

Thesis.

Phases of Disease in
Colliery Practice.

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The medical practitioner, in a colliery practice, has considerable difficulty in selecting a subject for Thesis of a purely scientific kind or proceeding to the degree of M.D.; & he is, perhaps, best able to contribute to the sum of professional knowledge by pointing some facts & fallacies relating to the sphere of work in which he has been engaged. His cases, although numerous, are not what might be called interesting. He has no hospital in which disease may be studied. He sees his patients, often under great difficulties, sometimes due to the nature of the houses, sometimes to the accompaniment of vermin & filth, which make the most earnest practitioner glad to conclude his visit as soon as possible. Besides he can seldom complete his case with a post mortem.

Since beginning practice in a colliery district, I have been struck with the fact that colliery practice

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is not what it is usually represented, nor what I expected it would be. Some diseases, which are supposed to be almost a part of a miners life, are in the district in which I have wrought conspicuous by their absence. Other diseases which are supposed to be very common, I find to be not more so than in other parts of the country. And, while it is generally said that miners are a short lived race, it is usual in my experience to find a great many not only over 50 years, but over 60, 70, 80 & even over 90. men, who have wrought in the pit from 6 years of age, are still working when over 60 & indeed in some cases over 70; while a considerable number die of senile decay. This fact I shall illustrate later on by the records of two practitioners in the county of Durham. Two practices I have an intimate acquaintance

with, from having acted as assistant
in both. This idea is contrary to the
opinion of the miners themselves & of
those best able to judge. Indeed, if
it were not for epidemics & diseases
of children, few places would be so
healthy as an average colliery village,
even with the disadvantage of a large
population in a small compass.
Medical cases are much more common
than surgical. From the careful
regulation of pits, accidents, especially
serious accidents, are uncommon;
and chronic forms of disease are
much more common than acute.
Still, from the nature of their work,
from their habits, they suffer
a good deal. But as a rule,
their ailments are not such as to
raise the death rate above the
average, except in the case of children.

I Disease - disorders of the digestive process
 bulk very largely in mining practice.
 This may in part be due to their occupation,
 but is much more largely due to their
 social habits.

These disorders of digestion not only render
 otherwise healthy men miserable, but
 complicate all the ailments from which
 men suffer. An idea has come down,
 evidently handed on from Father to Son,
 that, to keep a miner in the best health
 & up to his work, a large quantity
 of animal food must be consumed.
 The result of this family tradition
 is, that miners as a class consume
 more flesh meat than any other class
 of working men.

It has been estimated that the
 British consumption of beef averages
 1 lb per head per week, and of
 mutton ½ lb for the same period.
 Another estimate has been made
 by Kell in his "Condition of Nations"

and referred to by Sir Wm Robert
in a note at page 6 of his "Lectures
on Dietetics & Dyspepsia".

Holt states that he estimates the
consumption of meat per annum at
126 lbs. in England, 46 lbs. in France,
35 lbs. in Prussia, and 84 lbs. in Belgium.
It is larger in cities than in rural
districts, & is largest of all in London.
Both of these estimates, however, I
am convinced are largely exceeded
in a mining village. High feeding
is the rule, low feeding unknown
unless by necessity. Nor is there any
doubt that the larger proportion
of flesh meat is consumed by the men.
Oatmeal is almost unknown, although
as a bone & muscle ^{producer}, it stands highest
among the foods. And the cost
according to Sir Lyon Playfair M.D.
is "for the same amount of nutriment
Oatmeal 1/4, Flour 2/1, Meat 6/3 and
Milk 14/7".

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One family in Paisley moor, consisting of 3 workmen, a woman & 4 children, consume no less than 40 lbs of beef per week. This family, consisting of Roman Catholics, it is only fair to suppose that beef is not used on Friday. Therefore the average consumption has to be calculated on 6 days or giving an average of ~~gather~~ months ~~265~~ lbs. Another family of 5 individuals including 2 women and a young boy, requires over 14 lbs per week, and the most of it is used by two individuals, or equals to an average of 14.5 lbs. Quantity not quality to their mouths; & although we have lost the powerful jaws of our ancestors they manage to consume meat that requires powerful jaws to chew it. But to digest this hard meat an extra strain is thrown on stomach & bowels.

Another feature is the speed with

which they generally eat especially at their principal meal which is dinner. Of course after working without food from 3 a.m. till noon, with the exception of the small quantity of bread which is carried to the pit with them, they are hungry enough, & bolt their food, without taking time to masticate it.

A North of England pitman's dinner follows a peculiar order of courses. It consists of a big drink of water or beer; then suading, generally a heavy suet suading; then beef & potatoes with bread in quantities sufficient for any two healthy men in other trades.

In and the wonder is that any stomach can contain it, much less digest it.

Sir W. Roberts in "Diseases & Dyspepsia" p. 445 says - In the case of the lower animals, we assume that each creature selects,

from the nutrient materials within its reach, those articles which are most suited to its well-being, and are best fitted to promote its success in its struggle for existence; and that it is guided in this selection by an almost unerring instinct. This, like other instincts, is now explained by biologists as consisting essentially in an inherited experience, which has been gradually accumulated through a long line of ancestors, & is transmitted by heredity to the descendants. Accordingly, when we see an animal feeding on a particular kind of food, we conclude without hesitation that that food is one the nutrient materials accessible to it, the best adapted for the special wants of its economy. But we know that man, in regard to his bodily functions, is subject to the same laws as

govern the life of the lower animals.
And we cannot doubt that in the formation of his dietary habits man is guided by the same kind of instinct as those which guide the rest of the animal creation in the choice of their food.

