been associated with bronchial carcinoma and mesothelioma, but amosite has not. It follows that both qualitative and quantitative analyses of asbestos in tissues could be most helpful in the further elucidation of this problem. In addition the relationship between asbestos exposure, smoking, and neoplasia formation, requires analysis.

-- APCA Absts.

- 186 Pleural Calcification as a Sign of Silicatosis. M. Kleinfeld.
Am. J. Med. Sci. 251, 215-224 (Feb. 1966).

Of the agents capable of producing a pneumoconiosis, only asbestos, talc, and mica (and rarely, free silica) have so far been incriminated in the production of pleural calcifications. Such calcifications following silicate exposure may vary from a few linear or circular plaques over the dome of either or both leaves of the diaphragm or the lateral chest wall to formation of an extensive shell over the whole lung field. The configuration may be bizarre, but the nature of the calcification usually is readily apparent on standard posteroanterior and lateral films. Pleural calcification is usually asymmetric. The plaques are most frequently located over the dome of the diaphragm rather than in other lung areas. Clinical and environmental evaluation was made of eight workers showing varying degrees of pleural calcification from exposure to talc, asbestos, or mica. The minimal duration of exposure was 23 years and the longest, 54 years. Respiratory symptoms, chiefly dyspnea, were present in six. Four of the six showed clubbing. In five,