of the French, and for description, but we don't regard these categories as having any great significance. Natural history, and the prognosis and everything else, of the pinhead, micro-nodular and nodular is similar.

Then, we come to progressive fibrosis, A, B, C and D, depending on the size of the shadows, and eventually D, which you can't see on the table there which has distortion.

Well, now, that is the classification, and now I want to say one or two words to try and persuade you that it may be quite a good one. First of all, it is a purely radiological classification. It is used by looking at the radiograph and without any further information at all, which is what a radiological classification should be.

Secondly, the categories are based on studies of the progression of the disease, so that the earlier categories represent earlier stages in the natural development of the disease, than do the later categories.

Thirdly, in justification of our categories of simple pneumoconiosis, we have found evidence which I shall show in my next talk on the epidemiological side, evidence that there is a fairly direct quantitative relationship between the amount of dust exposure required to produce these three categories. The ratio of dust exposure required to produce Category Two is about twice that required to produce