Sixty-four per cent of the color particles were of a size less than 16.35 microns; 58 per cent, less than 7.78 microns; 53 per cent, less than 3.85 microns, and 44 per cent, less than 2.14 microns.

Pulmonary lesions have never been demonstrated in workers employed in the production of colors on a cobalt oxide base. Kaolin, however, is an aluminum and potassium silicate and may contain free silica in a percentage varying from 1 to 5 per cent. The patient's condition may be attributed to the kaolin, and the following points favor this concept: an extremely long time of exposure before the first symptoms appeared; complete continuity of the occupational hazard, i. e., the same work done continuously under the same conditions with a single product the composition of which remained constant; absence of silica dust in the air and very low percentage of silica in the kaolin; topographic distribution of the micronodular lesions.

The fact that the roentgenologic picture was more accentuated at the bases, while the pulmonary apexes remained free, brings the lesions nearer to those due to asbestos, which is a silicate like kaolin.

THE HEART IN SILICOSIS. Z. LEYPOLD, Pracovni lékařstvi **2**:90, 1950.

Leypold surveys and evaluates the clinical, radiological and electrocardiographic findings in the hearts of 100 persons who had severe silicosis with no detectable component of tuberculosis and with no primary lesion of the heart. The results are compared with the data in the literature. The electrocardiographic examination is of especial importance in determining the degree of functional defect.

ADAPTATION OF ENGLISH SUMMARY.

SEVERE, COMPLICATED SILICOSIS DIAGNOSED TWENTY YEARS AFTER THE PATIENT HAD LEFT A WORKPLACE IN WHICH THERE HAD BEEN CONSIDERABLE DUST EXPOSURE. Z. VOKÁČ, Pracovni lékařstvi **2**:138, 1950.

The patient worked for 3¼ years grinding quartz. The author stresses the discrepancy between the radiologically severe finding after 20 years, on one hand, and the absence of subjective complaints and the preserved working capacity, on the other.

CONTRIBUTION TO OCCUPATIONAL BRUCELLOSIS IN YUGOSLAVIA. JOSIP FALISEVAC, Arhiv za higijenu rada **1**:148-159, 1950.

Two cases of brucellosis are described in which the occupational cause was established. The problem of the occupational causation and the social scope of brucellosis are discussed. Brucellosis is today an important social and medical problem in Yugoslavia, and it is certain that it is going to appear increasingly as an occupational disease.

ADAPTATION OF ENGLISH SUMMARY.

Industrial Toxicology

THE PATHOLOGY OF FATAL CARBON TETRACHLORIDE POISONING: WITH SPECIAL REFERENCE TO THE HISTOGENESIS OF THE HEPATIC AND RENAL LESIONS. H. D. MOON, Am. J. Path. **26**:1041 (Nov.) 1950.

For some time centrilobular necrosis of the liver and nephrosis have been recognized as characteristic findings in carbon tetrachloride toxicity. However, the wide variations in the histologic picture generally have not been recognized. Moon describes the pathologic changes in 12 cases of fatal poisoning due to carbon tetrachloride. Seven of the 12 persons ingested carbon tetrachloride accidently, or with suicidal intent; five inhaled the fumes of carbon tetrachloride. No significant differences were observed in the lesions resulting from these two types of exposure.

All but one of the patients were suffering from acute or chronic alcoholism. The frequency of a history of alcoholism in cases of fatal carbon tetrachloride poisoning indicates that alcohol