nation and diagnosed as
rely free from symptoms,
of 20 with negative diag-
pea and cough were the
these cases exhibited the
. in true silicosis. Several
ey were "short winded"
asis should not be placed
uring the progress of the
the communities where
stated that they did not
ong these workers. The
at found in a community

n X-ray films) is given in
han 15 years of employ-

losis	Positive	Doubtful	Negative
	7	1	2
	1	0	1
	67	39	20

gs.

signs of chest trouble.

gs

	Positive	Doubtful	Negative
	23	9	7
	31	28	13
	3	2	0
	67	39	20

s.

ched to the presence of
: appears doubtful, as 18
15 percent of the others
) showed such conns.
-ray films called attention
ary unusual incidence of
it is a compensatory
up the heart in efforts

to pump blood through the fibrosed lungs. It is possible that not sufficient attention has been paid to the effects of the pneumoconioses upon the heart.

Many workers had changed from one department to another and from one plant to another during their years of employment in the asbestos industry. Since only the amounts of dust collected at the time of this survey in the various departments are known, there is no way of knowing the average amount of dust in the atmosphere inhaled by these people over the years of their employment. Consequently, it is not possible to correlate individual cases with definite amounts of dust exposure.

INSURANCE CLAIMS

To throw light on the relationship between asbestosis and pulmonary tuberculosis, an analysis of death claims and total and permanent disability claims was made in regard to companies carrying group insurance and having available figures.

There were 2,099 lives involved, with a total exposure of 7,019 life-years. The death claims are so small in number that reliable conclusions cannot be reached from any subdivision of the figures. The same is true of the sickness claims under health insurance. The number of claims for respiratory diseases is high in two of the plants studied but low for the others, as compared with the Metropolitan experience of 1927. However, during the latter part of 1928 and the first part of 1929 there was an epidemic of influenza.

The records of one establishment (plant B) showed that 6 of 36 death claims and 8 of 10 permanent and total disability claims were listed as due to pulmonary tuberculosis. This appeared to be an inordinate amount of tuberculosis from this plant. However, many of the employees were Negroes, and also tuberculosis claims are generally high in this section of the country. Realizing the difficulty in diagnosing pneumoconiosis and the tendency to confuse it with tuberculosis, these claims were studied individually. The physicians who had treated the individuals were interviewed, and the hospital and sanatorium records, including available X-ray films, were investigated, with the following results:

Death claims:

1. A typist, not exposed to dust; died of pulmonary and intestinal tuberculosis.
2. Colored male, age 27; worked in asbestos 1 year and 8 months; died of pulmonary tuberculosis following a hemorrhage; was in sanatorium 10 months. Also had a four plus Wassermann. No evidence of asbestosis.
3. Colored male, age 32; worked in asbestos plant 1 year and 7 months; died of pulmonary tuberculosis after 1 month in hospital. Cavitation both lungs; no evidence of asbestosis.