A CASE OF PNEUMOCONIOSIS.

RESULT OF THE INHALATION OF ASBESTOS DUST,

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(WITH SPECIAL PLATE.)

The asbestos industry has been in existence for over two thousand years, and it is remarkable that the possibility of damage to the lungs, arising from the inhalation of dust during its manufacturing process, has not been investigated until within comparatively recent years. Very few cases of pneumoconiosis due to asbestos dust have been recorded in medical literature, and for this reason the notes on the following case may be of some interest.

The first recorded case was that reported by the late Dr. Montague Murray of Charing Cross Hospital in 1900. No other case was reported, and the inference that asbestos dust might be the cause of an extensive pulmonary fibrosis was lost sight of for some time. In 1924 and 1927 Dr. W. E. Cooke published his exhaustive reports on another case, and described in detail the pathological changes and his "curious bodies," which are apparently a unique feature of the microscopic picture. This stimulated other investigations, and Simson has reported similar findings in workers employed in the crushing of asbestos rock, as apart from the manufacturing processes. In most of the cases hitherto reported the extensive fibrosis has been associated either with pulmonary tuberculosis or an unresolved pneumonia, and there has always been the slight doubt as to whether there has been asbestos dust within the primary cause of the fibrosis.

The patient, a man aged 40 years, was sent for an opinion of his chest condition to the tuberculosis dispensary. The question of tuberculosis was raised as a consequence of his complaint of cough. Conversation pointed to the possibility of a fibrosis of occupational origin, especially as there is neither a history of other illnesses in childhood or adolescence to support a more common cause of pulmonary fibrosis, nor does this correlation of history, symptoms, and physical signs occur in these latter cases. Toxaemic symptoms in the absorptions of some constituent of the asbestos rock or not is a point which requires further investigation.

REFERENCES.
E. R. FLINT: COMPLETE GASTRECTOMY FOR CARCINOMA OF THE STOMACH.

Fig. I.—Showing the state of affairs one hour after taking a barium meal. This suggests that the upper intestine holds back the meal to compensate for the loss of the stomach.

Fig. II.—Showing the state of affairs five minutes after taking a barium meal.

H. E. SEILER: PNEUMOCONIOSIS.
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Radiogram of a case of pneumoconiosis, the result of the inhalation of asbestos dust. Showing fine motting of a silicotic type in both lungs and some evidence of definite fibrosis, especially on the right side.