were about as before, and the finger tips were now clubbed. Sputum examinations again showed no tubercle bacilli or asbestos bodies Roentgenograms revealed no definite changes in the lung fields as previously noted A pellagrous skin eruption disappeared under appropriate treatment.

After seventy-seven days in the hospital the patient was again discharged, improved as to weight and general condition, but his dyspnea on exertion did not improve.

At the time of this man's death, sixteen months later, he was not a hospital patient and had not been under close observation for the intervening period. Necropsy (25237–35–33)

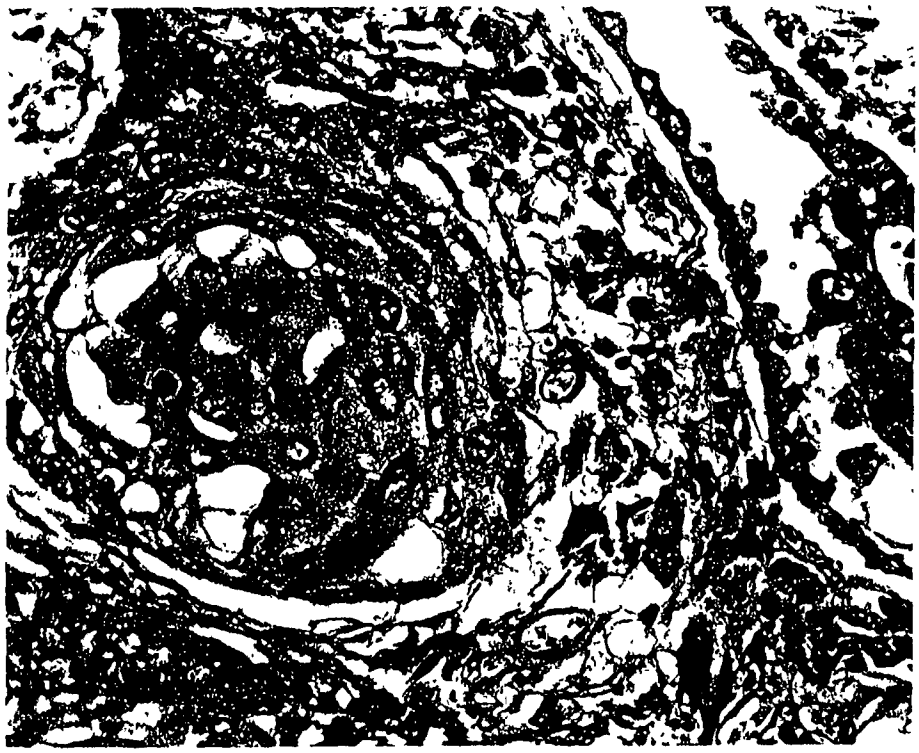

FIG 2. SQUAMOUS-CELL AND GLANDULAR CARCINOMA WITH ASSOCIATED ASBESTOS BODIES × 350

was limited to the chest. The body was greatly emaciated and the finger tips were clubbed and cyanotic

There was no free fluid in either pleural sac but the pleural surfaces were so thick and firm as to make removal of the lungs difficult. There was a firm dense mass in the upper mediastinum, surrounding the large vessels as they arose from the aorta.

Both visceral and parietal pleurae were thick, nodular, and almost cartilaginous in density, reaching a thickness of 1 cm. over the left lung posteriorly and laterally. In addition there were a number of discrete white firm nodules, 1 to 2 cm. in diameter and about 0 5 cm. thick scattered over both lungs.

Section of the right lung revealed a dense consolidated area in the upper part of the lower lobe, with less complete solidification of the lower part of this lobe. In the axillary part of the lobe a firm, fleshy, cone-shaped mass based on the pleura extended to the hilus. There was marked fibrosis about the bronchi in this region with some stenosis. Several firm white nodules were present in the hilar nodes here, while other nodes were black and of the usual consistency The lower part of the lobe contained numerous coalescent but separate white nodules The upper lobe was soft and crepitant, showing nothing more than a moderate emphysema beneath the pleura In the left lung there was a single circumscribed nodule beneath the pleura in the axillary region, with slight infiltration of the adjacent lung tissue.