

instances where coalescence of lesions has occurred where large massive areas of shadows develop in the test Roentgen, that that coalescence is due to a complicated tuberculous infection. Yet, there are those cases, with necrosis, with liquifaction and indeed with excavation, where we have been unable, with all means at our command, to detect the presence of the tubercle bacillus or to see evidence of reaction which characterizes tuberculosis.

Lest we're led to believe that coalescence and necrosis and liquifaction may be due to agents or to factors other than infection, and we have advanced the view that perhaps high local concentrations of dust may be responsible for some of the necroses, or that the necrosis seen in these lungs were - with mixed exposure, where there is present carbonization material in large amounts, where there is present iron oxide in large amounts, that perhaps this necrosis is a specific action for compounds in the dust, other than the free crystalline silica. Is it possible that the carbonation component, that the iron component, may have a power of absorption or adsorption and so keep localized the toxic substances, perhaps liberated from the free crystalline silica particles and some dust irritating particles which certainly may produce this necrosis. Certainly infection is considered - and I mention that - infection other than may produce tuberculosis, is a possibility.