

the relationship of atement is made in and well worth re- uency in which the even the patients."

often if the ques- asbestos, was more rich a worker might : minerals often re- sts of these mineral rees are located in outh Africa, and the er and then the long resses that the most he manufacture of aper, heat resistant reasingly found in g developed. In the individual had been ned with the use of e been the possible to saw through this :containing dust.

here seems to be a of carcinoma that is that squamous cell enocarcinoma is the pulmonary cancers These are generally , as for instance the er carcinoma arises s remains to be de- : that the squamous sbestos fibers might ogens, and by this would be important ilmonary carcinoma ry carcinoma in in- -20%. Statistically,

of the pleura that t² from Liverpool, consecutive cases of ig tissue in ten of , one individual had use the exposure had dioma careful search and tumor tissue. It

is suggested that thick frozen sections be used because asbestosis bodies may easily be missed in thin sections.³ Fibrosis of the pleura with adhesions to surrounding structures is commonplace in asbestosis. The asbestosis bodies produce alterations in the periphery of the lung whereby these bodies gain entrance to the pleural tissues via the peripheral lymphatics in the lung. Because of the occurrence of mesothelioma in association with asbestosis, it is likely that substances in asbestos fibers are specifically carcinogenic. It is unlikely that other inhaled carcinogens would gain access to the pleura and produce carcinoma in tissue previously rendered less resistant by the asbestos. A case of asbestosis in which the individual had both bronchogenic and gastric carcinomas and in which the latter tumor contained refractile granules lends support to this concept of the specific carcinogenicity of the asbestos fibers.

REFERENCES

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