

cut asbestosis among those exposed to concentrations exceeding 5 million particles per cubic foot (mppcf) with none at lower concentrations. More recent work has suggested that exposure even below this level is hazardous if it continues for more than 10 years [11, 12].

Actually, as with other pneumoconioses, the amount of asbestos dust in the lungs is largely related to the *concentration of dust times the duration of exposure*, a factor often expressed in mppcf-years. This was recognized by MEREWETHER [13] almost 40 years ago when he reported in 1,512 workers incidence rates of 1.0, 5.6, 13.4, and 53.2% asbestosis after 5, 10, 20 and 20+ years respectively. He realized, however, that the inference from these figures, namely, that so long as the period of exposure did not exceed 5 years, the risk was negligible, was wholly untenable. He went on to say, 'the fact is that work in a dense concentration of asbestos dust of a comparatively short period will lead inevitably to the development of a profound fibrosis, provided the worker lives long enough for it to develop'. He estimated that the 'maturation period' for the trapped dust to cause extensive fibrosis was 7 years at least. He went on to describe a man who made asbestos mattresses for 4 years and died of asbestosis 8 years after leaving this work. Another, a mixer died 12 years after working with asbestos for only 2 years and 7 months. Since then, asbestosis generally has been described after a minimum of 4-5 years exposure though occasionally, shorter periods have been recorded. For example, a husband and wife developed signs and symptoms of severe asbestosis 20 years after building 2 bungalows from asbestos sheets and living in one of them, which remained unpainted, for 2 years [8]. Undoubtedly, many such cases are missed (1) because, by definition, the exposure was brief and often was not identified with the usual trade of the person, (2) considerable time, probably from 5 to 10 years must elapse between exposure and the development of fibrosis, and (3) clinical and radiologic evidence of interstitial fibrosis does not become evident until the disease is quite severe.

*Occupational history taking.* Our patient illustrates the hazards existing in occupations not generally known to be related to asbestos. More and more such instances are being reported, for example, automobile undercoating, brake lining manufacturing, filter making, and floor tile laying. Increasingly, 'neighborhood cases' of asbestosis are being reported in workers who did not handle asbestos themselves but who worked in close proximity thereto. Electricians, steamfitters and general laborers working in holds of ships refitting are particularly prone to this type of exposure. We have recently described a bricklayer with asbestosis and asbestos pleural effusion, who