

The first was a 35-year-old female. Between her 25th and 30th years of life, she had worked for exactly 7 years in the spinning, carding and weaving departments of an asbestos plant. Four months prior to her death, she began to cough and have shortness of breath. Two months before she died, she was treated for suspected tuberculosis. Bormig gave a probable diagnosis of cancer in the left lower lobe, due to extensive asbestosis, since there were clinical symptoms of atelectasis and the main bronchus was tomographically found to be displaced. Anatomically, this was a cornified carcinoma of the pavement epithelium, with a walnut-sized decomposed cavity, which also affected the lower lobe bronchus, with pleura callosities and metastases in the liver and kidneys.

The second observation concerned a 55-year-old male who, between his 36th and 43rd years of his life, had been involved the preparation processes of an asbestos plant, for a total of 7 years. Thirteen months prior to his death, there was sudden loss of weight accompanied by bloody expectoration. He was first suspected of suffering from tuberculosis. Above the left lung underneath, respiration was suppressed and weak. X-rays showed a shadow around the left lower field. His treating physician gave a diagnosis of asbestosis with lung cancer. This was confirmed by the autopsy. The cancer, which was in the left lower lobe, had also caused a walnut-sized decomposition of the main bronchus, and also affecting the pericardium, the left chamber wall, the diaphragm, the peritoneum of the left upper part of the abdomen, the retroperitoneal tissues behind the spleen, the lymph node and the lower breast and upper lumbar spinal column. Histologically, this was again a cornified carcinoma of the pavement epithelium. Bronchial carcinoma had also begun to appear in the right lung lower lobe.

In this observation, Nordmann included an evaluation of the various aspects which could possibly lead to occupational cancer. For the first time, there was a definite mention of occupational cancer in asbestos workers.

In 1939, Wedler reported on one additional observation made in Germany, which had originally been made by Dohne, but which had not been reported at that time. The 58-year-old male had, between 1925 and 1935, worked as a part-time craftsman in an asbestos plant. A few years following his exposure to the particles, he began to have respiratory troubles. In 1928, he was transferred for a period of two months. Later, he often underwent cures at cure centers, without tubercle bacillus ever being detected. Because of a worsening of his condition, he stopped working 3 months prior to his death. In the hospital, he showed symptoms of general emaciation, cyanosis, and a probable catarrh, particularly under the upper part of the lung. His sputum contained numerous asbestos particles, but no tubercle bacilli. His blood sedimentation rate sharply accelerated (57-95). To the left above the ninth rib, there was a tumor the size of a chestnut, which had grown together with the skin in the anterior axillary line, which was removed and found to be a carcinogenic metastasis. X-rays showed symptoms of asbestosis as well as multiple indications in the right upper field. Judging from the documents in my possession, there was no *intra vitam*