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SATURDAY, AUGUST 13, 1949

ASBESTOSIS AND CANCER OF THE LUNG

Until recently the coexistence of asbestosis and cancer of the lung was considered by many investigators as a coincidence. Since 1935, 23 such cases were recorded by American, English and German physicians. Wedler¹ noted 14 cases of asbestosis cancer in a series of 92 necropsies on patients with asbestosis, or about 15 per cent of cancer of the lung in persons who died from this industrial disease. The exposure time ranged from 3 to 27 years (average 15 years). The ages in 17 cases were 35 to 75 years (average 50 years). Until now the question of a causal relation between asbestosis and cancer of the lung has been an open one. The recently published Annual Report of the Chief Inspector of Factories in England for 1947 provides additional data on the actual existence of such interrelations.² During 23 years, 1924 to 1946 inclusive, 235 deaths, either caused by asbestosis or in which asbestosis had been established at necropsy, were reported to the Chief Inspector. Cancer of the lungs or pleura was found in 31 of these cases (13.2 per cent). Of the 128 male deaths in this group 22 (17.2 per cent) were complicated by cancer of the lung, while of the 107 female deaths 9 (8.4 per cent) were similarly affected. The mean age at death from asbestosis complicated by cancer of the lung was 52.1 years. A causal relation between asbestosis and cancer of the lung is supported by the following observations: The incidence rate of cancer of the lung in this group is excessive, since the normal death rate from cancer

of the lung among adults examined at necropsy present is about 1 per cent of all necropsies. Moreover there is a distinct shift in the sex distribution of cancer of the lung in the series of asbestosis cancers reported from England. The male-female sex ratio is 2.4 while it is 5:1 for cancers of the lung in general. This shift indicates that an environmental and evidently occupational carcinogen was active in the asbestosis group, tending to equalize the incidence rate of cancer of the lung for both sexes. Recent experimental observations support this interpretation of clinical evidence. Nordmann and Sorge³ exposed mice to inhalation of asbestos dust and found that in 20 per cent of the surviving animals there developed squamous cancer originating from the bronchial mucosa, with other types of epithelial proliferation were present in 42 to 57 per cent of these animals, in addition to diffuse or nodular fibrosis of the lung. The histologic character of the cancers (squamous cell cancer instead of adenocarcinoma seen in the spontaneous cancer of the lung of mice) and the histogenetic derivation of the tumor (bronchial mucosa instead of alveolar epithelium of spontaneous type) indicate that a specific factor of exogenous origin, represented by the inhaled asbestos dust, was responsible for the bronchial cancers observed.

Since some 20,000 workers are employed in the asbestos-producing industries of this country and Canada and many additional thousands in various asbestos-consuming industries, increased attention to this probable occupational hazard of cancer of the lung by the medical profession is desirable. Cytologic examination of the bronchial secretion may well be included in periodic examination of workers exposed to asbestos dust whenever clinical or roentgenologic evidence indicates the possible existence of a pulmonary cancer. As the available evidence shows that the occurrence of cancer of the lung is related to pulmonary asbestosis and is not merely a possible sequela of exposure to asbestos dust, in all fatal cases of asbestosis there should be postmortem examination with detailed histologic analysis. The anatomic lesions produced by asbestos dust in the lungs make difficult at times distinction by clinical and roentgenologic diagnostic methods between changes of pneumoconiotic nature and those that might indicate a cancerous growth.

1. Wedler, H. W.: Asbestose an Lungenkrebs. Deutsche med. Wochenschr. 69: 375, 1943.

2. Extract from Annual Report of the Chief Inspector of Factories for the Year 1947: Medical Section, London, His Majesty's Stationery Office, 1947, pp. 15-17.

3. Nordmann, M., and Sorge, A.: Lungenkrebs durch Asbeststaub. Tierversuch, Ztschr. f. Krebsforsch. 51: 168, 1941.