FILE NAME: Hercules Chemical (HERC)

DATE: 1952

DOC#: HERC010

DOCUMENT DESCRIPTION: Abstracts of Article by W. Behrens, Jr. - The Clinical Picture and Pathology of Asbestosis

112. Abstract of Bahrein, 1952
(two)

A. M. A.

ARCHIVES OF

Industrial Hygiene

and

Occupational Medicine

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VOLUME 7
1953

PUBLISHERS
AMERICAN MEDICAL ASSOCIATION
CHICAGO 10, ILL.

DERMATITIS PROVOKED BY SATURNIDAE MOTHS: YELLOWTAIL MOTH DERMATITIS OR CARIPITO ITCH. GUIDO D'AVANZO, Med. lavoro **43**:439 (Dec.) 1952.

The author, a ship's medical officer of the Italian Mercantile Marine, sets forth a rare exotic infection, often of professional character, consisting of a very troublesome erythematous-vesicular dermatitis caused by direct or indirect contact with the abdominal hairs of special Saturnidae moths characteristic of South and Central America, the same belonging to the genus Hylesia.

After reporting some cases on vessels infested with these moths while in Caripito Bay, Venezuela, the author gives a complete outline of the infection and dwells upon the particular pathogenic mechanism, making recommendations for prophylaxis and therapy.

AUTHOR'S SUMMARY.

TWO CASES OF CANE DISEASE. LORIO REALE, Med. lavoro **43**:453 (Dec.) 1952.

A description is given of two cases of cane disease observed in laborers working in a cane-gathering center in Sardinio. Symptoms were acute eczema on face and limbs, irritation of conjunctiva and nasal mucous membranes, and a slight rise of temperature. The two patients recovered in a week.

The author believes that cane disease is occupational and is caused by an allergy for a fungus of the Sporotrichum type, a parasite growing on canes exposed to humidity for long periods.

ENGLISH SUMMARY.

THE CLINICAL PICTURE AND PATHOLOGY OF ASBESTOSIS. W. BEHRENS JR., Ztschr. Unfallmed, u. Berufskrankh. **45**:129-140 (May 15); 179-189 (Sept. 15) 1952.

This is a general account of asbestosis, introduced by mention of the uses of asbestos centuries ago for woven garments for the dead during cremation and as wicks for the lamps of the vestal virgins. The chief chemical and physical characters of different kinds of asbestos belonging to the two main groups of this mineral—amphibolite and chrysolite asbestos—are recorded. The world distribution of asbestos and its mining, treatment, and use are shortly described, as well as the industries in which dust inhalation hazards may be met. Reference is made to the published work of a considerable number of authors who have studied asbestosis since the first records of the disease about 1906; their observations on the effect of length of exposure to asbestos dust in different concentrations are given.

The symptomatology and diagnosis and the x-ray findings in different stages of the disease are also published.

Special mention is made of the association of asbestosis with carcinoma, which is contrary to experience in cases of silicosis. Postmortem reports from the literature indcate that in 309 cases of asbestosis there were 44 lung carcinomas (14.2%), whereras in 2,204 cases of silicosis only 32 carcinomas were found (1.4%).

The experience of the association of tuberculosis and asbestosis varies greatly in different countries. English workers have recorded a high rate of tuberculous infection among workers in asbestosis, and the Home Office reports for 1933 to 1939 include 90 deaths from asbestosis, with an association of tuberculosis in 32 deaths. This is, however, to be compared with the silicosis deaths, for during 1932 to 1939 there were 797 tuberculous infections in a total of 1,397 fatal cases of silicosis. In America, tuberculosis is a rare complication of asbestosis. Some figures from the German experience record that among 500 definite and 200 doubtful cases of asbestosis there were found only 11 instances of active and 51 of inactive tuberculosis, whereas among cases of silicosis the incidence of tuberculosis was 35% in the slight and 63% in the severe degrees of silicosis.

