A heavier exposure to dust was there in 1919 - 1930 and in 1940-1945, i.e. together for 16 years. In 1937 asbestosis O-I was ascertained in the Charité, Berlin. In the beginning of 1952 medical notification of an occupational disease under title Asbestosis of the lung was made on basis of the history, of the radiological finding and of the finding of asbestosis bodies in the sputum.

In 1947 K. was treated 9 weeks in hospital for exudati pleuritis. In the spring 1950 during a rutine examination of all employees scattered calcified foci in both lungs were found and pleural plaques with bony deposits and formation of adhesions on the left side, but no active tuberculosis. Since May 1951 increasing back pains have developed with increase of sedimentation rate of red blood cells from 2 to 47/80 mm. Radiologically in spite of multiple examinations of the lumbar spine only spondylotic changes were found without signs of caries. In November 1951, at hospitalisation done because of radiating pains in the lumbar spinal area, of fever, of loss of apetite and of loss of weight, cancer of the prostatic gland could be ruled out. In the lungs there were many old specific disseminated foci and on the right side an indurative infiltration with calcification on X-rays. Intercurrently developed pericarditis with damage to myocardium and with serious circulatory impairment. Since acid-fast bacilli were found in the sputum it was assumed that there was an open active, predominantly productive tuberculosis of the lungs with tuberculous pleuropericarditis.
At transfer to speciality-medical care the tubercle bacilli were never found but found were asbestos bodies. In addition, the chest radiogram showed a fine honeycomb pattern in both lower lobes with a sharply delimited hard infiltration of a wallnut size in the right lower field, by which finding diagnosis of pulmonary asbestosis appeared surely established. Beside lumbar and lower spine pains intercurrent kidney colics occurred without finding of concrements or signs of a tuberculous condition. In mid April 1952 the patient was transferred back with diagnosis of asbestosis of the lungs with pleuro-pericardial inflammatory signs. In the end of July 1952, during so far stationary pulmonary condition developed a fresh infiltration of the size of a 5 Mark coin in the right lower field with blood in the sputum. In mid August 1952 appeared a tuberculous