Of the 64 persons given physical examination and diagnosed as having positive asbestosis, only 8 were entirely free from symptoms, while 10 out of 37 with doubtful and 7 out of 20 with negative diagnoses were free from symptoms. Dyspnoea and cough were the symptoms most complained of, but none of these cases exhibited the urgent or evident type of "short wind" seen in true silicosis. Several of those classed as negative stated that they were "short winded" and were so recorded, but too much emphasis should not be placed on statements of subjective symptoms. During the progress of the study, physicians who were practicing in the communities where asbestos workers lived were questioned and stated that they did not find an unusual amount of tuberculosis among these workers. The contrast between this state of affairs and that found in a community with a silicosis hazard is noteworthy.

The incidence of tuberculosis (based upon X-ray films) is given in table 3; 40 of the 67 examined had less than 15 years of employment in the industry.

TABLE 3.—*Incidence of tuberculosis*

	Positive	Doubtful	Negative
Tuberculosis (healed)	7	1	2
Tuberculosis (active)	[1] 1	0	1
Total examined	67	39	20

[1] This case was diagnosed as probably active on the X-ray findings.

Table 4 gives information as to physical signs of chest trouble.

TABLE 4.—*Chest findings*

	Positive	Doubtful	Negative
Physical signs of chest trouble	[1] 33	[2] 9	[3] 7
No physical signs	31	28	13
Not examined	3	2	0
Total	67	39	20

[1] At least 6 of these showed no evidence associated with asbestosis.
[2] 2 of these not associated with usual signs found with asbestosis.
[3] 6 of these not associated with usual signs of asbestosis.

What significance, if any, can be attached to the presence of "asbestos corns" on the hands of workers appears doubtful, as 18 percent of the positives (12 out of 64) and 15 percent of the others (doubtful, 7 out of 37, negative, 2 out of 20) showed such corns.

Each roentgenologist who reviewed the X-ray films called attention to the fact that these films indicated a very unusual incidence of enlargement of the heart. It is probable that this is a compensatory enlargement due to the additional work put upon the heart in efforts to pump blood through the fibro sufficient attention has been paid t upon the heart.

Many workers had changed fro from one plant to another during asbestos industry. Since only th time of this survey in the variou no way of knowing the average inhaled by these people over the y quently, it is not possible to corr amounts of dust exposure.

INSURAN

To throw light on the relations nary tuberculosis, an analysis of manent disability claims was mad group insurance and having avail

There were 2,099 lives involved years. The death claims are so clusions cannot be reached from a same is true of the sickness cla number of claims for respiratory studied but low for the others, a experience of 1927. However, du first part of 1929 there was an epi

The records of one establishm death claims and 8 of 10 permane listed as due to pulmonary tuber ordinate amount of tuberculosis f the employees were Negroes, and ally high in this section of the c diagnosing pneumoconiosis and tuberculosis, these claims were st who had treated the individuals and sanatorium records, includ investigated, with the following r

Death claims:

1. A typist, not exposed intestinal tuberculosis.
2. Colored male, age 27; months; died of pulmonary t was in sanatorium 10 mont mann. No evidence of asbe
3. Colored male, age 32; w 7 months; died of pulmon hospital. Cavitation both lu