Now, the next important thing is to insure that you get all the population you're after. Here is, just to emphasize this point, the prevalence of disease according to our categories, 0, 1, 2, 3, simple pneumoconiosis, massive fibrosis, to a hundred consecutive cases attending the certifying panel at Collier. You see the first two are not represented, miners and ex-miners admitted to our ward, high proportion have exited; ex-miners in a town, this distribution; surface workers, and the designed underground population, and you will see that these three all agree fairly well, but the certified cases and the hospital cases show a gross distortion of the distribution of disease, although all these cases come from the same geographical area.

These are the collierys we have studied which have been in South Wales. Some of the collierys already have been studied by the Medical Research Council in 1938. We have re-read the films in our classification and used their figures. We have also, particularly carefully, studied some steam coal mines, this group here in South Wales. Steam coal is our semi-bituminous, and an anthracite mine with very little disease in it. This is another steam coal mine, and two mines in England with rather low concentrations of dust, two mines in England in Lancashire and Cumberland with very high dust concentrations reputedly, from