

... of exposure, and sometimes partly be compensated for by intensity. There is only one case in which the duration of exposure under duress conditions was only 1 1/2 years; in all other cases, it was at least 7 years or more. In the case of short-term, intensive exposure to the particles, it appears that there is always a longer dust-to-cancer interval before the appearance of cancer. As yet there has been no case in which the period of time from the date of employment in dust-filled environment up to the confirmation of the presence of cancer was less than 12 years. Generally, we can expect that cancer only occurs in particularly pronounced, if not always the most severe, forms of asbestosis. The above examples are support of this.

The first symptoms of developing lung cancer, which are mostly not characteristic or pathognomonic, will not be as evident as they might be in a previously healthy person, since shortness of breath, coughing, expectoration and certain discomforts in the thoracic area are already experienced by persons suffering from asbestosis. A certain loss of general strength, which is sometimes not present at all in the early stages of cancer, loss of weight and loss of appetite, are also frequent symptoms of severe forms of asbestosis. Acute worsening of the general condition, including local lung disorders, often indicates accompanying infections which are more difficult to overcome. In general, the rule in the case of cases of pure asbestosis is that the development of the disease occurs very gradually over the years, sometimes over decades. If there is evident local and general worsening of the condition during the course of such development, the possible occurrence of cancer must then be taken into consideration. In addition to cancer, infections which are most frequently non-specific are also encountered with bronchitis, pneumonia or abscesses. According to our experience, complex tuberculosis only played a minor role here. It is also much too often diagnosed. Of course, it is normal that it should be considered within the realm of possibilities. Nothing has yet been published on possible accompanying pulmonary lues or fungus diseases.

Of the general symptoms, quick loss of weight can be an indication, but it is not a conclusive factor. This, as we previously said, also applies to the lack of appetite, unhealthy appearance of the skin, and night sweats. If all of these are related to the progress of asbestosis, they will generally be accompanied by increased shortness of breath, cyanosis, possibly drumstick fingers and other local lung discomforts; however, we must keep in mind that a lung tumor would also promote an increase of such disorders. Generally, however, the status of the disease cannot be determined based on the case history alone.

There is little additional information that can be obtained from local disorders. Since severe asbestosis generally causes considerable irritation through coughing, little can be achieved from this symptom of the disease. This also applies to shortness of breath. Sputum observations would appear to be more important, as far as I am concerned. In the case of non-complicated asbestosis, the latter is mostly sparse and glutinous; in the case of more acute bronchitis and bronchiectasis, it is more considerable and purulent. It rarely contains blood. More frequent