The rest of the paper consists of a description of the macroscopic and microscopic appearances of the lungs in asbestosis, as well as a discussion, with an excellent reference list, of the nature and significance of the "asbestosis bodies" about which there have been so many differences of opinion.

M. E. DELAFIELD [Bull. Hyg.].

Behring

BULLETIN of HYGIENE

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VOLUME XXVIII (Nos. 1-12)
JANUARY - DECEMBER, 1953



London:
BUREAU OF HYGIENE & TROPICAL DISEASES
Keppel Street, Gower Street, W.C.1
1953

The suggestion is made that cortisone would not be expected to have any lasting beneficial effect upon the collagen in human silicosis, although it might well arrest progression of the lesions during the period of administration. The appearances of the experimental nodules with and without treatment are illustrated. *E. L. Collis*

EBINA, T., TAKASE, Y., INASAWA, Y. & HORIE, K. **Silicosis in the Diatomaceous Earth Factories.** *Tohoku J. Exper. Med.* 1952, Aug. 25, v. 56, No. 3, 214.

"(1) We found 12 silicosis patients (11·0 per cent) in the 106 workers in six factories dealing with diatomaceous earth at Enda by roentgenographical examinations of their chests. The 12 silicotics were graded as 8 cases in the first stage, 3 in the second stage and only one in the third stage.

"(2) The shortest period that incurred silicosis was 3 years and the morbidity tended to increase with the years employed. Advanced forms of silicosis above the second and the third stages are found in the group of those who had been employed 51 years or more. Morbidity here increased also with the age.

"(3) Except for the tendency of decrease in breathing capacity, subjective and objective symptoms were few.

"(4) Tuberculous complication is found only in one case of the first stage.

"(5) The Enda diatomaceous earth contains 76% to 86% SiO_2, which is amorphous hydrated silica in the condition of irreversible colloid and not quartz, which is generally considered as the cause of silicosis.

"And so our cases are of some interest in considering the etiology in silicosis."

BEHRENS, W., Jr. Über Klinik und Pathologie der Asbestosis. [**The Clinical Picture and Pathology of Asbestosis**] *Ztschr. f. Unfallmed. u. Berufskrankh.* 1952, June 15, v. 45, No. 2, 129–40; Sept. 15, v. 45, No. 3, 179–89. [150 refs.]

This is a general account of asbestosis introduced by mention of the uses of asbestos centuries ago for woven garments for the dead during cremation and as wicks for the lamps of the vestal virgins. The chief chemical and physical characters of different kinds of asbestos belonging to the 2 main groups of this mineral—amphibolite and chrysolite asbestos—are recorded. The world distribution of asbestos and its mining, treatment and use are shortly described as well as the industries in which dust inhalation hazards may be met with. Reference is made to the published work of a considerable number of authors who have studied asbestosis since the first records of the disease in about 1906, and give their observations on the effect of length of exposure to asbestos dust in different concentrations.

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M. E. Delaf

CAYTON, H. R., FURNESS, G., JACKSON, D. MAITLAND, H. B. **Studies on Cotton Du relation to Byssinosis. Part III: Compari Cotton Dust and House Dust by Chemica Skin Tests.** *Brit. J. Indust. Med.* 1952 v. 9, No. 4, 303–8. [16 refs.]

All the dusts in this investigation were sub to chemical tests which are fully explained. A found to contain a polysaccharide associated polypeptide grouping of amino-acids giving the usual colour reactions for protein; there w detected difference between the dusts. Extra cotton dusts are known to produce two typ skin reactions, an early reaction of weal and type, and a late reaction of induration and eryt Early reactions are considered to indicate a Both extracts gave similar early reactions; b cotton dust extract caused a reaction in more p than the house dust extract. Cotton dust ex produced a late skin reaction in a high percent those tested, whereas the house dust extract di The polysaccharide polypeptide compounds probably responsible for the early skin reactions component responsible for the late reactions ha been determined; and further research is in progress. *E. L. C.*