

First, we shall present the age of the cancer carriers. Four of the men were still young, 35-41 years. Even if lung cancer does occur in adolescents, its greatest frequency is not before the ages of 50-60. Six patients from our study belonged to this age group. The distribution according to sex shifted here towards women, contrary to the number ratios which are usually valid. There are four women among 11 cases. The large statistics list, otherwise a distribution ratio for the distribution according to sex as 3-4 to 1 between men and women. Still, one has to remember that in Germany and England, in contrast to the U.S., women surpass men as employees in asbestos plants.

Especially striking seems to be the frequent coincidence of the location of the tumor with the location of the worst changes of the asbestosis in the lower segments of the lung, as we reported above.

Further, the histological character of the lung tumors is striking. Where numbers are concerned, mostly the callous, squamous epithelium carcinoma is of importance. Among eight bronchial cancers that were described in detail, six alone were such. The number ratio which is common in lung cancers among the individual growth forms is totally changed and shifted in favor of the squamous epithelium carcinoma. If the histological distinction is made into the three groups of undifferentiated cells, squamous and cylinder epithelium cancers, the first group contains by far the cases according to the larger statistics with approximately 2/3 of all cases. Since the squamous epithelial cancers have the least inclination to form metastases, it may be understandable why the observations of four of the cases did not show any metastases. The histological character of the lung cancers speaks for its independent position among the lung cancers.

The cancer was always observed after a relatively long effect of the dust. It may be that the time of employment in the asbestosis dust was very long or that, at a short time of work there with a considerable exposure there was a longer interval, in which the dust damage could be further effective. A series of clear observations, which were made in part by the author himself, show us that the dust damage in asbestosis will often only occur after this interval, and will lead to an increasing fibrosis. Among all the cases of lung cancer in association with asbestosis there is not a single one that would not show this long span of the effect of the asbestos dust. This is in agreement with observations of other occupational cancers.

The other histological findings of the asbestos lung give us a further understanding of the links discussed above. There are, in the asbestos dust lungs, at the small bronchi mostly extensive epithelial metaplasias, which can be viewed as pre-cancerous stages. Most likely they are generally the origin of the carcinomatous new formations. Nordmann has even made the observation, in one case, that at a large carcinoma of the left lower lobe there was on the other side a small, just beginning cancer, that could not be a metastasis, but a bronchial cancer originated epithelium in an autochthonous fashion. Therefore, he believes the origin of the cancer in association with asbestosis in several places to be especially characteristic. Here, we find parallels to the Schneeberg lung cancer.

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