

air-borne, the fine particles should be prevented from becoming air borne. In some industries oil is sprayed on finely divided materials to cause the fine particles to adhere to larger particles. The sources and treatment of dust in the glass industry and the secondary sources of dust from power plants are discussed. Modern methods of treatment may be applied to all types of processes. Automatic controls which reduce the human element to a minimum provide dependable operation. These systems, properly applied, give complete dust control which in turn yields better quality control, lower equipment maintenance costs, and lower operating costs.

-- APCA Absts.

- 772 Pneumoconiosis in Diatomaceous Earth Workers. A. Ahlmark, T. Bruce and N. Nyström. Nord. Med. 59, 289-290 (Nov. 20, 1958).

Diatomaceous earth deposits in Sweden are exploited only in a few places and to a relatively limited extent. Pneumoconiosis is reported in 3 men engaged in quarrying, drying and pulverizing diatomaceous earth. In all 3, the disease had reached stage III (Johannesburg scale). Advanced pneumoconiosis was present in 2 men after only 10 years exposure. Tuberculous complications were not demonstrable. All 3 were nevertheless totally disabled by their disease. In one man, pneumoconiosis was the main cause of death.

-- APCA Absts.

- 775 Unusual Manifestations of Silicosis. C. S. Morrow. Tuberculosis 18, 35-38 (Sept. 1959).

Two unusual case histories are presented. The first was a case of silicotic pneumolithiasis and the second a case of Caplan's syndrome. The exact etiology of the Caplan type of pneumoconiosis has been the subject of speculation. The possibility that the lung lesions are solely a manifestation of rheumatoid arthritis and unrelated to pneumoconiosis, has not been accepted. A probable explanation is that the tissue response to infection, tuberculosis or otherwise, which ordinarily results in conglomerate masses, is modified by the rheumatoid state to produce instead the Caplan lesion. The clinician is urged to be aware of this syndrome since it may be confused with metastatic malignancy of the lung.

-- APCA Absts.

- 777 Non-Typical Forms of Lung Silicosis. M. Weber. Med. Pracy (Lodz) 9, 387-396 (1956).

The author emphasizes the frequency of the non-typical forms of silicosis and discusses the classification of these forms. Based on his own material, he describes the observed cases of the following different forms of silicosis: acute silicosis; silicosis with a slow course of disease; cases with a great difference between the clinical and radiological picture; and silicotic cases which are radiologically non-typical. All of these non-typical forms create some difficulty in the evaluation of different periods of silicosis, and stress the necessity of taking into consideration in each instance the clinical picture as a whole.

-- APCA Absts.

- 778 Clinico-Radiological Assessment of Silicosis with Autopsy Comparison. H. Lent and H. Gravenkamp. Beitr. Silikose-Forsch. No. 62, 1-76 (1959). Gorman.

The authors describe investigations carried out on 142 Ruhr coal miners, in whom an autopsy was performed within 2 years of clinical assessment. The chest x-rays were re-examined and reclassified in the light of the clinical findings before the morbid anatomy was studied. Eligibility for compensation under the workmen's compensation scheme was considered and errors in awarding compensation are included as mis-diagnoses. The chest x-rays were finally compared with the lung sections and histological reports. The usual method of classifying silicosis into 3 stages was used. In 18 (12.7%) of cases there was a discrepancy of at least one stage between the clinico-radiological and pathological assessments, but in only 13 (9.7%) was this considered as undoubtedly due to faulty radiological classification. In 8 cases the amount of silicosis was overestimated, in 5 underestimated, on the chest x-ray. In 7 cases the assessment of compensation was at fault. Reasons for the disagreement are discussed and numerous illustrative cases are described in great detail.

-- Bull. Hyg.