

ANNOTATIONS

ASBESTOS IN LONDON TUBE RAILWAYS.

If it be true that asbestos fibre was woven into cloth and used in ancient Rome, the medical profession has been negligent in its failure, until quite recently, to detect the existence of chronic industrial pulmonary asbestosis. The first fatal case of pulmonary asbestosis was recorded by H. M. Murray in 1900, and a full account of the disease was given two years ago in our own columns¹ by Dr. W. B. Wood and Dr. S. R. Gloyne. The Home Office inquiry into the effects of asbestos dust on the lungs, published shortly afterwards,² has been followed by the adoption of active measures to suppress dust in asbestos factories. In many such factories the introduction of exhaust ventilation and the replacement of dry processes by wet have changed the atmosphere in which the work is carried out until it is now free at least from visible dust. The operation of cleaning the carding machines by steel brushes, undoubtedly a potent source of fatal pulmonary asbestosis, has now been replaced by a vacuum method. In view of the fact that the dust particle producing the lesion in the lung has a diameter of only 2μ to 10μ it is obvious that the dust must be suppressed at its source; the use of respirators is futile. Illustrations were recently given in the daily press of an experiment which has been devised to coat the London tubes with asbestos in an attempt to minimise noise. In these illustrations the workman was provided with a double projector, fitted with triggers by which he released from two independent jets a spray of pulverised asbestos, apparently under considerable air pressure, and a spray of some adhesive solution. According to the illustrations the asbestos powder passed through the atmosphere for something like six inches before meeting the stream of adhesive. Though it is true that the workman was provided with a mask, it is equally true that his clothing was covered by asbestos powder. Experience in asbestos factories would indicate that, should the experiment of the London tube railways lead to an extensive use of this method for deadening noise in all the underground railways of London, then a large increase in industrial pulmonary asbestosis may be expected in years to come. In the House of Commons last week (see p. 374) Dr. W. J. O'Donovan asked the Home Secretary if adequate precautions had been taken to prevent fatal lung disease in workers lining London tubes with asbestos. Sir Herbert Samuel replied that he had no powers of control in respect of this work under the Factory or other Acts, and had no information at present as to the precautions taken. But he promised to make inquiries.

HIGH BLOOD PRESSURE AND STROKES.

Despite much investigation since Allbutt's original description of high blood pressure there is still doubt about its cause and symptoms, especially in the earlier stages. It is, as a rule, only later on, when the condition is fully developed and grave symptoms have supervened, that patients with hyperpiesia are seen and studied by the specialist. Since by then irreparable damage has been done, it is to earlier

recognition and study that we must turn in our knowledge. The condition is to be an ideal subject for study by the clinician, and in an essay awarded the Hastings clinical prize for 1922 Gunewardene³ records observations on the "sudden severe attacks" of a system that are met with in this country that minor paralytic and sensory attacks are commoner than the major apoplexy, with a severe cerebral haemorrhage. Attacks may be either permanent, their duration is sometimes only a few hours. In distribution they are monoplegic, or localised to one part of the face, tongue, or arm. The sensory phenomena are the motor in distribution, and as paresthesia, numbness, pain, etc. Dr. Gunewardene finds that severe cerebral haemorrhage is rare in patients whose diastolic pressure is less than 135, whereas the less common case being seen with a diastolic pressure of between 135 and 140. His observations also show that cerebral haemorrhage is unusual in patients under 40 years of age, whereas fatal haemorrhage is common in patients carrying on their normal occupation without allowance for their hypertension. It is clear that both fatal cerebral strokes and transient strokes are very uncommon in patients whose failure has begun or there is cardiac enlargement.

RESULTS OF GASTRECTOMY.

In a communication⁴ to the Académie de Médecine on Jan. 19th, Prof. H. Hartmann reports results in 125 cases of gastrectomy for cancer of the stomach, observed for periods of from 1 to 27 years. Of the 25 patients who had relapsed, all but one had died since the operation for periods varying from 1 to 27 years. There were, further, 10 deaths, but not of cancer, which occurred from 3 to 19 years after the operation. Another group included 13 patients whose death from 2 to 13 years after the operation was not known; there may, however, have been some deaths from recurrence of cancer in these 13. Lastly, there were 7 deaths, which were due to recurrence of cancer during the first year, in 3 cases during the third, and in 1 case during the fifth year after the operation. Altogether (or 31 per cent.) survived the operation for more, and Prof. Hartmann estimates that 29 or 30 per cent. the proportion of whom a cure could be claimed. This comparatively successful result, sacrificing the greater part of the stomach, removing with the greatest care the cancerous tissue, which are most subject to relapse, that even better results would be obtained if diagnosis and operations performed had extended beyond the limits of the cancerous tissue. His conclusion that "le cancer du cancer au point de vue de la guérison."

¹ THE LANCET, 1920, I, 448.

² Report on Effects of Asbestos Dust on the Lungs and Dust Suppression in the Asbestos Industry; Merrett, E. M. A., and Price, G. W., 1920. London: H.M. Stat. Office. See THE LANCET, 1920, I, 274.

³ Brit. Med. Jour., Jan. 1922.
⁴ Bull. de l'Acad. de Médecine.