The heart outline is often poorly defined, showing a ragged edge due to pleuro-pericardial adhesions.

In late cases there is sometimes a prominence of the pulmonary artery.

The lung fields show a slight relative increase in density towards the lower zone, due to a lack of alveolar aeration, often alluded to as a "ground-glass opacity."

Later there appears a patchy increase in density, in which fibrotic strands can be distinguished; no modulation is seen.

The fact that there are comparatively few visible changes in the radiograms of Asbestosis when compared with Silicosis, does not mean that the changes are of a less serious nature or less advanced.

Complications

The chief complications of Pulmonary Asbestosis are as follows:—

(1) Purulent Bronchitis.

(2) Broncho-Pneumonia. According to Gloyne this occurs in the parts of the lung least affected by the asbestosis, and may explain why it is such a fatal complication in this condition.

(3) Pulmonary Tuberculosis. In a series of 100 cases, sufficiently ill to seek advice, published by Gloyne and Burton Wood, active tuberculosis was found in 21. A number of cases of healed tuberculosis have also been found at autopsy; these are probably not more numerous than in post-mortem work in general, but indicate that the supervention of asbestosis does not necessarily mean the lighting up of a quiescent focus.

(4) Carcinoma has been found in 6 cases, by Gloyne, at autopsy.

I am indebted to Dr. Wood of the London Chest Hospital for permission to exhibit the prints of many of the radiograms; and to Dr. Gloyne for the pathological details and specimens which he has prepared for the exhibit.

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