side of the abdomen. The cough, with expectoration of a large quantity of mucopurulent sputum, continued and became more aggravated. There was anorexia, with progressive loss of weight and strength. For the first three weeks after admission there was an irregular afternoon elevation of temperature. In the latter weeks of the illness fever of remittent type was constantly present (99°–101°), rising on the day of death to 104°. The pulse rate ranged between 90 and 100. The respiratory rate was constantly above normal and on the slightest exertion there was dyspnea.

Examination: In general appearance the patient looked much older than fifty-seven. He appeared exhausted and was extremely weak and

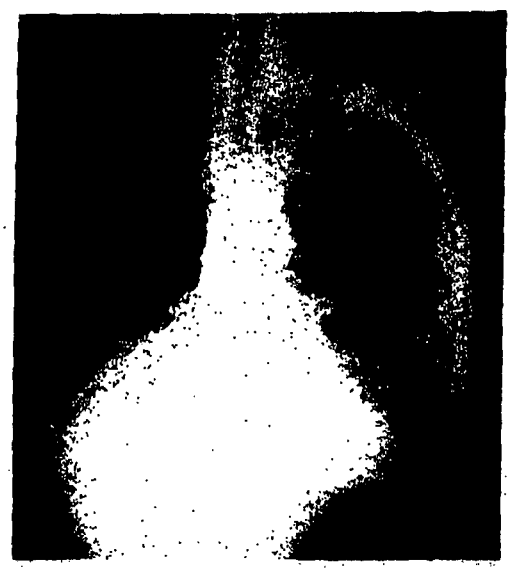

FIG. 1. ROENTGENOGRAM SHOWING PULMONARY ASBESTO-SILICOSIS AND CARCINOMA OF LOWER RIGHT LOBE

emaciated. The finger nails and toe nails were clubbed and somewhat cyanotic.

The bony thorax was of the emphysematous type. Expansion was equal but poor. Dullness was present over the bases of both lungs, being more marked on the right. The upper levels were resonant. Breath sounds were suppressed over the right base. Râles of all varieties were present in the lower posterior and axillary aspect of the chest, though less numerous over the right base than the left. They were increased by cough. There were numerous coarse, dry, "squeaking" sounds over the upper lobes as well.

The heart was normal in size and position; the sounds were good, There were no murmurs. The pulmonic second sound was accentuated. The systolic blood pressure was 100, diastolic 60. The superficial vessels were thickened and tortuous.

The abdomen, muscles, bones, joints, extremities and nervous sys-