

in the lungs. Considerable emphasis has often been laid on the showers of persistent fine crepitations, which are particularly audible over the bases of the lungs. These adventitious sounds are intrapulmonary, but they do not necessarily indicate disease, for they can be detected within a few weeks of commencing work and without any accompanying departure from health. The most probable explanation of their occurrence is that they are due to obstruction of the bronchioles by asbestos fibres, and this is supported by the simultaneous appearance of altered fibres in the sputum. The presence of true asbestosis bodies in the sputum is not diagnostic of the disease; these bodies merely indicate that asbestos fibres have been inhaled and retained sufficiently long in the lung to acquire the characteristic changes. Stewart (1933), however, has expressed the opinion that clumps of fibres may denote disease associated with breaking-down of lung tissue. This observation is analogous to the occurrence of elastic tissue in the sputum in tuberculosis, and of persistent "black spit" in the late stages of massive fibrosis in silicosis and pneumoconiosis of coal-workers.

In advanced cases all the clinical signs of lung fibrosis may be detected, and they are usually associated with evidence of cardiac distress. Apart from dyspnoea, two features are impressive: (1) an earthy cyanosis and (2) the sudden appearance of an extraordinary degree of drum-stick clubbing

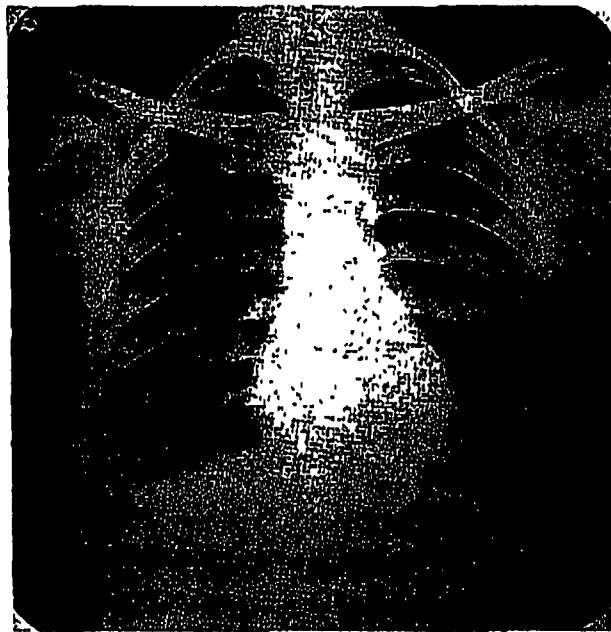


FIG 22 Normal chest radiograph. Female, aged 24 years; married.
Note obscuration of basal lung fields by heavy breast shadows.

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