of what I mean. The expression of this disease is by dust suppression. It is an occupational disease; it is not tuberculosis, but if the utmost human endeavor fails to reduce dust levels, that in which no radiological activity prevails, then the lessening of tuberculosis on this disease, might be lessened by strict tuberculosis control in this area. I am glad I have an opportunity to remove any misapprehension in regard to my remarks.

In regard to Doctor Friedman's excellent paper, I really want to sympathize with him from the bottom of my heart, because I started studying this disease as a clinician and it wasn't until I had been at it as a clinician for sometime that I managed to get my epidemiological colleagues to show me something about the disease.

As a clinician one is grossly limited. He tells us that he sees spontaneous pneumothorax as a common complication of this disease. That means to say that patients who have spontaneous pneumothorax with this disease come to his clinic. It doesn't tell us anything about the frequency of that complication in the community of men with pneumoconiosis, and we clinicians are at a gross disadvantage in studying occupational disease in that we can not resist analyzing our figures and thinking that they may mean something. It's a temptation that I have had to strenuously resist myself, under the most tremendous barrage of criticis