In 1936, Egbert and Geiger (U.S.A) reported a further observation of this type, which they considered except for Gloyne's 1933 study — the absolute first of this type. The 41-year-old-man had been an asbestos weaver for 18 years. After nine years of work, he retained cough and shortness of breath after he had had pneumonia. Eight months before the short hospital treatment, he suffered severe intermittant attacks of back pain. He lost weight, had difficulty moving because of the pain, suffered from coughing spells, shortness of breath, cyanosis (?) bloody sputum and (?) metastases into the left hilus and aorta glands to the right adrenal gland, into the stomach muscles, the pelvis, the spine and the skull. Along with the asbestosis, a focus was found by x-ray on the left side of the lower lung, which looked like an atelectasis or a pneumonic process, which however, was recognized as a tumor because metastases were present in the pelvis and spine. In the dissection along with the asbestosis, a 5:4:5 cm ascinsoc cancer was determined in the left lung underlap, which had sporea.

Origin of the tumor was a side branch of the left lower bronchus lobe. An etiological connection between the two diseases seemed plausible to them: "That the irritating effect of the inhaled asbestos particles may in this case been a significant factor concerned in the development of the primary lung cancer seems sufficiently plausible to be worthy of consideration."

In 1936, Gloyne added another observation to his three. He found a differentiated carcinoma of the left lower lobe in association with asbestosis. The carrier was 59 years old and had worked with asbestos for 21 years.

In 1938, Sparks revealed, without any further details, that in his dissections, Gloyne encountered six cases of lung cancer in association with asbestosis. Baader learned by letter from Gloyne that these six cancers were referred from 50 autopsies.

In the same year, Nordmann expanded our knowledge by two new cases of cancer in association with asbestosis, which he dissected in Hannover within a short time from one another. The first patient was 35-years-old. Of the 17-26 year of employment, she had worked for exactly seven years in (?), spinning and weaving of an asbestos plant. Four to five years before her death, she contracted shortness of breath and cough. 3/4 year before her death, she came under doctor's care for a suspected tuberculosis. Horning made the probable diagnosis of cancer in the left lower lobe in association with asbestosis, because clinically, the signs were present of atelectasis and the main bronchus was displaced tomographically.

Anatomically, this was a callous squamous epithelium carcinoma with a walnut-size decay cancer, which was connected with the lower lobe bronchus, pleura callousity and metastases in the liver and kidneys.

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