

asbestos treatment plants. Out of 1013 cases of bronchial carcinoma reported to the tumor control stations since the year 1952, 22 were found to have worked in an asbestos plant at one time or another. Further research in other plants showed that only four cases had actually been exposed to the dust. Of these, two cases were autopsied and found to be free of asbestosis. In another case, a whole series of roentgenological images are available to show that there were no roentgenological signs of any asbestosis. In a fourth case which was further studied due to the lack of documentation, the presence of asbestosis could be neither confirmed nor denied so that this case remains questionable. However, were this an actual case of LCA, there would be no indication that said LCA in this asbestos worker would actually represent a severe danger or a frequent complication of asbestosis.

In conclusion, the following can be said with regard to the LCA problem: The incidence of LCA is not higher than that of lung cancer among the general population; as far as females are concerned, this incidence is equal to that of male asbestos workers.

The pathology of LCA shows that the point of origin definitely favors the lower lobe of the lung section most affected by asbestosis (Wedler, Jacob and Bohlig); there also seems to be more differentiated forms as well as serosa tumors with LCA than with lung cancer of non-occupational origin. Females appear to contract the disease at a somewhat lower age than males (Bohlig, Jacob and Kallabis). The carcinogenesis has not as yet been explained but we can consider the original correlation between lung asbestosis and bronchial carcinoma as a proven fact. One