

be responsible for the decreased bacterial pneumonia. In recoveries, the production of antibodies and interferon may be an important protective agent than the interferon content of mouse. The interferon content of mouse after influenza virus infection has been shown to closely follow the peak of virus antibody. Antibody was not detected in lung tissue until at least a week later. This occurred within two to five days of viral infection and NO₂ exposures reported here, the production of interferon may be influenced by NO₂. Organisms involved in the reduced NO₂-exposed squirrel monkeys and viral infection are now under investigation.

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"Synthesis" is regarded with skepticism that the past century was reality so that we could look at disciplines got going. The next century usually with complexes of things, dependent of man.—Hare FK: *How* 1970.

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Asbestos Versus Nonasbestos Fibers

Ultramicroscopic Criteria

Paul Gross, MD; Robert T. P. deTreville, MD, Sc D; and Martin N. Haller, Pittsburgh

To classify usefully fibrous dusts inhaled by urban populations, it is suggested that they be categorized initially as asbestos or nonasbestos fibers. This would supply information sufficient for statistical significance and reduce analytical requirements, saving time and money. The ultramicroscopic criteria of asbestos fibers are ends which have profiles characterized by step-like interruptions up or down from each other, as seen at a magnification of 20,000 or 25,000 X under the electron microscope, and a surface view (scanning electron microscope at the same magnification) characterized by parallel longitudinal lines that delineate the fibrils. The ultramicroscopic criteria of nonasbestos fibers viewed at 20,000 or 25,000 X magnification are ends which have uninterrupted linear profiles, and a surface view devoid of longitudinal parallel lines.

FIBROUS dust particles are ubiquitous.¹ Many are of respirable size and can be recovered quantitatively from lungs with ferruginous bodies that develop from some inhaled fibers.² The finding of ferruginous bodies in the lungs of urban dwellers has been interpreted by some to indicate pollution of community air with asbestos dust.^{3,4} As an extension of this interpretation, it was predicted that asbestotic pulmonary fibrosis would result in urban dwellers who were inhaling asbestos fibers from the wearing

down of automobile brake-linings and from the weathering of various asbestos-cement products.⁵ It was even suggested that an increase in the prevalence of lung cancer and mesothelioma may be attributable to inhalation of such polluted community air.⁶

The concern aroused by this interpretation stimulated an investigation which ascertained that ferruginous bodies were not specific indications of the presence of asbestos fibers, since a number of fibrous dusts other than asbestos could produce structures indistinguishable from asbestos bodies.⁷ This suggested that the presence of pulmonary ferruginous bodies in urban populations is not necessarily an index of atmospheric pollution with asbestos dust. It is important to determine if urban populations the world over^{8,9} are exposed to potentially harmful asbestos dust and, if so, to what extent. Such determination requires identification of the naked fibers and central cores

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From the Department of Occupational Health, Industrial Hygiene Research Unit, University of Pittsburgh Graduate School of Public Health (Dr. Gross) and the Industrial Hygiene Foundation of America, Inc. (Dr. deTreville), Pittsburgh. Haller is a fellow of Mellon Institute, Carnegie-Mellon University.

Reprint requests to Industrial Hygiene Foundation of America, Inc., 8231 Centre Ave, Pittsburgh 15282 (Dr. deTreville).

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