

further exposure contributes to the progression of the disease. Kennedy & Route (see *Br. J. Ind. Med.* 1967, 24, 232) carried out clinical, radiological and lung-function investigations in workers exposed to different atmospheric concentrations of asbestos. High-level exposure in two workers produced minor radiological changes and abnormal pulmonary function. Only two of ten less-exposed workers suffered a similar fate. Of the lung-function indices studied, a reduction in inspiratory capacity was found to be the most sensitive indicator of early asbestosis. Apart from the need for an early warning system for asbestosis, it is essential that universal agreement is reached on the clinical, physiological and radiological criteria used for diagnosing this disease. Otherwise, the full value of the epidemiological studies currently being undertaken will not be realized.

Asbestos bodies

In cases of mesothelioma and asbestosis, asbestos bodies are to be found in abundance in lung tissue. Other fibrous materials when inhaled form similar bodies in the lungs and it is important that in reporting the presence of asbestos bodies, positive identification of asbestos should be made (Lewinsohn, *Br. med. J.* 1968, 2, 120; Gross *et al. Am. ind. Hyg. Ass. J.* 1967, 28, 541; deTreville, *J. Am. med. Ass.* 1968, 203, 1142). Investigators should not rely on morphological diagnosis alone and unless asbestos fibres can be demonstrated the bodies should be called 'ferruginous bodies'. Asbestos can be detected in biological material by a method involving ultrasonic disintegration followed by examination of heat resistance, water insolubility and optical properties (Peacock, *Lancet* 1968, i, 1153). The formation of asbestos bodies in guinea-pigs' lungs has been studied by Holt & Young (*J. Path. Bact.* 1967, 93, 696) and by Davis (*Br. J. exp. Path.* 1967, 48, 379). It appears that the asbestos fibres are swallowed up by the macrophages to form phagosomes. Cytoplasmic proteins are adsorbed into the asbestos fibre resulting in a contraction of the phagosome to form residual asbestos bodies having a beaded or corrugated structure. Once the asbestos fibres reach the pleural cavity, they are unlikely to be transported to other sites of the body to any significant extent. Using radiolabelled asbestos, Holmes & Morgan (UKAEA Research Group Report AERE-R 5289; HMSO, London, 1967) found that less than 10% of an intrapleural dose had vacated the chest region even after 50 days.

Conclusion

Keane & Zavon (*Archs envir. Hlth* 1966, 13, 171) have concluded that of the materials encountered by pipe insulators, asbestos alone presents a serious health hazard, and it is likely that in other industries, too, asbestos provides the major hazard. The asbestos problem presents a formidable challenge which is being met conscientiously by the responsible parties. While there is little room for complacency, there is even less for the exaggerated claims of danger made by the Rachel Carsons of our society.

THE PRICE OF INFLATION

The topless waitress—misnomer of the century—has had repercussions in the field of toxicology, and while we would not condemn in principle all attempts to improve on nature, the injection of foreign materials for purely cosmetic rather than therapeutic reasons does seem to justify a long look at the results, if not the actual manifestation, of this current trend. The problem was high-lighted recently in a paper by Symmer (*Br. med. J.* 1968, 3,