for study because the findings were unusual for uncomplicated pneumoconiosis. Presumably, all cases, including those of asbestosis, in which the findings were not considered unusual were never brought to Dr. Gloyne's attention. As a matter of fact, in the same paragraph in which he expresses concern over the incidence rate in asbestosis, Dr. Gloyne himself points out that the rate for lung cancer based on necropsies at the London Chest Hospital was 21.3% while the figures of the Registrar-General showed only 2.4%. He thus recognized that autopsies on a certain selected group of cases were not representative of the general population. It would seem, then, that notwithstanding the value of Dr. Gloyne's work, its importance as an index of the prevalence of lung cancer in asbestotics has been misinterpreted by those who have quoted him. All that it really shows is the fact that in a group of 121 cases, selected for special study primarily because they seemed abnormal by preliminary examination, 17, or 14.1% had lung cancer.

Merewether [155] in 1947, in the report of the Chief Inspector of Factories, reviewed all cases reported between 1924 and 1946 in which asbestosis was the cause of death or a coexisting condition. This work was later extended to include all such cases reported up to December, 1954, by which time there were 344 deaths including 205 males and 139 females. Among them were 55 cases (16%) of cancer of the lung, 41 in males and 14 in females. It is quite possible that a large number of asbestotics who did not die of their asbestosis, or in