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INDUSTRIAL HEALTH FOUNDATION

5231 CENTRE AVENUE -:- PITTSBURGH, PA. 15232

PLAINTIFF'S EXHIBIT

IHF-572

CYCLOHEXYLAMINE PRODUCTION AND PHYSIOLOGICAL MEASUREMENTS IN SUBJECTS INGESTING SODIUM CYCLAMATE. M. H. Litchfield and A. A. B. Swan. *Tox. Appl. Pharmacol.* 18: 535-541, March 1971

Human subjects capable of metabolizing cyclamate to cyclohexylamine ingested 5 g. sodium cyclamate daily for 7 or 8 days. The conversion to cyclohexylamine and consequent absorption was followed by the measurement of the amine in consecutive 24-hr urine samples. The maximum daily excretion of cyclohexylamine in 5 subjects in a total of 69 volunteers ranged from 0.1 to 0.9% of the daily cyclamate intake. It was concluded that no pharmacologically active concentrations of cyclohexylamine were reached in the tissues of these subjects capable of metabolizing cyclamate after daily ingestion of large amounts of cyclamate for a week or more. --Cond. from Authors' abst.

INDUSTRIAL DUSTS

PULMONARY COMPLICATIONS OF ASBESTOS EXPOSURE. O. R. Gracey, et al. *Chest* 59: 77-81, Jan. 1971

The patient described in this article developed a malignant pleural mesothelioma more than 25 years following brief employment in an asbestos processing plant. The authors discuss the relationship between asbestos exposure and neoplasm, the intriguing subject of co-carcinogenesis and the potential hazard to urban dwellers from the increasing industrial usage of asbestos. Pleural and parenchymal fibrosis are common radiologic features of pulmonary asbestosis but are by no means unique to this disorder. Similarly, pulmonary function abnormalities may include the entire gamut of physiologic changes, depending upon the stage of the disease, complications and associated pathologic lesions. Unfortunately, no treatment is possible for this type of mesothelioma other than temporary palliation of the pleural effusion. --Cond. from text

MORTALITY IN THE CHRYSOTILE ASBESTOS MINES AND MILLS OF QUEBEC. J. C. McDonald, et al. *Arch. Environ. Health* 22: 677-686, June 1971

Of 11,788 persons born between 1891 and 1920 employed in the Quebec asbestos mining industry, 88.4% were traced. Of these 2,457 (23.6%) had died. Exposure indexes for each worker were calculated from job dust levels and duration of employment. The overall mortality was lower than expected for the population of Quebec but in the highest dust category, comprising 5% of the cohort, the age-standardized rate was 20% higher than in the other groups. Respiratory, cardiovascular, and malignant diseases in equal proportions accounted for the excess. There were 101 deaths from respiratory cancer including three from malignant mesothelioma, an estimated excess of about 15 deaths. The difference in rates for respiratory cancer between those maximally and minimally exposed was fivefold and, though perhaps exaggerated, was apparently determined by accumulated dust exposure and duration of employment. --Authors' abst.

Editor's Note: In view of questions raised in the past concerning the findings of the study conducted by IHF in 1957, it is extremely gratifying to note that the above study, which was more extensive and involved a longer period of observation, effectively confirms the conclusions reached in our study regarding pulmonary malignancy among chrysotile miners in Quebec. --D.C.B.

PHYSICAL ASPECTS OF THE ENVIRONMENT

NOISE HAZARD METER. J. H. Botsford. *Am. Ind. Hyg. Assn. J.* 32: 92-95, Feb. 1971

A noise hazard meter has been designed to evaluate a noisy environment in terms of the anticipated temporary threshold shift (TTS). The instrument presents an electrical analog of the C_1 component of the TTS. The noise hazard meter was tested with a group of normal individuals in a noisy environment. Encouraging results are reported and further studies are planned. --Author's abst.