It will be noted from the table that the mortality rate for the Asbestos cohort is almost exactly the same as that for the Province, while the rate for "proved" cases in the Thetford Mines cohort is only slightly higher. When the "suspected" cases are included in the calculation, the rates for the Thetford Mines cohort rises to 41.4 per 100,000 which is nearly twice as high as the rate for the Province. This, it will be recalled from the previous discussion of the "suspected" cases, approaches but does not exceed the significant level.

One further interesting observation from Table 20 is the rather marked increase in the total number of cases for the Province between 1950 and 1955. It is assumed that at least part of this increase is due to improved recognition and reporting of lung cancer during the interval. For this reason, the years 1954 and 1955 were thought to be more nearly representative of actual conditions. Even so, it is quite likely that the general population is not studied for lung cancer with the same diligence with which this disease is looked for in the miners, and it seems probable that the mortality rates for the Province would tend to be low. This would appear to be substantiated by the fact that the reporting of cases in the combined cohort showed no such increase over the same period.

Table 21 was compiled to show the annual age-specific lung cancer rate of cases in which the death certificate merely read "cancer of the lung", as distinguished from those in which the diagnosis was