smallest tumor: in the lower right lobe of our second case. The growth of the bronchial epithelium that can be recognized as cancer here in non-callous layers of flat cells (ill. 5) was equally developped over a larger area, and was connected to the also otherwise known branchings of the bronchial epithelium in callous lungs. Therefore, we think the multiple, metaplastic squamous epihthelium carcinoma of the bronchial trunk to be typical for the asbestosis, with the other known form of the adenocarcinoma being the exception that confirms the rule. The observation and interpretation are the same as for the cancer on the basis of a cirrhosis of the liver, of which existence nobody is in doubt.

In this connection, the argument will be made thta a growth around the lung tissue is not sufficient for the etiology of the cancer. It should be expected then that the occurence of the lung cancer would be much more frequent in association with silicosis or tuberculosis. It would amount then to giving the asbestosis of the lung a special role. According to our opinion this is the case.

Tuberculosis and silicosis show certain similarities in the growth, that the lung experiences. Afterall, both diseases of the lung are characterized by the replacement of the lung tissue with cell-rich and finally connectivetissue-rich callouses. These changes correspond to the tubercle bacilli at certain places or particles of stone dust. In this, it shall be assumed as correct that the particles are carried together through the lymph stream. Therefore, in tuberculosis and silicosis there are, side by side segments that are doomed to decay and practically untouched tissue.

In asbestosis, howver, the changes in the lung have been right from the beginning, been name d diffuse fibrosis. Our own experience with asbestosis confirm this. We do agree with di Biasi, when he calls large callouses as nothing extraordinary for asbestosis, in our cases, too, there were these larger callouses. Therefore, the diffuse fibrosis of the lung with asbestosis can also not be compared with the truly even fibrosis of a obstruction lung. Still, the name of diffuse fibrosis should be retained, for the asbestosis does not have the nodules and nodes of the common silicois. These nodules have a fibrous, concentrically layered nucleus and frequently concentrically layered fresh granula-

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