

the three anterior rib spaces, just to give an indication of their size. That's not a very important distinction, so far as we know.

And, lastly, we use the Category D -- next slide -- for those which, in addition to massive shadows, have gross distortion of the diaphragms, the mediastina here, and with emphysema at the basis, which, as this radiograph shows, can be quite extreme in many of these cases.

So, in summary now, -- next slide -- we have the classification slide which I have used both in France and Germany; that's why it's international - in which we have the normal films with naught and the French again wanted to retain some vestige of their pathologique which we call X, which is a film which you can not put your hand on our heart and say it's normal because there is something that suggests pneumoconiosis to you, because it might well be something else, some sort of non-specific fibrosis, emphysema or what have you, bronchitis; and so, if you like, you can call it X. We regard it as pretty bad form in the pneumoconioses to use X; we only do it when we're absolutely forced to, because we just can't make up our minds.

Then, we come on to simple pneumoconiosis, which is three categories depending chiefly on the diffusion of the opacities, on their diffusion up to the rib area, with the pinhead, micro-nodular, mostly put in for the consideration