The second observation concerned a 55-year-old man who between the ages of 36 to 43 had worked seven years in an asbestos plant. Thirteen months before his death he lost a lot of weight and had bloody sputum. In the beginning, tuberculosis was suspected. Above the lower left lung, suppression and weaker breathing were found. The x-ray showed a shadow on the left lower segment. The doctors handling the case diagnosed it as asbestosis in association with lung cancer. The dissection confirmed this. The cancer in the left lower lobe and connected with the main bronchus was decayed to the size of a walnut and had spread off into the pericardium, the left chamber septum, the diaphragm, the peritoneum of the left upper stomach, the retroperitone tissue behind the spleen, the lymph nodes located there, and the lower (?) and upper lumbar spine. Again, histiologically, it was a callous squamous epithelium carcinoma. In the right lung lower lobe, a beginning of bronchial carcinoma was found, as well.

Nordmann followed up these observations with an exhaustive evaluation of the arguments which seemed to prove to him the existence of an occupation-related cancer. He was the first to clearly speak of occupational cancer of asbestos workers.

In Germany, 1939, Wedler directed the attention to a further observation which originated from Bohne, but which had not been published.

A 58-year-old man worked for ten years, from 1925 to 1935, as foreman in an asbestos factory. A few years after the exposure to dust, he became afflicted with problems to the breathing organs. In 1928, he was sent to a sanatorium for two months. Later he often underwent sanatorium cures, without any tubercule.bacilli having been found in him. Due to the steady deterioration of his condition, he left his job 1/4 year before his death. In the hospital he showed signs of general weight loss, cyanosis, and especially noticeable catarrh. In the sputum, numerous asbestos particles, but no tubercule bacilli showed. Hypostasis highly accelerated (57/95). On the left lung, above the 9th rib, in the front auxiliary line a chestnut-sized tumor intergrown with the skin was found, It was removed and turned out to be a cancer metastases.

The x-rays revealed symptoms of an asbestosis as well as an increase in the pattern of the upper part on the right side. Obviously, the diagnosis of lung cancer was not established - according to the accessible reports - in vivo. The patient died soon after the removal of the metastis from heart failure. The dissection findings were described as follows: "The lungs were firmly intergrown with the chest wall. The heart was not enlarged, the muscles were of brownish color and somewhat faccid consistency. The left lung was rich in blood and fluid, the lowen lobe was coarse consistency and slatey color. The right lung tore when in the process of being removed, in the area of the middle lobe. The tissue looked yellowish and totally decayed, and presented extensive formation of caverns and nodules. The upper lobe was full of blood and fluid, of firm

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