

Otherwise, as for the repartition of sexes concerning lung cancers among men and women, the ratio of 3-4-1 is indicated. As to sex, the quota of the asbestos workers diseased with lung cancer is also depending, naturally, on the number of women and men working in the plants. In Germany the former are outweighing the others by far. With regard to the 2 above mentioned women, the relatively young age of 35 and 40 years at time of death is striking. All 3 cancer vectors had a marked to severe asbestosis. Only the man with the pleura carcinoma (No. 20) had a moderate asbestosis with a very long, yet probably only little dust exposure. NORDMANN has pointed out already that a longer dust exposure is a contributing factor in all cases. According to above table this applies without exception to all cancer vectors. The time period of exposure is twice 7, twice 10, and once each 18 and 42 years. The dust-free interval prior to the tangibly falling ill with cancer, and during which the asbestos dust-depot can continue to be effective, varied in length from 6 months to 12 years. Once it wasn't exactly known (see table, No. 30). These figures show unequivocally that lung cancer is the most frequent complication with asbestosis, if one disregards agonal pneumonia and heart weakness. Even the tuberculosis whose frequency usually far surpasses that of cancer, is here standing way back of the lung cancer. With this decisive proof (evidence) for the closer connection of asbestosis and lung cancer is given. It is amazing that today's percentages from the larger reference material (research) are matching exactly the figures which NORDMANN had given earlier from a smaller observation material.

As of now, the situation abroad, relating to this matter, is as follows:

The British are the most experienced in this field. Unfortunately though, according to the English medical literature, there is no possibility to list the individual cases in the same manner as above because it is poorly arranged, and some individual cases were published not once but several times, so that they can't be kept apart any more. One has to be content, for the time being, with GLOYNE's figures. In 50 dissections of asbestosis cases (according to BAADER) he came across 6 cases of lung cancer (probably including 1 pleura tumor). From this follows a lung cancer with asbestosis-frequency of 12 %.

The figures reported from the USA are quite similar. From there I collected 13 autopsy cases from medical literature up to 1939. Possibly, this figure may not be quite complete since some dissertations (medical reports) were not accessible to me. Among these dissected asbestoses I encountered 2 bronchial cancers which were mentioned above. This would correspond to a percentage of roundly 15 %. Another organ cancer was not specified there. The pneumonia has been reported relatively often (4 times) as cause of death.

Strangely, with regard to this subject there are no expedient (instrumental) statements whatsoever of her own from France.

Just as little on it was published in other countries.

In Italy, where the asbestosis is very well known, no case of lung cancer has been seen to date (VIGLIANI, etc.).

Thus, in the medical world literature we hitherto survey (confront) 14 malignant lung-pleura tumors of epithelial origin which derived from 92 autopsies. This are exactly 16 % cancer cases with dissected asbestoses.

Out of these only 11 have been described in detail so far at first, that still further statistical results can be gained from them. (see table No. 2)

As to the sex proportion, the result is 7 (men) to 4 (women).

The age lies between 35 to 71 years.

Of this, 4 are standing alone in the relatively young age of 35 to 41 years.

The time span from the start of work to the development of cancer is always comparatively long (between 12 to 42 years) after a short time of dust or