from Doctor Cochran, my epidemiological colleague, who thinks of clinicians with - as one of the lesser breed of rodents.

So I just want to sympathize with Doctor Friedman and congratulate him that he has derived so many interesting conclusions to the severity of this disease. I would just like to quarrel with him about this temporarily disabling pneumoconiosis. He says he has a man with a pneumoconiosis with pneumonia and he was grossly disabled. Well, I have seen that in London. He was disabled when he came in. I think he had disabling pneumonia, whereas you might call it temporarily disabling pneumoconiosis.

I want to quarrel with his suggestion that the coal macule is not as opaque as the silicotic nodule. The coal macule is smaller than the silicotic nodule. I believe the radiopacity is at great as collagen and the silicotic nodule is larger than the coal nodule, displaces more air and is, therefore, more visible.

And lastly, I want to ask him one very important question, that is in this tubercular negativity of cases of massive fibrosis. That we have never observed. We have found cases of massive fibrosis that only react to one in a thousand tuberculin and I believe we have had one go up to one in a hundred but never a complete negative, and I would like to know what strength of tuberculin he used for