

- 404 New Methods in the Treatment of Tuberculosis. C.H. Gellenthien.
Ind. Med., 16, 117-122 (Mar., 1947)

The next few years will show the value of B.C.G. vaccination in creating immunity and whether it is desirable to initiate a primary infection in everyone. It would not seem desirable according to our present knowledge. Streptomycin has antibacterial properties against the tubercle bacilli in vitro and vivo. The two most important limiting factors are its toxicity and the ability of the tubercle bacillus to develop a resistance to the antibacterial effects of streptomycin. Chemotherapy apparently will have very definite limitations in the treatment of any chronic infection with the pathological and clinical peculiarities that tuberculosis has. There is as yet no "specific" treatment for tuberculosis, neither chemotherapeutic nor biological. There are more than 53 individual factors in our present armamentarium. They are of varying importance, and all exert a beneficial effect when properly used. The treatment of pulmonary tuberculosis is not, however, mainly the treatment of cavities; it is the management of a human individual. Rest remains the very foundation of all treatment of active pulmonary tuberculosis. Other medical and surgical methods are accessory to and not a substitute for rest. The aim of our modern treatment is not only to stop the progress of the lesion and restore the patient's capacity to live and work but also to prevent him from infecting others, — Author's conclusion.

- 405 Silicosis and Hematogenous Tuberculosis. R. Zollinger.
Schweiz. Ztschr. f. Tuberk., 3, 205 ff. (1946)

Pathologic anatomic studies on eight patients revealed to Zollinger that the association of silicosis with tuberculosis produces the anatomic conditions for increased passage of tubercle bacilli into the blood. The small pulmonary arteries and veins undergo some destructive inflammation and are thus deprived of their elastic tissue, an important defensive element against the tuberculous invasion. Silicosis produces many more contacts between tuberculous foci and the vessels than tuberculosis alone. In this way the tendency to hematogenous spread in the combination of tuberculosis and silicosis is explained. Furthermore, the destruction of lymph nodes by silicotic granulation tissue transfers tubercle bacilli into the blood directly as well as through the thoracic duct. The vascular damage due to silicosis plays a predominant part in the hematogenous dissemination. — J.A.M.A.

- 406 Functional Repercussion in Silicosis. J.G. Cosío.
Rev. clin. espan., 21, 467 (June 30, 1946) (Spanish)

The stages of silicosis and their corresponding degrees of functional disability are described.

- 407 Coexistent Pulmonary Asbestosis and Sarcoidosis. J.H. Skavlem and R.J. Ritterhoff. Am. J. Path., 22, 493-517 (May, 1946)

This is a necropsy report of a 42-year old man who died a respiratory death after 11 months of increasing severe exertional dyspnea. Previously the patient had worked for 25 years in an asbestos plant. The pathological study revealed a coexistent asbestosis and sarcoidosis of both lungs. — J.I.H.&T.