since 1946 and he found five of seventy insulation workers had retired with a disability and a rather brief check of their disability revealed dyspnea, the various signs--stigmata, etc. of asbestosis. That opened, I think that most industrial hygienists will agree, the flood gates in 1965. Then speculation was rampant and people began to take a very, very close look at airborne asbestos densities but they were still doing one thing--they were still counting millions of particles per cubic foot. In that study they were collected in the Konimeter, which is the grabbiest of all grab samplers; it is not a time sequence by any means. The decade of the sixties, they stacked the deck here, epidemiologic descriptions of asbestos deaths related to malignant tumors of the lung and gastrointestinal tract. There was a great collection of literature in this area.

Bronchogenic cancers--now you have an interesting study. If you want to get money and you want to get recognition, study an occupational carcinogen. But then stack the deck with a possibility of a domestic exposure; that is, daddy comes home from the shipyard and shakes out his overalls in front of everyone or the neighborhood exposure which has to do with asbestos throughout the airborne community environment and you've got a full house. You've got the ace of hearts right on to the jack, no one can beat you. You can hold the cards moneywise, politically, scientifically--scientific indignation, not always authenticity but indignation, and in the 1960's we have seen a plaphora of literature of speculation. There was something that professors, when I went to school, loved to step on and that was a hypothesis before you mouthed it. Yet