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Silicosis—the Sericite Theory.

KEEN interest has been taken in our report of the recent Discussion on the subject of "Silicosis and Asbestosis" (which appeared in our May and June issues), and it would appear from what Dr. W. R. Jones tells us, that Silicosis is *not* due to free silica, but to a mineral called Sericite, in particular, and to any other form of fibrous finely divided mineral in general.

In a letter to *The British Medical Journal* recently, however, S. Subba Rao, Senior Surgeon to the Mysore Government, Bangalore, contests this theory.

He remarks that recently the Mysore Government appointed a special committee, consisting of the Chief Medical Officer of the Mining Board Kolar Gold Fields, the local Medical Officer of the Mysore Government, and the physician of the Krishnarajendra Hospital, Mysore, to investigate the question of the prevalence of Silicosis among the miners in the Kolar Gold Field area. (Our readers may recollect that Dr. P. Heffernan advised those concerned to take any evidence, coming from Indian sources regarding the absence of silicosis amongst Indians employed in the Kolar quartz mines, with some reserve.)

The committee, according to the writer in *The British Medical Journal,*" conducted a preliminary investigation, and unanimously arrived at the conclusion that Silicosis does occur among the underground workers. Through the courtesy of the selling Agents—Messrs. John Taylor & Sons, London—the available material was submitted to Dr. L. G. Irwin, Chairman of the Miners' Phthisis Medical Bureau, South Africa, for opinion. Dr. Irwin, after a careful examination of the material supplied, has come to the conclusion that the pathological and radio-graphic evidence "*appears to create a prima facie case that instances of silicosis do occur among the underground workers in the Kolar Gold Fields.*"

The Committee is, however, of opinion that the incidence of the disease in the Kolar Gold Fields is much smaller, and that it takes a much longer time to develop signs and symptoms than in South Africa. This is evidently due to the fact that the percentage of free silica contained in Kolar rock is 5 to 20, as compared with the much larger percentage of 43 to 98 obtaining in South African samples.

Further investigation is in progress.

The writer goes on to say that under the circumstances, he feels it necessary to contradict the statement that "in the Kolar Gold Field, India, where the rock contains a large amount of Quartz, and Sericite is absent, Silicosis has hitherto inexplicably been unknown."

An open mind is, of course, desirable on such an important subject. It would be interesting to hear what other investigators, have to say, in the light of Dr. Jones' contention, regarding the remarks recently made by S. Subba Rao.

Thought for the Month.

Forgetting those things which are behind, and reaching forth unto those things which are before, I press toward the mark.

—(*Philippians iii*, 13–14).