the time of first exposure to dust to the time of tumor formation in both the lung and pleura, is the result of a mild but constant mechanical irriation of the reactive fibrosis and the adjacent tissues.

We are generally inclined to go along with Ribbert's Irritation Theory where tumor formation is seen as the result of the constant irritation of tissues by asbestos fibres. This mode of formation resembles very much that of our peritoneal tumors with their serosal nodules and villi formations resulting from the inflammatory-mechanical process and, particularly, during studies with asbestos dust. The matted-papillose and small, nodular growths definitely gave the impression that their regeneration processes depended on the reactive, and chronic-mechanical and inflammatory irritation wich, in the course of time, cause overabundant proliferation of protective cells with their increasingly progressive atypical and anarchical growth formations. All stages of transition were present from modest, protective cell proliferations to, obviously, autonomous formations of atypical and pleomorphic protective cell tumors settling in the region of Douglas -- most likely by way of desquamation -- where the large lamellar tumor began to develop.

X-ray examinations only helped to confirm suspicions of negligible quantities of asbestos dust in tumor tissue, which fact was already apparent in the course of studies made by Behrens who found asbestos dust in tumor tissue and, in the previously described lumpy, granular-like ferrrous pigment deposits resembling those in asbestos fibrosis.

There is nothing further, which can be added as to how the identified asbestos dust found its way to the abdominal cavity. Theoretically one could assume that, on the basis of findings showing asbestos bodies in