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The proliferative reactions of the alveolar membrane are reversible as long as the stroma r mains precollagenous. In general, this reactive stroma (of entodermal origin) does not becc collagen, except over a period of months and years compared to the stroma of mesodermal origin which converts to collagen regularly in two to three weeks. Both components of the alveolar wall may react to an inhaled irritant and the structural alterations specific to each component may be present. The pulmonary clearance mechanism is the most important fact that determines if a reaction to injury from an inhaled irritant will occur and where. Multifc alveolar membrane reactions are more common than diffuse reactions and occur in regions where the clearance mechanism was incapable of removing the irritant. Conversely, a diffu: alveolar proliferative reaction to an inhaled irritant generally implies a diffuse inadequacy o: the clearance mechanism relative to the irritant. The hypersensitivity-type reaction, which may also be diffuse, is an exception to this rule. There are 9 references.

-- Author's summary

742 Tuberculin Conversion. The Iceberg of Tuberculous Pathogenesis. D. C. Kent, et al. Arch. Environmental Health 14, 580-584 (April, 1967).

A series of 42 patients with minimal primary pulmonary tuberculosis, characterized by tuberculin skin test conversion, negative roentgenographic studies, and positive bacteriologic cultures for Mycobacterium tuberculosis are presented. The pathogenesis of this entity in the development of pulmonary tuberculosis is elucidated as well as its postulated concurre significance in the epidemiological control of tuberculosis morbidity. It is concluded that all tuberculin skin test converters represent active, primary pulmonary tuberculosis, which is most probably communicable. Accordingly, all such subjects should receive the benefit of chemotherapy. Further, all control programs should include in their protocols bacteriologic studies of all converters, even those with negative chest roentgenograms, if the program can be considered to be all inclusive. It is anticipated that such a program will result in a furthe: decline of tuberculosis morbidity, just as the warm ocean currents reduce the hazard to shipp ing by removal of the invisible, submerged portion of the iceberg to its ultimate destruction. There are 18 references. -- Authors' summary

743 New Aspects of Mycobacterial Skin Tests. V. The Antigenicity and Allergenicity of Tuberculi: and the Anamnestic Effect of a Tuberculin Test. D. T. Smith. Arch. Environmental Health 1 569-579 (April, 1967).

In any group where the risk of developing tuberculosis is sufficiently great to justify some additional specific measure of protection, the choice should not be between BCG vaccination o: the tuberculin-negative persons and annual tuberculin testing of the tuberculin negative. Individuals with strong tuberculin reactions should be treated with isoniazid immediately, and those with negative tuberculin tests should be given BCG. The British study has shown that th BCG vaccination gave an 80% protection up to 10 years in slum schoolchildren with a single vaccination. Repeated skin tests would not be needed. The detection of pulmonary disease in the remaining 20% would depend upon annual x-rays. The protection from isoniazid is only 80%, and here, also, the other 20% must be detected by annual x-rays. There are 43 references given. -- Cond. from author's comment

744 Tuberculin Testing of the Aged. E. J. Chesrow and J. B. Novak. Diseases of Chest 51, 635-636 (June, 1967).

About 57% of our present old aged population are infected with tubercle bacilli. There has bee: an appreciable reduction in the reservoir of tuberculosis during the interval of ten years. Mo: men than women react to the tuberculin test among the aged. Although a gratifying reduction o the tuberculosis reservoir is noted, tuberculosis among the elderly remains a major problem. Retesting with tuberculin of this age group after a period of ten years would give us a new inde: of tuberculosis infection. -- Authors' summary

745 Occupational Asthma Following Inhalation of Moth Particles. D. D. Stevenson and K. P. Mathe: J. Allergy 39, 274-284 (May, 1967).

Because their larvae are desirable live fish bait, bee moths (Galleria mellonella, wax worm) are raised in captivity. One of 18 persons, employed over a period of eight years at a commercial fish bait establishment, developed bronchial asthma resulting from heavy exposure to emanations of this moth. Skin tests, passive transfer, in vitro histamine release, and provocative bronchial inhalation tests indicated an immunologic mechanism to be responsible for the adverse effect. Extracts of other types of moths also elicited passive transfer reactions, as well as extracts prepared from different stages of the life cycle of Cecropia moths. In this particular case, however, extracts of several insects outside of the



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