called my disease 'anthraco-silicosis', with some justification, I thought. They have subsequently persuaded me, energetically and in a very friendly manner, to convert the title of my paper to 'Pneumoconiosis in Soft Coal Miners' and then when I mentioned that to Doctor Lanza, he added 'In Alabama'. I had nothing to do with the title.

The pulmonary dust disease, as we see it in soft coal miners, is a disease which produces disability, both on a structural and functional basis. My remarks to you this afternoon will be from the point of view of a clinician as Doctor Sanders indicated, and our great concern is the correlation of X-ray findings, clinical history and functional studies with the total picture presented to us by the patient.

Unfortunately, it is not always possible to describe disability on the usual standards in the case of coal workers' pneumoconiosis. Only so frequently do we find a lack of Roentgenographicfindings and nevertheless, we are confinced that the man's occupation had something to do with his present disability.

I would like to show you -- slide, please -- in the first slide, I would like to show you some of the terminology that we use in Alabama, at least we use in our clinic, to simplify the problem. Now, in presenting this classification of clinical disability and Roentgenographic