

SMITH

PULMONARY ASBESTOSIS

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purulent bronchitis;

muscle and musculature, wrinkled. The distal rounded. The chest

ple surface, but par- the diaphragm and tly at the apex and r the base and dia- three-fourths con-

The right lung has a similar group of balloon-like bullae at the apex and in the midportion is similar to its fellow. The lower third of the lung is of nodular, hard, solidified consistence. Occupying the inner lower aspect, at the spine, is a honeycombed cavity containing caseous debris, ruptured in removing the lung because of its dense adherence to the spine. The inner aspect of the cavity is quite rough, nodular, and the surrounding substance lumpy and caseous. This merges more or less into heavy trabeculated fibrous induration and small cavity "pocking," as in the opposite lung.

The lymph nodes at the root of the lungs are not conspicuous, a few moderately enlarged black nodes being found.

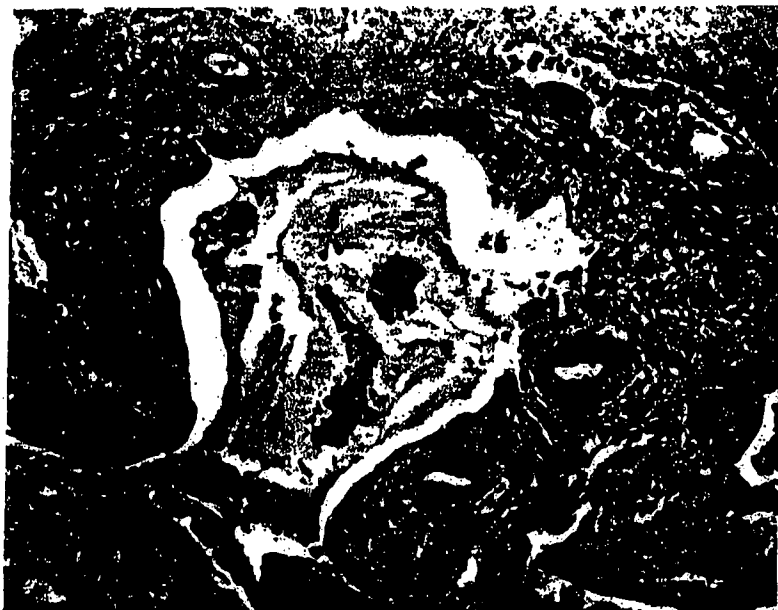


FIG. 4. CHRONIC BRONCHITIS AND BRONCHIECTASIS: "ASBESTOSIS" BODIES IN BRONCHIOLE. X 130

The entire hilar and mediastinal tissue is quite fibrous and edematous.

The heart is not enlarged, but is of rather small size, the muscle pale and flabby, the right cavity moderately dilated.

Other organs and tissues are apparently normal in relations and appearances.

Pathological Diagnoses at Autopsy: Fibrosis of lung; chronic tuberculosis of right lung; chronic fibrous pleurisy; tuberculous pleurisy; bronchiectasis.

Microscopic Findings: Examination of the heart shows quite marked cellular fibrosis of the myocardium, accompanied by some large and small mononuclear cell infiltration. The muscle fibers are hypertrophied and also degenerated. The histologic diagnosis is chronic myocarditis.

TH "ASBESTOSIS"

attachments here

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or mass of light rous trabeculae, calcareous hard ; dry, and of a e apposition of ely tough, with ural and at the bi shot.