seems to play an important part, and alterations in the maximum breathing capacity may be observed in the early stages. The authors believe that repeated and prolonged use of powerful sympathomimetics such as epinephrine and isopropyl epinephrine may in the long run aggravate the dyspnea and may precipitate the progress of asphyxia. Several applications of a nebulized 2 or 3 per cent ephedrine solution or ephedrine combined with theophylline may be given for a short time in the initial stage to young patients with mild or paroxysmal dyspnea, provided that spirographic recordings reveal that the disturbed ventilation is sensitive to this treament. Inhalation therapy with theophylline aerosol (3 to 5 per cent concentration) is the treatment of choice for prolonged use in more severe dyspnea, and oxygen is the only remedy for grave dyspnea.

The general condition of the silicotic patients should be watched carefully. Smoking and drinking of alcoholic beverages should be forbidden. Rest cures in a hot and dry climate have a favorable effect on silicotic patients, but experience showed that this effect did not last when the patients returned to their former residence. In addition, the silicotic miner was not able to resume his hard physical work, because he was no longer used to it. Great efforts should be made to keep the silicotic at work in his own occupation without exposing him to dust hazard. Specialists and efficient laboratories are required to decide on the right time, when it may not be too early and not too late, to make a half-invalid of an active workman.

Catarrhal bronchitis may be associated frequently with silicosis. Its treatment is deceptive. Atropine in aerosol form or by injection is not well tolerated, and irrigation with epinephrine solution under bronchoscopy proved ineffective. Suppurative bronchitis may respond well to the inhalation therapy with 50 to 200,000 units of penicillin dissolved in 4 cc. of isotonic sodium chloride solution administered two to four times per day. Otorhinolaryngological control of silicotic patients, by a specialist, is indispensable in order to prevent bronchial infections.

Pulmonary tuberculosis supervening on mild silicosis must be differentiated from silicotuberculosis, in which pulmonary tuberculosis is associated with far advanced silicosis. Medical collapse therapy may be effective in the absence of cavities in cases of the first type. Treatment is limited to alleviating the suffering of the patient in cases of the second type.

Concerning the treatment of heart disease complicating silicosis, the authors emphasize that the pneumonologist, not the cardiologist, should be called on to treat asystole of cor pulmonale. Oxygen is the only remedy for asphyxia.

DEPOSITS OF CALCIUM CARBONATE CRYSTALS IN CONJUNCTIVA FOLLOWING CARBIDE CORROSION. E. HEINSIUS, Klin. Monatsbl. f. Augenh. **115**:673, 1949.

Heinsius points out that the question of early surgical transplantation versus conservative treatment is still not definitely decided in cases of carbide corrosion of the conjunctiva. Following a review of earlier contributions on this problem, the author reports observations on two patients who had sustained carbide corrosion while working. The necrotic part of the conjunctiva was removed and was replaced with mucous membrane from the lips. Histologic examination of the necrotic conjunctiva revealed deposits of crystals of calcium carbonate. The author also describes experiments on rabbit eyes, and in explaining the presence of crystals of calcium carbonate, he says that on contact with water carbide separates into acetylene and calcium hydroxide and that the latter, in turn, on exposure to air decomposes into calcium carbonate which is not injurious to the tissues, so that the corrosive action must be due to the calcium hydroxide. The form of the deposits of calcium carbonate suggests that the calcium hydroxide penetrated the conjunctiva and there was transformed by carbon dioxide into the insoluble carbonate.

The author feels that whenever carbide causes second and third degree corrosions the therapeutic rule established by Denig and Thies should be followed; that