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Translation of "Asbestose und Lungenkrebs"
published by Prof. Dr. Hans-Wilfrid WEDLER
in "Klinik der Lungenasbestose" in 1939, Georg ThiemeVerlag, Leipzig, Germany

8. ASBESTOSIS AND LUNG CANCER

Only since about one year do we know in Germany the occurrence of cancer with asbestosis. M. Nordmann reported in 1938 the first two autopsy results and spoke of "Occupational Cancer of Asbestos Workers." Prior to him a total of four observations of similar kind were described in international publications since 1935 by Lynch and Smith, Gloyne and Egbert and Geiger. At issue was five times squamous cell carcinoma of the epithelial cells with keratinization, which developed five times in the inferior lobe. Employment in a dusty environment starting on the average about 18 years ago and ending some years prior to death was typical. The asbestosis was not always severe, but very prevalent. It is especially important to note that half of the observations concerned youthful carriers (two 35 years, one 41 years). The previous small observation property explains Nordmann through the relatively low numbers of dust endangered workers as well as the frequent employment changes of many workers. Characteristic should be the multiple metaplastic squamous cell carcinoma of the epithelial cells with keratinization of the bronchial tree, while the most frequent form of lung carcinoma, gland cancer, only occurred occasionally. The cause of the carcinoma sees Nordmann in the diffused reconstruction and chronical growth stimulus, which is caused by the asbestos dust in the lung. The morphological relation of the carcinomas to the proliferated alveolar epithelium in shape of macrophages and giant cells appears to him to be a direct one. Which characteristics of the asbestos (mechanical, chemical, carcinogenetic materials) finally cause the tumor growth, is so far unknown.
No complication of asbestosis with lung cancer occurred previously in our observation property inclusive of the five autopsies.
Through our expert activity, we came in contact with the files of a not yet published third cancer disease in connection with asbestosis in Germany that was observed by Bohne in Bergedorf. It concerned a man born on August 17, 1878 who had worked from 1925 until January 1935 in the Bergedorf asbestos factory, at times as a journeyman. Within a few years after starting work, he developed trouble with his respiratory organs. He was sent away in 1928 for two months. Later he resided periodically in medical institutions, without the discovery of tuberculosis cells. He died on March 24, 1937 after an operation (probably after the experimental removal of a metastasis on the left chest side??). The autopsy results came back only incomplete. It was supposed to be a heavy asbestosis, which involved the biologically confirmed carcinoma of the right middle lobe of the lung. The type of the growth was not described in detail. Likewise, the heart condition was not described in detail.
In the mean time, after an oral communication of Baader and a presentation of Nordmann (VIII. International Congress for Accident Medicine and Occupational Illnesses, 1938, Frankfurt am Main – the congress report is published by G. Thieme, Leipzig), three additional cancer diseases in connection with asbestosis were observed in England through Gloyne.
In our opinion, there hardly exists a doubt that the chronic stimulus which is caused through the asbestos dust in the lung, is determinative for the development of carcinoma. There appear to be analogous ratios to a certain degree as with other occupational cancers. Because the cancer appears in connection with clinically and anatomically lighter asbestosis and not only by the

insurance covered "severe related asbestos diseases", it becomes necessary to expand legislation accordingly.