mortem was 6%. Asbestos bodies were found in lung tissue and occasionally within hilar lymph nodes. They were never found in the pleura, within the tumour, or in any other viscus. Several foci in tumours with granules of brown pigment were examined for asbestos fibres after exposure to sulphuric acid (Gloyne, 1932), but none was seen.

While many of the cases were known to have had asbestosis before death, the majority were not, and asbestos bodies were an unexpected finding on histological examination. Several cases gave no history of exposure to asbestos dust, and some of these had very few bodies in the lungs (case 9 had one asbestos body; case 3 had two bodies), and it is possible that a temporary, perhaps trivial, exposure to asbestos dust had occurred, not necessarily related to industrial contact. It is of interest that the association with asbestos bodies was not restricted to any histological type, and the mixed or fibrous types were included in the association. No evidence as to how asbestos bodies affect the pleura and peritoneum was found. Asbestos bodies are common in sub-pleural parenchyma, but none was found within the abdominal viscera. It is possible that asbestos bodies and fibres might be fragmented and destroyed in these areas, but in the cases in which brown bodies were found within the neoplasms, these appeared to be banal haemosiderin granules.

Mesotheliomata of the pleura have been produced after direct implantation of asbestos dust into the pleural cavities of rats (Wagner, 1962), but the relevance of this to human pathology is not clear.

This has in no sense been a clinical study, but the short histories of these patients from the time of development of symptoms to death is a striking feature (Tables I and II). It can also be seen that the cases have occurred over a number of years at this Institute, and there appears to have been no decrease in recent years. An additional study of patients who have had surgical biopsies of tumours which appear to be mesotheliomata is at present in the course of preparation, and it is hoped to publish this shortly.

SUMMARY

A study of the pathology of 34 cases of primary tumours (mesotheliomata) of the pleura and peritoneum shows these to be distinct and recognizable neoplasms which can be distinguished from primary carcinomata of the lung or other viscera.

The association of these tumours with asbestos bodies in lung tissue is confirmed. Many of the cases gave no history of industrial exposure, and it is possible that temporary or relatively trivial exposure may have occurred.

Once symptoms from the tumours have arisen, the prognosis appears to be measured in months rather than years.

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ADDENDUM

Since this paper was submitted for publication case 26 has been included in the series published by Enticknap and Smither (1964) as their case No.10.M.