

The chances for a person to develop lung cancer has risen in the last decades through the increase in frequency of the bronchial carcinoma; therefore, today a frequency of lung cancer of 12 in 10,000 living men has to be expected, or one in 10,000 living women respectively, per year, during the age in which carcinomas can be developed (Schinz, 111 1).

Comparative studies, which were done in 1954 with the help of the Dresden patients of 313 asbestosis cases, have shown that the number of the then known LKA's for the overall number of the asbestos dust risk cases does not present an increased danger of lung cancer in comparison to the frequency of lung tumors in the rest of the population. The conditions were somewhat different, though for the female asbestos workers. As far as the few data allow an opinion, the surmise has been uttered that the chances for a female asbestos worker to develop LKA are the same as they are for a man who has asbestosis.

This difference to the women in the overall population who is not exposed in a job-related way, as well as the more frequent attack of the lung lobes of the LKA, point in the direction of the opinion that there are real causal links between lung asbestosis and carcinoma (Jacob, Bohlig). Whether these causes are of physical or chemical nature, and in how far the patient's potential for carcinomas might be of relevance, cannot be stated at the present status of the knowledge about carcinoma genesis. It is a fact that the increased frequency of the LKA in female asbestos workers leads to the assumption that all people have generally an approximately even potential for carcinomas, which will probably rise parallel to the rising life expectancy of the population. Probably, the conditions of the environment are responsible for the localization of the carcinoma in this or that organ. The search among the patients in Dresden for other carcinomas points in the same direction: Up to 1954 there was only four other carcinomas found beside the LKA (Jacob and Bohlig). These results confirm Peller's interesting opinion about "inverse association."

In order to study the frequency of the LKA in asbestos workers, and in order to check our own results, the scope of the studied cases was enlarged till 1956. All cases of asbestosis were checked which were registered up to the end in 1956 with the silicosis Information Centers in Dresden, Jena, Zwickau (director Dr. G. Sepke). The overall number is 517 cases. The asbestosis patients come from the asbestos processing industries in Saxony and Thuringia of all in all 2000 workers. Thirty-four cases are since deceased, eleven were dissected which disclosed 5 LKA's. Twenty-nine cases have been missing since February 1945: since all of those cases are from Dresden, these cases, too, have to be presumed dead in all probability. The three cases of death which were quoted by Saupe and Normann are probably included in the number of the missing patients.

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