Scattered throughout the lung in both the diseased and healthy parts are spindle-shaped structures described first by McDonald.[87] These bodies are 20 to 100 μ in length and are bulbous on one or both ends so that they appear club- or dumbbell-shaped. They are brownish in color, do not stain, and give a Prussian-blue reaction for iron. Simson[88] has produced these bodies in guinea pigs by experimental exposure to atmosphere containing asbestos. Lynch[89] concludes that these "curious bodies" signify exposure to asbestos dust but do not necessarily indicate asbestosis. In other words, they are more properly referred to as "asbestos bodies" and not "asbestosis bodies."

X-ray examination. For an excellent review of roentgenographic findings in both silicosis and asbestosis the reader might well refer to Pendergrass.[90] Characteristic differences in the roentgenographic findings in silicosis and asbestosis are tabulated below:

Asbestosis	Silicosis
Fibrosis diffuse (film may have ground glass appearance from pleural involvement).	Fibrosis nodular.
Findings may be either bilateral or unilateral.	Findings characteristically bilateral.
Lesions largely in the lower one half or two thirds of the lung fields.	Lesions predominantly in the upper two-thirds of the lung fields.
Emphysema in upper portion of lung fields.	Emphysema in lower portion of lung fields.
Borderline degree difficult to recognize.	Borderline degree more easily recognized.

Control. Prevention of asbestosis depends largely on preventing exposure to sufficiently high concentrations of long fibers to produce the characteristic reaction. Also, if only long fibers cause the disease, fine dust respirators are not necessary. The more comfortable gauze respirators appear to be perfectly adequate filters for the long fibers. Up to this time, however, they have not been approved by the United States Bureau of Mines for this purpose.

Allowable concentrations. Dreessen, DallaValle, Edwards, Miller, and Sayers[91] have found evidence to indicate that 5 million particles per cubic foot of air is a satisfactory figure for the maximum permissible atmospheric concentration of asbestos to which workers may be exposed. However, in setting up this figure, only fibers less than 10 μ in length were counted and the longer ones were disregarded. It now appears that the shorter fibers may have to be disregarded and permissible concentrations of long fibers established, which has not been done.

The prognosis with early to moderately advanced asbestosis is good, provided the inhalation of asbestos fibers is materially decreased. Unlike silicosis,

[87] S. McDonald. *Brit. Med. J.*, 2, 1025 (1927).
[88] F. W. Simson. *Brit. Med. J.*, 1, 885 (1928).
[89] K. M. Lynch, *J. Am. Med. Assoc.*, 109, 1947 (1936).
[90] E. P. Pendergrass, "Roentgen-Ray Diagnosis in Silicosis and Asbestosis," in A. J. Lanza, ed., *Silicosis and Asbestosis*. Oxford Univ. Press, New York, 1938.
[91] W. C. Dreessen, J. M. DallaValle, T. I. Edwards, J. W. Miller, and R. R. Sayers. *U. S. Pub. Health Bull.* No. 241, 1938.