and I submit that the demonstration of tuberculosis in some of these cases, can not be accomplished.

The next slide, if we take a micro-photograph of these areas of liquifaction, some of the things which I have said become more clear, as for example, here is a micro-photograph of that area of liquifaction. A connective tissue state, we see the typical collagen, sustained with connective tissue, as we see, which characterizes the response to free crystalline silica. We also see the heavy black pigment which has been inhaled and deposited in this coal miner's lungs and we see the area of necrosis and liquifaction. There is no evidence, histological evidence of tuberculosis infection. Then what is this due to? And I again submit the reasons for possible necrosis and liquifaction other than infection.

The next slide, and this is the character of the stellate lesion as we like to identify it, the irregular lesion which is not discredt, which is not the run or order of classical nodular silicosis or the reaction of the lung to pure free crystalline silica. We have here the whirling of fibrous tissue which characterizes the reaction to free crystalline silica and we have had the color of pigmented -- that collar of pigmented tissue, about the lesion which extends, as you see here, along the alveolar wall, and also the distortion of the adjacent alveolar spaces. This is an