with a non-silicious dust, may alter the pathological and clinical picture. We still do not know too much about these dust diseases.

Consequently, I believe we should abandon any attempt or habit of referring to these diseases by a generic term, unless a specific etiological agent is mentioned also. The word commonly in use today as a catch-all for these dust diseases is the term 'pneumoconiosis'. It is an unsatisfactory term; it's a sloppy term, and it means little or nothing. The proper term is 'pneumonoconiosis, as the term was first used by Zenker. It means something.

However, the term 'pneumoconiosis' has become so widely adopted that it is probably here to stay, so I shall not try to make any battle upon the retention or the abandonment of the term 'pneumoconiosis', for, as I say, I think it's a sloppy term.

There is a tendency to include, under this generic term, various inhalation diseases of unrelated nature. The true occupational dust diseases of the lungs comprise a perfectly distinct clinical entity, at least to those of us who have worked in this field and who are familiar with working conditions and the effects upon health. Metal fume fever, zinc chills, allergic asthma, carbon monoxide poisoning, lead poisoning, mercury poisoning, nitrous fume