a diagnosis of asbestosis in an individual? I have sat with great attention with physicians and listened to their criteria for diagnosis and I do submit to you, there is some dispute in this area. Most physicians will say they depend on at least three factors--one is lung function or vital capacity studies (lung function studies); the others are certain symptoms such as basal râles, etc. Third, is a work history, and some of course will use x-ray densities or x-ray readings. I think those that are the purists among clinicians would use, if they had access, the diffusion capacity of the lung to diagnosis asbestosis. I throw into this great pool of knowledge the first rock--the first wave. What is the diagnostic criteria for asbestosis? It slips nimbly off my tongue, but when you want a diagnosis to compare it with the airborne samples, sometimes you will run into disputation, definitely.

In asbestosis, we go into the pleural reactions. Again, very little is known. The physicians use such words as pleural plaques, pleural fibrosis, effusions. Most of these are quite dramatic on x-ray film, have little if no physiologic response, and most physicians do not alarm the patient if there is no other symptomatology present. The pleural reactions are, however, open to some question by investigators that perhaps are precursers or indicaters of later pathology. Then we have the serosal tumors, those of the serous membranes. The two membranes that we are dealing with here are the peritoneum and that of the pleura or lung thorax. I know of none around the heart or pericardium. These are primary tumors of the pleura or peritoneum. If you can pronounce it, a mesotheliomata, of very recent vintage. Most cases of mesotheliomas are not listed in international