and that is that I find that radiologists known as little about radiographs of pneumoconiosis as general physicians know about the clinical and physiological picture of pneumoconiosis.

Seven years ago, when I started my work in relation to pneumoconiosis in South Wales, I consulted a very eminent radiologist in London and he told me that the radiological side of the pneumoconioses had been completely worked out and there was no further cause to do any work in that subject at all. And when I got down to South Wales, I started studying literature.

Could I have the first slide, please? And this is a brief summary of the sort of thing I found about the systems of classification that had been widely used in relation to coal miners, particularly in various countries. There was the original ILO classification with the three stages which were partly radiological and partly clinical; there was the Miners South African Classification that some authors had attempted to apply to coal miners with all these elaborate classifications here, mostly based on the size of the operation; the American Public Health Service classification used in those excellent reports in the hard and soft coal miners, again with various elaborate subdivisions.

Now, these ones here, and this side of the diagram, I know the real equivalents in these classifications, because