Charlemagne threw in the flames to cleanse was made of asbestos.

Commercially osbestos has been in use less than one hundred years. It is found in every State in the Union, but the only sources used commercially in the United States are found in Arizona and Vermont. The main sources of supply are from the Province of Quebec, Canada, and in South Africa.

Asbestos fibers are received in bags, partially fiberized. The processes employed to convert these fibers into finished cloths, tapes, yarns, etc., are substantially the same as used in the woolen textile industry. The fibers are opened, fluffed, cleaned, carded, spun, plied and woven into textile products. Asbestos fibers too short to spin are used in various building materials—shingles, siding, mill board, insulation, etc. Short fibers are also used for molded products in the electrical, automotive and other fields.

Whenever and wherever asbestos is processed it creates dust, unless it is thoroughly wetted. Asbestos dust when breathed into the lungs is hazardous to the lung tissues of employes. This hazard has been recognized for many years by the manufacturer and the medical profession. Long before asbestosis was declared an occupational disease and made compensable by law January 1, 1938, in Pennsylvania, the industry kept pace with the engineering progress in the control of the dust.

The first attempt at control at that time seemed quite adequate and modern but looking back thirty years, such systems of control appear just as they were, crude and inadequate. I can tell you, twenty-five years ago, standing in any asbestos plant, twenty-five feet away you wouldn't recognize on employe due to the concentration of the dust.

These first installations amounted to little more than a crude means of ventilation. The air was changed and the dust particles reduced, but the dust was allowed to escape into the room and usually the travel of air was directly past the breathing zone of the operator. Crude, uncomfortable and ineffective dust masks were supplied but it was almost impossible to get the employes to use them. I might say the facilities made available now are very much improved, but we are still up against the problem of nature, of how to fasten these dust masks onto a person's face. Nature put the ears there, or where would you put your glasses? But that is not true of a dust mask. They preferred a piece of gauze or muslin tied over the nose, which medical men declared entirely ineffective. In succession came the open hoods, then enclosed burlap houses — each change tending toward trapping the dust and collecting it at its source before it ever got into the room or the breathing zone of the operator.

I have hurriedly skipped over a good many years of headaches, heartaches, trial and error methods which cost many thousands of dollars, yet most of the members of the industry were willing to do this to control the dust and reduce the hazard.