

to asbestos for 25 years. The other was of a man of 50 with squamous-cell carcinoma who had been exposed for 22 years. Both had metastases to the pleura.

Since 1941, a number of similar cases has been reported. In 1942 Homburger¹⁰ reported three cases in men 45, 43, and 49 years of age. In two, squamous-cell carcinoma was found; in the other, an anaplastic carcinoma. One had been exposed to asbestos for five years, another for 20 years. The duration of exposure in the third was not known. All three had metastases. In Homburger's laboratory from 1918 to 1938, in 4,137 autopsies, asbestosis was diagnosed in eight cases. Pulmonary carcinoma was found in four of these.

Wedler¹¹ in 1943 collected 92 postmortem reports of cases of asbestosis from different parts of the world and found an incidence of 16% with associated pulmonary carcinoma.

In 1947 Merewether¹² reviewed the accumulated data over a period of 22 years (1924 to 1946) in the "Annual Report of Chief Inspector of Factories in England." In 235 cases asbestosis was found, and in 31 of these pulmonary carcinoma was also present, an incidence of 13.2%. The incidence of pulmonary carcinoma in the general adult population was 1.0%.

Lynch and Cannon in 1948¹³ reported that among 40 cases of asbestosis over a period of 18 years in their postmortem series a total of 3 cases of carcinoma of the lung was encountered, an incidence of 7.5%. Each of these three cases showed medium to advanced grades of asbestosis.

Wyers in 1949¹⁴ reported on a series of 115 cases of asbestosis. Pulmonary carcinoma was present in 17, an incidence of 14.8%. Squamous carcinoma was present in nine cases, oat-cell carcinoma in five, and columnar-cell carcinoma in one.

REPORT OF CASE

D. L., a white man 40 years old, was admitted to Queens General Hospital complaining of cough, fever, and weakness of two weeks' duration. For four to five months prior to admission he felt weak and slightly anorectic, with a weight loss of about 10 lb. (4.5 kg.). Two weeks prior to admission his weakness became more marked, and he began having a dry persistent cough which was nonbloody. He visited his local physician at that time and was found to be febrile. A roentgenogram was taken, and he was told he had viral pneumonia. He was treated with penicillin, sulfonamides, chloramphenicol (chloromycetin®), and aureomycin without a fall in temperature, and with persistence of the cough. His local physician then advised hospitalization. There was no history of previous illness.

From 1925 to 1940 he had worked as a plumber but did not use asbestos in his work. In 1940 he obtained a job with the Works Progress Administration as a pipe coverer in which he worked with asbestos exclusively for one and a half years. For the next four and a half years he continued to work as a pipe coverer in a shipyard, where he again used asbestos only. During this time he was told to wear a mask while working but neglected to do so and complained that the smell always made him sick.

✓ 10. Homburger, F.: Co-Incidence of Primary Carcinoma of Lungs and Pulmonary Asbestosis: Analysis of Literature and Report of 3 Cases, *Am. J. Path.* 19:797-807, 1943.

✓ 11. Wedler, H. W.: Asbestose und Lungenkrebs, *Deutsche med. Wchnschr.* 69:575, 1943; abstracted, *Bull. Hyg.* 19:363, 1944.

✓ 12. Merewether, E. R. A.: Annual Report of the Chief Inspector of Factories, London, His Majesty's Stationery Office, 1947.

✓ 13. Lynch, K. M., and Cannon, W. M.: Asbestosis: VI. Analysis of 40 Necropsied Cases, *Dis. Chest* 14:874-880, 1948.

✓ 14. Wyers, H.: Asbestosis. *Post-Grad. M. J.* 25:631-638, 1949.

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