III - Saranac also has shown that, logically, as the concentration of long fibres is increased, more fibrosis develops. The fibre deposits in the Thetford area are of longer fibre than the Asbestos deposit. Although there is no data today, we might assume that the dust in the Thetford Mills has a higher percentage of the longer fibres than that in the Asbestos Mills. This might account in part for the greater number of asbestosis cases seen in the Thetford Plants.

IV - The relatively small number of asbestosis cases occurring in the asbestos mines and mills as compared with the textile plants might be due in part to the percentage of fibres in the industrial atmosphere. Dust counts in various textile plants show up to 26% fibre while counts in our mills show only 4%-5% fibre.

4. That the fibrosis of asbestosis will not progress after removal of the animal from dust to normal air can easily be believed. I have seen many men who, when transferred to non-dusty jobs, have improved physically and whose x-rays have shown no progression.

5. We always have believed that the asbestosis bodies are not evidence of disease, but simply the fact that fibre has been inhaled and the body has shown defensive action in an effort to neutralise the irritation.

6. I still believe that asbestos dust will not aggravate a pre-existing tuberculosis; also that the course of tuberculosis will not be altered in a man who has worked for several years in our mills as long as he has no x-ray evidence of asbestosis. However, at the moment I can neither accept nor deny the statement that asbestosis has no effect on superimposed tuberculosis.

The Saranac experiments have shown that asbestos is not an inert dust like gypsum, nor is it a very active dust like quarts. They have shown that concurrent asbestosis and tuberculosis produce more fibrosis than does either disease alone. Also it has been shown that tubercle bacilli have been found in the asbestotic fibrosis which is not the usual site for this infection. These experiments have shown that there may be some connection between non-tuberculous infection and asbestosis.

I believe that this is a fact for, although I do not think our mill workers have more respiratory complaints than the average man, I have seen several cases where pneumonia has developed on a pre-existing asbestosis. Such cases are extremely difficult to treat, show a very slow recovery and considerable fibrosis in the x-ray. The local doctors have stated that pneumonia in an employee who has worked for many years in the dust often has a fatal termination.

In view of the probable detrimental effect of asbestosis on superimposed pneumonia, I believe that the relationship of tuberculosis developing on a well-established asbestosis should have further study. Although this relationship has not been shown in the recent experiments, my opinions must be neutral until more cases of the disease among our employees have been studied.