

- 996 History of Lung Diseases of Coal Miners of Great Britain. Part 3, 1920-1952. A. Meiklejohn. Brit. J. Ind. Med. 9, 208-220 (July, 1952)

The author brings the history of the lung diseases of coal miners to date. Among the subjects covered are: the controversy regarding the effect of coal dust on the lungs; the acceptance and final rejection of the sericite theory; the effect of mechanization of mines; employment problems of the disabled; and, in general, the increasing knowledge of silicosis and of coal miners' pneumoconiosis, including recent research.

- 997 Silicosis and Silicotuberculosis in Makers of Mill-Stones. F. M. Troisi. Med. lavoro 43, 9 (Jan. 1952) Italian.

An inquiry as to liability to silicosis and tuberculosis complicating silicosis has been made on a group of 66 workers employed in making millstones, operating hand chisel and mallet on high-silica rock of two varieties, one containing 56% and the other 89% quartz. Physical, x-ray, and laboratory examinations have revealed in the group 5 cases of silico-tuberculosis and 14 cases of silicosis, the former occurring after 16 years and the latter, with evidence of a micronodular type of fibrosis, after 9 years. Such periods of dust exposure prior to the onset of the disease are much shorter than found generally in stone workers operating hand tools and are correlated with the high silica content of the rock. For an adequate control of dust exposure in this work a local exhaust system operating from independent exhaust hoods, so that the worker keeps a maximum distance from the tools, is recommended.

-- Author's English summary in Arch. Ind. Hyg. & Occ. Med.

- 998 Modifications of Right Heart and Pulmonary Circulation in Silicosis and Silicotuberculosis. V. Reichmann. Med. lavoro 43, 61 (Feb. 1952) Italian.

The problems of the righthart in cases of silicosis and silico-tuberculosis are reviewed, and an opinion is formulated regarding hypertrophy of the path of systolic discharge of the right heart in pneumoconiosis and the possibility of anatomic and functional compensation of the right heart in silicosis. Applications of several methods to particular problems are discussed. The slowing down of the circulation in the pulmonary vessels in cases of serious silicosis deserves attention.

-- Cond. from Arch. Ind. Hyg. & Occ. Med.