lifetime of these individuals whether or not they stay in the industry. At intervals a follow-up will be made using Bureau of Old Age and Survivor's Insurance records and State Department of Health death records from which a trend of causes of death will be developed for each group. A designated number in each group will have periodic medical follow-ups to establish health profiles. While the prospective study itself will require 25-30 years of workers' experience, it may be possible to recognize trends as early as 5-10 years from the time of the base line study.

(2) Concurrently, a study will be made of the lungs of individuals in the cohorts who died of cancer. This will include complete mineral analysis of trace metals including nickel, cobalt, chromium, etc. In this regard, individuals will be categorized into two groups — those having significant exposure before mid 1940 and those entering exposure after this period. Technology has changed markedly since the 1930's, and contaminant fines of asbestos have been reduced 30% or more. Exposure of workers is generally no longer massive. Data collected should help provide insight in understanding past and present worker health experience.

(3) The U. S. Public Health Service is also very interested in identifying the various types of pulmonary ferruginous bodies that have been observed in a number of persons coming to autopsy in hospitals in urban areas. For example, talc has been found to contain about 10% fibers. In veiw of the widespread use of talc in cosmetics, etc., could some of the ferruginous bodies be from this source? Also, just what does the presence of these bodies mean?

A U.S. Public Health Service records study begun by Dr. Philip Enterline is designed to detect contrasting differences in trends in causes of death of workers in different asbestos product cohorts. The importance of Knox's and