

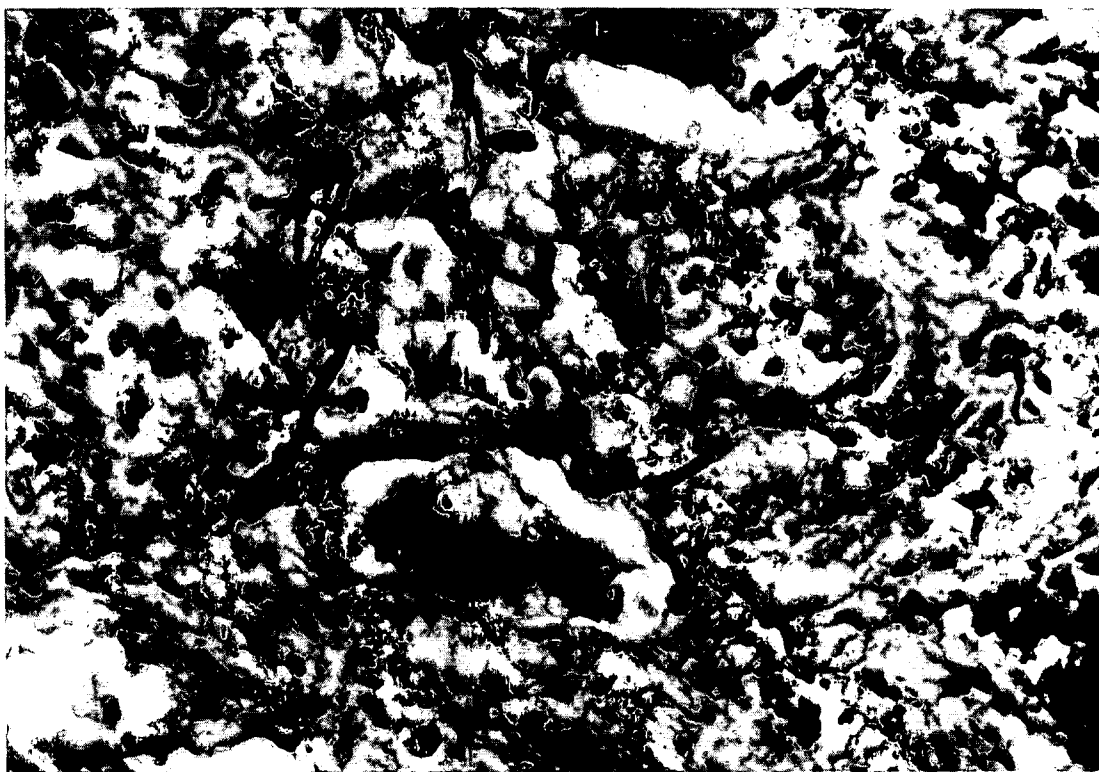


FIG. 2. Case 1. Microscopic section from separate focus of the tumor in apical scar showing several asbestos bodies. ($\times 450$.)

carcinoma. Autopsy revealed an anaplastic carcinoma, arising in the right upper lobe bronchus and infiltrating the major portion of that lobe. Metastases were evident in the hilar lymph nodes, liver, and adrenal glands. Asbestos bodies were seen within the tumor and in the adjacent fibrous lung tissue.

Case 7. E.J.H. was a 65-year-old white man who was admitted to the hospital with a primary complaint of swelling of the right side of the neck of 1 week's duration. He had worked as an asbestos insulator in the Bremerton Naval Shipyard, Bremerton, Wash., during the past year and prior to that had worked in an asbestos manufacturing plant for 53 years. He had smoked 1 package of cigarettes per day for 40 years. He had progressive dyspnea with rapidly decreasing respiratory function and died 3 weeks after his admission to the hospital. Autopsy revealed severe pulmonary fibrosis with a squamous carcinoma infiltrating the right upper lobe. Asbestos bodies were prominent within the tumor-bearing area.

Case 8. P.K. was a 62-year-old white man who presented with symptoms of general disability and weight loss. A roentgenogram taken on admission to the hospital revealed

an area of increased density in the right upper lobe and emphysema. A hilar mass was evident on the right. At thoracotomy, a tumor involving the right upper lobe was found. However, the tumor had, by direct extension, involved the chest wall and was considered inoperable. The patient died 3 days post-operatively in respiratory failure. The tumor was for the most part an undifferentiated carcinoma with areas of mucus-producing adenocarcinoma. Asbestos bodies were identified in both the tumor and the areas of pulmonary fibrosis.

Case 9. G.S. was a 68-year-old white man who had worked for many years with asbestos and Fiberglas as an insulation worker. His chief complaints were productive cough, exertional dyspnea, and weight loss. A roentgenogram of the chest revealed interstitial pneumonitis in the right upper lobe. The patient showed progressive pulmonary difficulty with cyanosis and died 10 days after admission to the hospital. At autopsy, the left lung revealed multiple firm nodules up to 1.5 cm. in diameter, and the right lung contained a firm but honeycombed area in the right apex. Sections showed a bronchiolar carcinoma with multiple foci throughout both lungs and the hilar lymph nodes. Asbestos bodies were