

moid carcinoma of right lung; bronchiectasis; purulent bronchitis; acute pleurisy; chronic myocarditis.

The body is extremely wasted as to adipose tissue and musculature, all muscles, including the interosseous, are quite shrunken. The distal phalanges of the fingers and toes are broad and rounded. The chest is quite prominent anteriorly.

The right lung is densely adherent over its whole surface, but particularly over the lower lobe and at the base, over the diaphragm and toward the spine. The left is adherent rather lightly at the apex and very densely over the lower lobe, particularly over the base and diaphragm. The left pleural cavity over the middle three-fourths con-



FIG. 3. SILICOTIC HYALINE AND CALCAREOUS NODULE IN LUNG, WITH "ASBESTOSIS" BODIES. X 210

tains about 300 c.c. of turbid fluid and there are no attachments here to the outer pleura.

The pleura of the right lung is thickened as a whole and is of cartilaginous and even partly calcareous quality over the base. That of the left lung is likewise thickened, but over the free portion it is rough, congested and "furred," with small nodules in the surface.

The apex of the left lung is composed of a globular mass of light balloon-like emphysematous bullae with intervening fibrous trabeculae, and sub-apically there is a group of small caseous and calcareous hard nodules. The midportion of this lung is light, spongy, dry, and of a mottled dark slaty bluish-gray color. Beginning at the apposition of the interlobar pleura, the lower part of the lung is densely tough, with gross fibrous trabeculation fusing with the thickened pleura, and at the base honeycombed by rounded cavities about the size of bird shot.