treated animals diffuse delicate connective tissue, consisting of loosely knit fibers and thin-walled blood vessels, surrounded the silicotic nodules. In the controls, a cellular fringe with fibroblasts suggested that active fibrosis was still progressing. The authors were unable to detect any reduction of collagen in established silicotic nodules in the treated animals, although further fibroblastic proliferation was apparently retarded. This suggests that cortisone will not have any lasting benefit on the collagen in human silicosis, although it might arrest progression of the lesions while it was being administered.

-- Cond. from J. Am. Med. Assn.

283 Pulmonary Tuberculosis in the Rhondda Fach: an Interim Report of a Survey of a Mining Community. J. G. Cox and T. F. Jarman. Brit. Med. J. 2, 843-853 (Oct. 18, 1952).

A field experiment was designed to study, in a mining community with a high prevalence of pneumoconiosis, the effect of reducing tuberculosis infectivity upon the rate of appearance of progressive massive fibrosis in miners already affected by simple pneumoconiosis. The present report is concerned with the findings of the first roentgenological survey of the adult population. Figures are given for the prevalence of tuberculosis by age and sex. The extent of tuberculosis is apparently typical of such areas in the country. About 30% of the miners and ex-miners had some roentgenological signs of pneumoconiosis; 15% had progressive massive fibrosis. All but two patients with infectious tuberculosis were given hospital treatment. The number of infectious cases has been reduced by about 60%, and the patients are all being closely supervised by a health visitor. Future surveys will show what effects this reduction will have on the tuberculin positivity and on the rate of appearance of new cases of tuberculosis and massive fibrosis.

-- Cond. from Authors' Summary

284 A Clinical and Pathological Study of a Case of Pulmonary Asbestosis. H. Bastenier, H. Denolin, A. Decoster, and R. Denolin-Reubens. Arch. belges med. sociale, hyg., med. travail et med. legale 10, 61-70 (Feb. 1952) French.

A diagnosis of asbestosis must depend upon a history of occupational exposure to asbestos dust, associated with effects on the respiratory organs. A case is reported in which a woman had worked for 25 years weaving asbestos in a factory with heavy dust exposure. The symptoms described are typical. The authors compared this case with those of uncomplicated silicosis; in the latter residual air is frequently increased, expiration is prolonged, and the maximum respiratory capacity is reduced, but hyperpnea is less, rapid breathing is not so intense, and anoxemia is never so important during effort, as in asbestosis. These differences are stressed as important when necessity may arise in determining the occupational origin of a case with obscure diagnosis.

-- Cond. from Bull. Hyg.