had experienced pain in scattered areas over the chest At this time he had stopped work on account of weakness. He had lost ten or twelve pounds in weight in the last few years

After thirty days in the hospital the patient was discharged, having shown progressive improvement During his hospital residence his temperature remained normal, his pulse varied from 80 to 110, respirations ranged between 20 and 30, and the blood pressure was around 142 systolic and 96 diastolic.

At this time chest expansion was diminished bilaterally, tactile fremitus was alike over the two sides, and no abnormal areas of dulness were found The breath sounds were

FIG 1 LUNG SHOWING ASBESTOSIS WITH CARCINOMA OF THE LOWER LOBE

vesicular over the greater portion of both lungs, but bronchovesicular in the bases Fine râles were heard in both apices anteriorly and in the lower right base posteriorly. Coarse râles were audible in both bases posteriorly and over the lower left side anteriorly. The hemoglobin was 68 per cent (Dare) Neither tubercle bacilli nor asbestos bodies were found in several examinations of sputum.

The next admission to the hospital was eight months later Although the patient had not returned to work, all of his previous complaints had recurred with increased severity. The chest pain was worse on the right Chest expansion was slight on both sides, and the blood pressure was down to 108 systolic and 68 diastolic. Physical findings in the chest