[illegible] of a carcinomatous tumor in the lungs of an asbestosis patient made in 1933 by Gloyne, while working with the [illegible] and histology of asbestosis patients. He mentions complications in asbestosis patients which were thought to be related to the origin of the disease (purulent bronchitis, bronchopneumonia, tuberculosis, emphysema and bronchiectasis) and accompanying diseases which, based on the status of medical knowledge at that time, were thought to be correlated to the effects of the dust. Under the latter, he makes the following observation: "There has also been one case of squamous carcinoma of the pleura. There is no evidence at the moment that this was in any way related to the asbestosis".

In 1935, Gloyne was able to provide two additional reports on lung cancer detected in asbestosis patients. At that time, he still was not able to make a definite statement as to the possible etiological correlation of both diseases. Nevertheless, certain histological aspects did appear to indicate this.

The first of these two observations concerned a 35-year-old female who had worked for a period of 8 years as an asbestos spinner, and had then lived 9 years for 9 years without any exposure to the dust. She died, as shown by the autopsy, of moderate asbestosis with a coagulum in the right section of the heart, spleen infarct and a meningeal hemorrhage. On the basis of the right lung upper lobe, a clinically non-identifiable tumor was found, which was approximately the size of a walnut and which extended into the tip of the enlarged pleura. There were no metastases to be observed. The cornified pavement epithelium carcinoma originated from a small bronchus.

The second observation and autopsy also concerned a female who was just turning 71 years of age. Fifteen years prior to her death, she had once worked for a period of 6 months, and another time for a period of 13 months, in a hazardous dusty mattress and processing department of an asbestos plant. In this patient, Gloyne found a moderate case of asbestosis, with a partly-collapsing tumor in the right lung upper lobe, ascites and thrombosis of the left leg vein. Here too there were no metastases to be observed. Histologically, this was also a cornified carcinoma of the pavement epithelium.

In both cases, the cancer did not appear to be spread to the extent that it could promote death by itself. The same applied to asbestosis.

In the same year (1935), a report was issued by Lynch and Smith of the United States concerning lung cancer in asbestosis patients, in which a detailed history of the disease was given. The 57-year-old patient whose case is described had worked for 22 years in a cotton weaving plant, and for 21 years in an asbestos plant, until his hospitalization; he had been complaining of shortness of breath for about 5 years. Three years prior to his death, he started having occasional pains in the back and over the three last ribs on the right, and again complained of shortness of breath in the last few months of his life. He became weak, coughed, lost his appetite, his temperature rose, he had blood in his sputum and suffered