

... breakdown is concerned, the figures here are in contrast to those of 11 cases, we find 4 women. For lung cancer, large numbers of cases otherwise offer a sex breakdown of 3:4:1 for males and females. However, here, we must keep in mind that in comparison to the U.S., the number of women employed in asbestos plants far exceeds the number of males employed, both in Germany and in England.

As we have already mentioned, one important consideration is the frequent coincidence of growth localization with the most severe changes caused by asbestosis in the lower part of the lung.

Moreover, the histological nature of pulmonary growth is evident. Statistically, the incidence of mostly cornified carcinoma of the pavement epithelium is by far the highest. Out of 8 diagnosed cases of bronchial cancer, we found 6 such cases. The general lung cancer statistics for various types of growths thus become one-sided to the advantage of cancer of the pavement epithelium. If we perform a histological breakdown of lung cancer into three large groups, namely non-differentiated cells, carcinoma of the pavement epithelium and carcinoma of the columnar epithelium, the first will have the highest statistics with a total allotment of about 2/3 of all cases. Since cancer of the pavement epithelium has the lowest tendency towards metastasizing, it would be understandable that, of the above observations, four were found to be without metastases. The histological nature of lung cancer itself, as well as the above-mentioned highest incidence of cancer of the pavement epithelium, explains its classification under lung cancer.

Cancer was only observed following a relatively long period of latency following exposure to the dust. Could this be due to the fact that the period of employment under asbestos dust conditions was very long, or that a short period of employment with considerable exposure resulted in a longer interval during which the effect of the dust continued to progress? A series of thorough observations, which were partly performed by the author himself, showed that, particularly in the case of asbestosis patients, dust intoxication often appeared during this first interval, and often led to progressive fibrosis. Among all the lung cancer cases observed in asbestosis patients, there is not one single case in which a long period of action of asbestos particles was not reported. This agrees very well with other observations made of other types of occupational cancer.

Other histological findings in the lungs of asbestosis carriers allow us to better understand the above-mentioned correlations. In the small bronchi of lungs affected by asbestos particles, we mostly find generalized epithelial metaplasia, considered as a pre-cancerous stage. It is very probable that the carcinomatous regeneration originates here. In one case, Nordmann even made the observation that, in a severe case of carcinoma in the left lower lobe, a smaller cancer was beginning to develop on the other side, which was not to be considered as metastasis, but rather as a cell-developing cancer originating from the metaplastic bronchial epithelium. For that reason, he considers the multilocular development of cancer in asbestosis patients to be particularly significant. Here we find parallels to the Schneeberger lung cancer.