

the development of experimental silicosis, both in respect of its amount and its distribution. The principal effect of the cortisone appeared to be on the migration of dust cells, which remained much more loosely scattered throughout the lung, mainly in the alveoli, than in animals which received the same amount of quartz but no cortisone. This interference with the accumulation of quartz particles into focal aggregates retarded the development of discrete silicotic nodules. Whether in addition there was a direct inhibition of fibrosis is uncertain, but there is some evidence that this was so. The maturation of fibrous tissue (reticulin to collagen) was not, however, much affected.

-- Authors' Summary

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- 1005 The Silica Content of Blood. G. Worth.
Klin. Wochschr. 30, 82-83 (Jan. 15, 1952) German.

Silica was determined in the blood of 264 workers in the lower Rhine area, some of whom were exposed to silicosis hazard. The average values for men were 8.4 gamma per ml., women 8.0, persons up to 25 years 9.1, and over 50 years 8.2, with average deviations of 1.4 to 2.5 gamma. There was no significant variation due to silicosis or other diseases. Experimental oral administration of a readily soluble preparation of silica was followed by a rise in the silica content of both blood and urine, reaching its peak at about 6 hours after the first dosage and falling to the original level in about 24 hours. The authors suggest that further investigations should be made with the help of radioactive isotopes.

-- Cond. from Bull. Hyg.

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- 1006 The Bronchographic Picture in Silicosis and Silico-Tuberculosis.
O. Orlandi, E. Concina, and B. Bellion. Rass. med. ind. 20,
416-420 (Nov.-Dec. 1951) Italian.

The authors indicate the value of the bronchographic method of examination in silicosis, advise on special precautions to be taken in silicotic patients, and summarize the possible findings by this procedure. The results to be obtained from bronchographic examination include: detection of the presence of bronchial spasm which may be the only alteration in early cases; various deformities of the bronchi found in more advanced cases; and the nature of areas of high light penetration seen in normal radiographs and tomographs. Bronchographic examination should not be regarded as a mere luxury method of diagnosis, but rather as a useful complement to clinical and functional examinations and an indispensable means of determining changes which might pass unobserved. Four photographic reproductions of bronchographs are shown.

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