

encounters increasing difficulty in forcing blood into the organs. In an attempt to compensate the overworked heart muscle becomes thicker and heavier and unless infection intervenes the time eventually arrives when the heart fails and death occurs from this cause.

The reasons for the prevalence of infection in the silicotic lung are not altogether clear. It is obvious that when the drainage system is so obstructed by nodules of scar tissue that more dust particles can only be removed with difficulty, the same must be true of bacteria which may be inhaled. As a consequence they remain in the lung and set up progressive infections. But this is not the whole story. The silicotic tissue apparently offers a peculiarly favorable soil for the continued multiplication of tubercle bacilli and perhaps other bacteria. Experiment has shown that even attenuated organisms of this type will produce rapidly fatal tuberculosis in a silicotic guinea pig. Furthermore, inhaled silica dust will cause a pre-existing latent tuberculous focus, harboring a few attenuated bacilli, to become progressive and spread.

The cause of this effect upon tuberculous infection has not yet been ascertained but probably it is in some way associated with the death of tissue caused by the toxic silica. Associated with this factor is an increased activity of the phagocytes which are stimulated by the irritating silica so that these cells tend to migrate rapidly and carry tubercle bacilli into previously uninvolved portions of the lung.

Asbestos dust, perhaps because of its fibrous structure, is not transported very far within the lung. It tends to lodge along the walls of the finer tubes and little of it is removed by the lymphatic drainage system. Tissue reaction, probably initiated by the solution of the fibers, occurs in their immediate vicinity. As in the case of silica this reaction consists of an overgrowth of the connective tissues which is later transformed into leather-like scars.

Aluminum oxide will serve admirably as an example of a non-siliceous dust whose particles are as hard and sharp as those of crystalline silica. When a measured quantity of such particles, 1 to 3 micra in diameter, are injected into the ear vein of a rabbit the majority of them come to rest in its liver and spleen. There they remain, apparently harmless, collected in large phagocytic cells and producing no reaction of the connective tissues for at least two years. Injection of the same quantity of the same sized quartz particles excites the formation of so much scar tissue that the functional elements are almost completely destroyed and the organs are reduced to nodular masses of leather-like consistence.

Carborundum, the carbide of silicon, when inhaled by guinea pigs for periods as long as four years, likewise fails to excite significant overgrowth of the connective tissues. It produces only a low grade inflammatory change with no nodules.

Instances such as those cited constitute the basis for believing that the cellular response to dust particles is not due to their hardness and sharpness but to chemical substances liberated by the action of the tissues upon them. The case for solubility has not been proven directly, for the detection of soluble silica in the tissues offers technical difficulties which today are unsurmountable. Nevertheless this substance is known to be a cell poison and in weak concentrations it will provoke an overgrowth of the connective tissues.

Mention should be made of the effect of inhaled coal dust. Most city dwellers breathe in sufficient quantities of this material during an average life-time to pigment considerable areas of their lungs. Deposits of grey or black dust will be found along the course of the lymphatic drainage system but this pigmentation is associated with little or no new growth of connective tissue. The coal miner's lung is much blacker but in most instances it also develops no deforming scars. When such reaction does occur analysis usually reveals appreciable amounts of silica in the lungs. The presence of excessive quantities of carbon dust apparently influences the localization of moderate amounts of silica so that the latter is not deposited in nodules as in pure silicosis but in streaks along lymph vessels as pure coal would localize.

Coal miners' fibrosis, due to relatively small amounts of silica, is therefore dif-

ferent from that of the pure quartz worker. When the amount of inhaled silica is excessive, the effect of the coal is negligible and the reaction approximates that in pure silicosis. There is said to be more reaction to hard coal than to the bituminous variety but there is evidence to suggest that this is due to the greater amount of siliceous rock which must be worked in mining anthracite coal.

Finally, consider the silicosis of granite cutters. This develops somewhat more slowly than that of the pure quartz miner and it has been maintained that this is due to the relatively small amount of uncombined silica in granite (25 to 40 per cent). But it is believed that other components of the glomerate granite may neutralize or at least inhibit the effects of the silica so that only after prolonged exposures to high concentrations does significant reaction occur. While typical silicotic nodules develop in guinea pigs inhaling pure quartz for a year, not even the earliest suggestion of nodules have appeared in the lungs of animals inhaling comparable concentrations of granite (40 per cent silica) for four years.

This brief discussion of some of the problems involved in pneumoconiosis draws attention to the limitations of our present knowledge. It indicates that the reaction to an inhaled dust is determined by the chemical and probably physical composition of that dust. It emphasizes the need to further study of different types of dust both in the pure state and in measured combinations. The ultimate aim of such a study should be the neutralization of the toxic action of such dangerous substances as silica.

The Dust Content of the Atmosphere in Various Dusty Industries

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The speaker said in part: The properties of a given dust which determine its capacity to produce pulmonary pathology are, the nature of the dust, that is, its chemical and mineralogical composition, its particle size, and finally the quantity of the dust dispersed in the atmosphere.

One of the outstanding results of the last 20 years of research in the field of dust inhalation is the demonstration of the fact that, in general, the degree of health hazards associated with the inhalation of any dust, all other factors remaining constant, is dependent upon the mineralogical composition of the dust. For example, it is now well established that the inhalation of certain types of dust, such as granite dust, will in time produce fibrosis of the lungs, at times associated with tuberculosis. In other cases exposure to dust may result in the production of much less fibrosis without notable tendency toward subsequent tuberculosis; this is true of cement dust. And finally, there are certain types of dust, as typified by marble dust, which in the quantities and lengths of exposure so far observed produce little lung fibrosis. In general, it has been found that those dusts which are high in quartz content are the ones which produce a disabling fibrosis of the lungs most readily.

So far as the size of the dust particle is concerned, it is apparent that in order for any given dust to produce injury to the lungs, it must gain access to the parenchyma of the lung, the site where the harmful effects of the dust take place. It is known that not all of the particles of inhaled dust gain access or are retained by the human lung. In this connection it is of importance to have regard to the size of the dust particles present in the industrial atmosphere.

With reference to the quantity of dust present in the air of a workroom it is apparent that when the dust concentration is high the exposed person will inhale a greater quantity in a given period of time than he will when the dust concentration of the atmosphere is relatively low, and since the rate of production of the fibrosis