

Abstracts

THE PREVENTION OF SILICOSIS BY METALLIC ALUMINUM

J. J. Denny, M.Sc., W. D. Robson, M.B.,
D. A. Irwin, M.B. Canadian Medical
Association Journal, Vol. 40, No. 2,
March, 1939.

In a preliminary paper in 1937 the authors showed that addition of small quantities of aluminum powder prevented solubility of silicious material *in vitro*. The present report embraces later experimental work and experiments performed *in vivo* on rabbits. The results show conclusively that the addition of 1% of powdered aluminum metal to silica and quartz dust effectively prevents fibrosis in the lung, even when large quantities are inhaled over long periods. The aluminum forms a protective coating around the particles of silica and thus prevents solubility of the latter.

Experiments carried out to test toxicity of the aluminum were essentially negative. Animals remained healthy and showed no pathological lesions even when subjected to aluminum dust in large amounts over long periods of time. The protective coating of aluminum is relatively permanent, having been shown to be effective over a period of months, with no diminution in protective effect.

The authors conclude that addition of 1% of aluminum dust to mines will effectively prevent silicosis, and point out that the practical application of this discovery is quite feasible, and that the effective concentration of aluminum is many hundreds of times below that necessary to produce an explosive mixture.

Practical experimental work is now in progress at the McIntyre mine in Ontario, and methods have been devised whereby an excellent dispersion of the powder can be obtained in the underground atmosphere.

F. D. WANAMAKER, B.Sc., '41

A STUDY OF 500 CONSECUTIVE CASES OF PRE-ECLAMPSIA

Frederick C. Irving, M.D., F.A.C.S.,
Canadian Medical Journal, 1939.
Vol. 40, No. 2.

These patients were registered and delivered at the Boston Lying-in Hospital between April 1935 and January 1937. Of these 16 were primary hypertensives and three nephrits.

Routine Blood Chemistry determinations were done in 452 cases, showing abnormal findings in 14%. Ophthalmoscopic examination showed evidence of sclerosis of retinal vessels in 52.6% of 190 cases. Blood plasma proteins were lowered in 16 of 25 patients with marked albumi-

nuria and oedma but with slight hypertension. The latter measure is now used routinely on pre-eclamptics.

Cases with systolic pressure over 150 or diastolic pressure over 100 were put to bed and fluid intake restricted for several days. Then a low salt and low protein diet was given. The rationale of a low protein diet may be questioned, and protein given in greater quantities than usual if such a diet will not increase the salt content. At the same time $\frac{1}{2}$ oz of magnesium sulphate was given every hour until a watery stool was produced and daily evacuation maintained by restricted dosage.

Labour was induced in 197 cases, artificial rupture of membranes being the method of choice. 40 Caesarian sections were performed, but only on 8 for pre-eclampsia alone, and on 17 for disproportion. There was only one maternal death.

Total fetal mortality including still born and non-viable fetuses was 6.9% (516 infants). The lowest mortality, 2.6% occurred when labour took place between the 32nd and 36th week of pregnancy.

J. S. MANCHESTER, '41

EXPERIENCES IN TREATING TOXIC GOITRE IN A LARGE PUBLIC HOSPITAL

H. O. Thompson, M.D., F.A.C.P., S. G. Taylor, M.D., K. A. Meyer, M.D., and R. N. McNealy, M.D. in *Annals of Internal Medicine* as condensed in *Digest of Treatment* December, 1938.

The statements to follow, based upon case studies in the Cook Country Hospital, are made in an attempt to emphasize the importance of adequate preoperative preparations of patients.

There must be complete rest, especially in serious cases, a diet of 4,000-5,000 calories to produce a gain in weight, iodine in sufficient amount and digitalis for cardiac decompensation. Indications for surgical treatment are: a gain in weight of 10 pounds or more, reduction of the B.M.R. to plus 40 or less, and disappearance of the cardiac symptoms. Operation is avoided on patients showing a B.M.R. of plus 60 or more, those failing to gain in weight, these with a Upper respiratory tract infection less than two weeks before operation, or in the presence of marked weakness or emotional instability. In these cases Roentgen treatment is carried out over a period of 12 weeks. One dose is given each week following which a temporary reacerbation of symptoms is the usual occurrence.

J. A. RANKINE, B.Sc., '39



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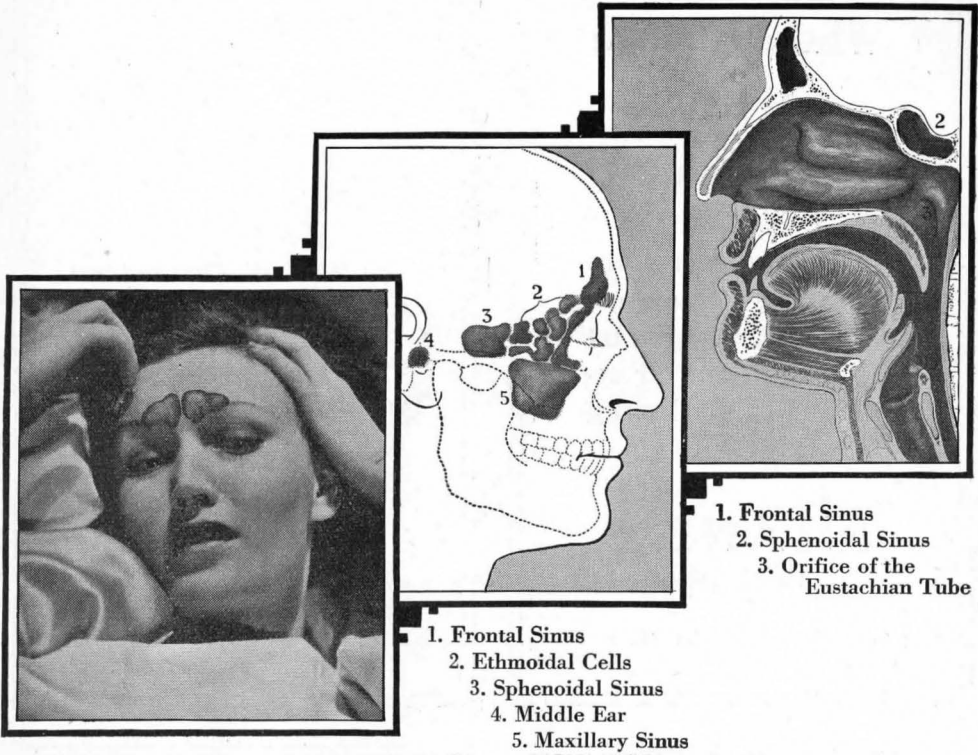
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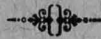
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