

chance for a female asbestos worker to contract LCA is as high as that of a male suffering from asbestosis.

This difference with females of the general population not occupationally exposed to asbestos and the irregular attack of the lung lower lobes with LCA clearly indicate that there have to be correlations between lung asbestosis and carcinoma (Jacob and Bohlig). Based on the current knowledge on carcinogenesis, it is as yet impossible to determine whether these are of a physical or chemical nature and just how significant is the role played by patients' predispositions to carcinoma. However, we do know that the increased incidence of LCA among asbestos workers does show that all humans more or less have the same predisposition to carcinoma and that this should increase in parallel with the life expectancy of the population. Environmental factors could be responsible for the localization of the carcinoma in this or that organ. The search for other types of carcinoma in the Dresden Hospital records show the following: In addition to the LCA cases, only four cases of carcinoma are reported prior to 1954 (Jacob and Bohlig). These results underline well the interesting observation made by Pellers with regard to the "inverse association."

To better study the incidence of LCA among asbestos workers and analyze our own results, the number of cases studied was expanded to include all cases up to the year 1956. All cases of asbestosis reported to the silicosis statistics bureaus of Dresden, Jena and Swickau (Director: Dr. G. Sepke) prior to the end of 1956 were thus studied. On the whole, this included 517 cases. The asbestosis cases originated from the Saxon and Thuringen asbestos industry with approximately 2000 workers. Thirty-