[illegible] patient died of cardiac insufficiency [illegible] the metastasis. The autopsy findings were [illegible] as follows: "The lung had grown together with the chest wall. [illegible] was not enlarged, the musculature was brownish-red in color and [illegible] somewhat flaccid. The left lung was filled with blood and fluid, the lower lobe was firm and slate-gray colored. The right lung ruptured in the area of the middle lobe when removed. Its tissue was a reddish-yellow, and was decomposed and showed widespread formation of cavities and nodes. The upper lobe was filled with blood and fluid, its consistency was firm and air-free. The lower lobe was slate-gray and reddish-gray in color, and firm to the touch. It was also found to be air-free. The microscopic examination of the lungs showed typical cancerous tissue in the right middle lobe, and all the alterations which are characteristic in the case of asbestosis were present in the lower lobes. More particularly, there were asbestos particles in all the parts examined."

According to Baader (1939), six authors saw a total of 14 cases of asbestosis cancer between the years 1935 and 1938. However, this report did not include any details and, judging from the available documents which are listed above, this cannot be completely confirmed at this time.

In 1941, a detailed clinical and pathological-anatomical report was published by Wedler and Linzbach on an additional patient history which described the complete course of the disease. The 60-year-old male had, between 1921 and 1939, worked a total of 18 years in an asbestos plant. He was only exposed to the strong effects of the particles (preparation) for the first three years. His first problems were experienced shortly after his employment. In 1938, he already presented the picture of an uncomplicated and severe case of asbestosis, which had developed chronically. During the course of his last year of life, an increasing shadow developed over his diaphragm in the right lung lower lobe, with clinical symptoms of atelectasis and later decomposition, as well as severe neuralgic pains in the respective intercostal nerve area. Blood appeared in his sputum. All symptoms seemed to indicate cancer which had already been diagnosed clinically. The autopsy confirmed the diagnosis of a collapsed cornified carcinoma of the pavement epithelium, originating from the right lower lobe bronchus. There were no metastases to be found.

In the meantime, two additional observations have been reported in Germany, but no documentation is as yet available.

The first case was observed by Teutschlaender, who reported twice verbally on the subject. Following is a quotation from a personal communication on the subject: "In 1938, Teutschlaender performed an autopsy on a 40-year-old female, who had been employed in an asbestos plant for a period of 10 years with long interruptions. In her case, a clinical diagnosis was as followed: 'Lung tumor on the right? Lung process on the right? Secondary emphysema on the left, ascites, severe cachexia'. The autopsy revealed no tuberculosis, but rather a widespread asbestosis with massive accumulation of asbestos particles and a right-sided pleura blastoma which was histologically found to be pseudo-alveolar mesothelium. Tumors