One of the difficulties of the conflict between the compensatable pneumoconiosis and scientific pneumoconiosis is psychological. The man who has pneumoconiosis, diagnosed on a radiograph by one doctor, applies to compensation and is turned down and is then disgruntled, or in an area like South Wales, where there are hundreds - yes, tens of thousands - of disabled men with pneumoconiosis, he develops an anxietystate.

Well, I suggest that clever doctors needn't be baffled by this any more than they are by tuberculosis. If we diagnose, on a radiograph, a hemolytical scar, we don't tell the man he has got tuberculosis. We ignore it, but we make a record in our own notes that he has had tuberculosis; he has some sign of tubercular infection. The same sign can be used in pneumoconiosis, and we have not found it difficult to explain to miners that they have dust in their lungs, but that is not compensatable pneumoconiosis.

Most miners have signs of dust in their skin where they have wounded the skin or have got dust in the skin. We can explain it is not a dust disease; it is dust in the skin. They have dust in the lung and they will accept that explanation.

Moreover, we have found the miner much more willing to accept the fact that two doctors may disagree in their opinion about an X-ray film than our doctors in service.