

er (question) has not yet been looked into to a larger extent. The first experiments were made by NORDMANN and SORGE with a seemingly striking result of agreement (conformity). We have already discussed it above. For reasons of precaution, however, one will have to wait for further confirmations by other experts (ratifications) and acknowledgment of these complicated conditions.

At any rate, all hitherto known facts are with great probability leading to the belief that NORDMANN's opinion (view) of the occupational cancer of asbestos workers is justified. The other authors, such as GLOYNE, LYNCH and SMITH, EGBERT and GEIGER, as well as LINZBACH are showing the tendency to assume here a closer causal connection. The attempt to refute this assumption has, as of now, not been undertaken by any one.

If we're now asking ourselves where to look for the cancerogenous effect of the asbestos dust, we have to separate the general and local disposing factors. It is everywhere assumed that for the occurrence (beginning) of a cancer a general cancer disposition (proneness) is to be presupposed. It is hard to say, though, where to look for it. From the general human and experimental pathology is known that the readiness for cancer depends on factors of constitution (disposition). This expresses itself in such a manner that under the same experimental conditions and with nearly equal exposure for cancerogenous damages in man the quota of cancer patients always constitutes just a part (fraction) of the endangered. The material of observation regarding the asbestosis and available to us doesn't sufficiently allow an analysis from familiar cancer affliction (?) (disposition?)

How far and in what manner the asbestos dust damage is creating such a general cancer disposition, we don't know. Its assumption remains a hypothesis. Yet it doesn't seem that this general disposition is so strongly effective that it might, perhaps, be also favoring (helping) the origin of cancer of other organs. The presented figures don't speak for that. Of decisive importance seems to be, most of all, the local transposition (change) its morphological expression in the altered (changed) tissue reactions of the lung were already more closely specified above. Mainly chemical and mechanical factors have to be taken into account as their cause. Since the asbestos can be chemically simply defined, the proportions here are moderately surveyable. One can indeed say from the first that substances from the group of the known cancerogenous agents are out of the question. The influence of the asbestos dust on the lung is probably carried out via (over) chemical and mechanical defects. We are trying to find the chemical effect in the silicic acid which ought to detach itself from the more vulnerable serpentine-asbestos. That it might have a cancerogenous effect is, according to the experiences of the human pathology and the abundant animal experiments, very improbable and has been practically sufficiently refuted. Yet one must keep in mind that in the tissue changes, caused (established) by them, and which are for the asbestosis locally differently arranged and emphasized (marked), different situations (proportions) are given here the with the silicosis. This dissimilar arrangement and shape of the new-formation of tissue can cause (unleash), nevertheless, other biological modes of reaction of the tissue. But above that, one will have to consider just these mechanical retroactions of the many pointed asbestos needles and corpuscles which are special particulars of the hornblende-asbestos with its stiff, hard to solve quality (nature). On account of the strange tissue reaction caused by the permanent mechanical irritation, they certainly are of great significance.

Finally, there is a reminder that with a severe asbestosis inflammable reactions - partly with formations of bronchiectases - occur foremost at the bronchia which, on their part, can be of assistance to the cancer origin. Using today's knowledge, we must look for the explanation for the cancer origin in connection with asbestosis to these general and, most of all,