In these necrotic segments the asbestosis corpuscles are preserved everywhere and they stand out considerably due to the necrosis in the rest of the tissue. In this lung, too, there are the changes in the bronchial structures as on the right. This lung also does not show any epithelial metaplasmas.

Diagnosis:
Numerous asbestosis corpuscles in both lungs with light, demarked fibrosis (slight lung asbestosis). Compression atelectasis and collapse induration of the left lung. Hemorrhages, necroses and slight bronchiopneumonia in the left lung.

Pleural tumor to the left. The tumor changes in its structure. In some places there are solid cones and strands surrounded by areas of myxomatous delicately-fibred connective tissue. Almost all tumor cells have large mucuous vacuoles; there are many ring shaped. In individual cases there are cells with burst vacuoles with the mucus having oozed out into the surrounding connective tissue. At different locations the tumor present the image caverns that are located close to each other and which are lined by a smooth one layered epithelium. These epithelium cells contain frequently mucus, and they separate from the epithelium group in ring-shape and enter the lumen of the cavities. In the interstitium there are also all over, loosely distributed mucuous tumor cells. Only in few places are there solid epithelium formations without the formation of mucus in the kind of the carcinoma solidum. The tumor is located all over the pleura parietalis and visceralis to the left and has, in some places grown into the subpleural layers of the lung tissue. There, they are mainly found in the septa and occasionally in the lymph vessels.

Diagnosis:
Primary, mucus-forming glandular cell carcinoma of the pleura, mostly of adenomatous character.

In question are the glassy knots of the stomach side of the left diaphragm peak and of the serosa of the small pelvis (?), under the miscroscope, to be metastases of the same structure as the primary tumor.

This concludes that all cases observed so far and published in the world literature where pulmonary or pleural cancer occurred in association with asbestosis.

Up to now, Nordmann and Sorge were the only ones to attempt a solution to the question of a link between the inhalation of asbestos and pulmonary cancer with the help of animal experiments with white mice. They used 150 mice for their experiments, and they exposed them to dust from 1½ to 3 months, corresponding to the average life and employment span of humans. More than half of the animals died before the end of the experiment. None of them survived the inhalation more than 9 months. 20% of the surviving animals showed a callous, multiple squamous epithelium carcinoma; 42% to 57% showed epithelial new formations of all stages.

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