

4. Colored male, age 34; worked in asbestos plant 2 years and 6 months. His physician believes this was a case of uncomplicated tuberculosis. Was not inmate of hospital or sanatorium. No information could be obtained on the other two cases.

Total and permanent disability claims:

1. Male, employed in asbestos plant 3 years. His physician states that he first came under his observation with an old established case of tuberculosis about 2 years after asbestos employment started. Also had tuberculosis of the kidney and cervical glands.

2. Male, employed in asbestos plant 8 months. His physician states finding of old fibroid tuberculosis with tubercle bacilli in sputum. No X-ray available; but according to physician, asbestos bodies were found in sputum.

3. Male, 10 years' employment. Two physicians who treated him at different times are now inclined to believe this man is not tuberculous, but has asbestosis.

4. White male, was reexamined at time of investigation. His physician reports well nourished, husky looking, good color, no cyanosis; no clubbing of fingers; diminished expansion; incessant cough; X-ray shows fine mottling disseminated through both lungs. No evidence of tuberculosis. Probably a second stage asbestosis.

5. White male, 13 years in asbestos plant. Is now in sanatorium. An interesting case. His physician states that he has extensive asbestosis and pulmonary tuberculosis; cavity in right lung; sputum loaded with tubercle bacilli and asbestos bodies; believes tuberculosis long antedated asbestosis. This patient is progressing in a satisfactory manner.

It was not possible to locate the other three cases of total and permanent disability who had been diagnosed as having pulmonary tuberculosis. On the basis of the information obtained, the deaths in death-claims cases appear to be due to uncomplicated tuberculosis; three of them were Negroes, who were probably tuberculous at the time their employment in the asbestos plant commenced.

Of the 8 disability claim cases, 1 was uncomplicated tuberculosis and 2 were uncomplicated asbestosis who were put on disability because of a mistaken diagnosis of tuberculosis. In this same community we know of one death due to uncomplicated asbestosis in an individual with many years' employment in the industry.³

CONCLUSIONS

1. Prolonged exposure to asbestos dust caused a pulmonary fibrosis of a type different from silicosis and demonstrable on X-ray films. Clinically, from this study, it appears to be of a type milder than silicosis.

2. Cases of definite cardiac enlargement were frequently found to be associated with asbestosis.

¹ Personal communication.

3. A predisposition to tuberculosis indicated in this study.

4. Asbestosis as observed in (marked disability in any case.

5. It is not known how much of pneumonia and acute nontuberculous pneumonia is caused by the same agent.

6. It is not practicable as yet to determine the dust content of air.

7. The amount of dust in the air to be substantially reduced.

RECOMA

It is recommended—

1. That the industry seriously
asbestos plants.

2. That new employees be examined of the chest, and re-examined for tuberculosis or pneumoconiosis.

3. That employees be examined but at least every 2 years, this examination of the chest.

4. That the industry sponsor s
as well as studies on effects of ash

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* Asbestosis bodies in sputum and lung. By Kenn. *Jour. Am. Med. Assoc.*, Aug. 30, 1930, vol. 95, no. 9, 1