It is obvious that the frequent, although not constant coexistence of these two conditions, interferes with the reliable diagnostic interpretation of roentgenograms. The silicotic processes produce spotty shadows with unsharp delineation and irregular outlines located in the region of the hilum, while the neoplastic involvement of lymph nodes of the hilum are characterized by sharply defined, round shadows. The primary intra-pulmonary lesion sometimes may be too small to be demonstrable in roentgenograms, or it may be obliterated by superimposed silicotic changes. In some instances the interpretation of roentgenograms is further complicated by the presence of a pulmonary tuberculosis.

The course of the Schneeberg cancer is slow, in general, as two to three years may elapse between the first definitely neoplastic manifestations and the death of the miner. This slow course is attributed by Rostoski to the impairment of the spread of the tumor cells in the lung and into the lymphatics by the coexistence of the silicotic fibrosing and obliterative lymphatic processes.

Pathology. The true nature of these occupational neoplasms has remained a matter of vague speculation or incorrect interpretation for a long time. Until Härting and Hesse recognized their blastomatous character, these pulmonary lesions were thought to be the result of some specific (tuberculous), or nonspecific inflammatory process (caused by the inhalation of dust). Even when the neoplastic nature of the disease had been established beyond any doubt, the correct histological diagnosis was missed entirely and remained a matter of dispute for many years afterwards. Härting and Hesse believed that they were dealing with a lymphosarcomatous condition starting from the mediastinal and hilum nodes and extending secondarily into the lung. This diagnosis was based on the fact that the neoplasms observed consisted mainly of small, round cells. A case studied by Aucke was interpreted as a "fibromatous lymphosarcoma". Several cases, examined by Weigert, were diagnosed as "endothelial carcinomas", which this investigator thought to be a rare variety of the lymphosarcomas. Even in 1921, Uhlig maintained that one of two cases investigated by him was a small round cellular lymphoid growth, probably of sarcomatous type.

Cohnheim, in 1882, who had seen sections of one case and had considered these to represent a carcinomatous growth, voiced the first doubt concerning the sarcomatous character of these neoplasms. Risel, reexamining one of Weigert's cases and two new cases of his own, confirmed the carcinomatous character of these pulmonary tumors, which were composed of a small type of cell. Subsequent investigators have corroborated this statement. When Schmorl in 1926 reported on a series of 21 Schneeberg cancers, their carcinomatous nature became definitely established. Schmorl pointed out that the diagnostic difficulties previously encountered were attributable to the fact that many of the carcinomas were of the small-cell type and that sometimes the histological