Hematoma, especially of hemorrhaging nature, are practically non-existant in the common asbestosis. Signs of melting can be a sign for either a tumor, an ascess and tuberculosis. Bronchiectasia in the form of a cylindrical widening of the windpipe are not rare in cases of bad asbestosis. They will, on occasion, create difficulties in the definition of against caverns in the clinical examination.

There will always have to be an explanation given for strong asymmetries of the rib cage, displacement of the pleura in the middle area and of the diaphragm.

The x-ray method will always be the most important method for examining and determing a tumor. There it has to be kept in mind that the bad asbestosis not always, as could be believed in the literature, leads only to delicate, symmetrical densing of the lung tissue. Beside certain asymmetries there are also flat cloudy blotches of circumscribed type in the lower segments,especially in the middle. But the dense shadows are not as compact and like a tumor, but more of stripe patterning and not clearly defined. Hard or tomographic exposures will show the bronchia system as open, possibly even enlarged. So far there have been no reports about bronchus stenosis in association with asbestosis. Compact, one-sided, defined shadows in the lung, possibly with a bronchial blockage, are practically proof for a tumor. In this area belongs shifting of the mediastinum, either continuously or changing with breathing, as well as paralysis of the diaphragm, the recurrent or in processes of the upper lobes also often a Horner's symptom complex. Defined densities of the upper segments are never characteristic of asbestosis. Here, the conditions are much clearer and simpler than they are for silicosis. Rough formations of shadows occur in asbestosis mainly through unspecific inflammation. Thuberculosis is by far less frequent than has been suspected. Its first occurrence in the lower segments is rare for asbestosis. For completeness sake, it may be mentioned here that the tomo and bronchiography may be of value for the recognition of a tumor of the lung within the framework of general customary diagnostic evaluation, with the usual rules of evaluation applicable.

The bronchioscopy is of similar value. There are no observations about the diagnostic value of lung tappings except for a few experiments, when asbestos particles were found in the lung fluid. In the case of a primary pleural tumor or metastases the proof of tumor cells in the tapping fluid can explain the situation very suddenly. This was the case in Alwen's case.

Metastases will always allow fro their diagnosis to be established very fast. Since infections can have the same consequence it is irrelevant for the diagnosis that long-lasting tumors can cause fever. Concerning the blood situation and the increase in the hyposatasis of the red corpuscles it should be noted that anemia is not a sign of asbestosis, it would be more likely to find high pigment and cell values as compensatory symptoms. Accompanying infections may be able to cause the exceptions. Increasing anemias are, when other multiple causes have been ruled out, suspicious of tumors. No diagnostic hint for a tumor is given with the differential blood analysis. The hypostasis is not accelerated for uncomplicated asbestosis. It is, however, found to be slightly increased for a great number of asbestos workers as is

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