obtained (see Table 1), although less than 1 per cent of the anthophyllite dust particles were larger than 5 microns, as is shown in Table 2. In contrast, the intratracheal injection experiment with fine asbestos dust containing no long fibers failed to produce fibrosis. (see Table 3).

5. Inhalation of asbestos dust apparently does not alter significantly the course of experimental tuberculosis in guinea pigs.

This conclusion is tentative since the evidence on which it is based does not conform with our usual experience. Reference to Table 3 will show that when infection was coincident with onset of dust exposure there was temporary progression of the disease with subsequent healing; when infection was initiated after 25 1/2 months of dust exposure the course of the tuberculous disease was not appreciably altered. In contrast, it has been observed in experiments with mixed dusts containing quartz that if there is a slight progression of the tuberculosis when infection and dust exposure are coincident, this effect is more marked (instead of less, as with asbestos) when infection is initiated after a period of dust exposure.

This conclusion concerning the effect of inhaled asbestos dust on tuberculosis seems justified because in the more sensitive test (infection initiated after a period of dust exposure) there was no appreciable increase in susceptibility to the tuberculous infection. However, since the findings in the asbestos study do not conform with previous experience, and