In the case of our English miners this hereditary instinct has undoubtedly led them as they, as it is a diet which does a great deal of mischief both to stomach & liver; but scientific facts or theories will not shake their belief in beef as the miners staff of life.

"Men have no faith in fine spun sentiment who put their faith in bullocks & in beavers."

Longfellow.

Again the amount of water or beer, which they take with their food, must retard digestion if only by diluting the gastric juice. A quart of water is nothing extraordinary

before dinner & with copious draughts during the meal. In the case of those who drink beer a pint is the usual amount, &, as a rule it, is good sound beer. But still it has an inhibitory effect on digestion. Women are more addicted to tea than men; yet, there is a strong tendency among all to make tea an article of diet rather than an occasional beverage. Thus not alone from the inhibitory effect of the Tannin, but also from the large quantity of warm water introduced into the stomach, tea-drinking tends to retard & ruin digestion.

Functional derangement of the heart is exceedingly common & it is due in most cases to this custom. If you attempt to restrict or to stop tea you meet the typical reply "what are poor folks to drink except tea & with

that one must be satisfied, for, beyond giving advice the practitioner is helpless.

They begin to smoke at a very early age & often the tobacco is not of very good quality. Much worse than smoking is the chewing. They of course are not allowed to carry a pipe into the pit under a penalty, and so the greater number of them chew all the time they are at work. About 50 per cent more or less of our cases among them is due to this habitual over eating, and abuse of the stomach generally. Intemperance in eating among them, so far as I ^{have} ^{been} informed shows, does more harm than intemperance in drinking. The over eating is a daily thing, & so the stomach hardly ever gets rest, while the over drinking is only

occasional.

'The appetite', - patients say, 'is generally good; but, after a meal they complain of a load at pit of stomach amounting sometimes to severe pain! Pain, again, is generally complained of between the shoulders or in the left shoulder, & also frontal headache increased on stooping; so that the prosecution of their work is impossible. The tongue becomes very much furrowed, with a bad taste in the mouth & with a bad smelling breath especially in the morning. Sometimes eructation of sour liquid into mouth. Sometimes relief is obtained by escape of flatus & in other cases relief can only be obtained by vomiting. In other cases they complain of pain over the liver, & binding into right shoulder, frontal headache very severe & intensified on stooping. Very often a sleepy condition is complained of & incapacity for

exertion, a slight tinge of jaundice a
congestive, seldom amounting to ~~extreme~~
jaundice. Constipation, at all times
common, is very much increased.
Sometimes it attains grave proportions.
~~They~~ are afraid to eat, & if they do,
pain is so great that relief can only
be got by vomiting. Flatulence is
sometimes so severe that they are
continually allowing the flatis to escape.
I have seen them so bad that relief
could only be obtained by keeping
all their clothes open; & it is in
such severe cases that carbolic
acid in one or two minims dose often
proves of great benefit, from its
power of preventing fermentation.

These are the common ailments
among miners; &, although not in
themselves dangerous, they intensify
the hypochondriac melancholy
complexion of us islanders," and
(Butley.)

and are undoubtedly brought about by the habitual overloading of stomach, & the great strain thrown upon the liver, by so much albuminous matter being sent to it.

A great deal of this dyspepsia & chronic liver trouble is due to the fact, that from childhood, they are in the habit of taking beer. Sir W^r Roberts in "Diseases & dyspepsia" page 12 says "children are allowed neither the use of alcohol nor of tea & coffee, except gradually as they draw towards the adult age. Unfortunately among our population they are all over the use of ale there, in a great many cases, on the belief that what is good for men can't be bad for children."

II Hemorrhoids.

This is an affection which is very common in a mining village. You seldom

met a female patient over the age
of 19 or 20, who is not afflicted with
this painful arrangement in some degree.
In many cases, it is sufficient to
keep them in bed, & in all it renders
life miserable at one time or another.
A look at the plan of a colliery
village accompanying this ~~This~~ will
will to some argue & plain this.
The closest arrangement is very bad.
The houses are built in rows & generally
when two or more rows exist, the
backs look towards one another.
The street with the front doors
is seldom used. The doors are
generally fixed & not intended to
open, & it is in the back street
where all the traffic is. There also
in the back street, as shown in the
plan, is the Ashpit arrangement
with carts attached. The plan
is that of an actual colliery called
Brownley about 3 miles from the

city of Durham; but it is rather a model mining village as there is a street to each house, while as a rule there is only one to 3 or 4 houses. Into this back street the kitchen doors open, & here from morning to night groups of men, women & children congregate. Females there with their characteristic modesty, which cannot be effaced even by a residence amidst such surroundings, cannot attend to the calls of nature as they should. They must watch for an opportunity to get across without being observed, or wait till darkness sets in. A state of chronic constipation is as strength set up, & to this condition more than anything else may be ascribed the extremely large number of patients we have suffering from this complaint. During nearly 2 years constant residence among them, visiting their rows at all hours, I can scarcely

remember ever seeing a woman enter or leave a closet. Even this may suffer, although not to such a marked degree; and, in their case, it is more likely due to carelessness, chronic liver trouble from which the greater portion of them suffer. They become at last so much afraid of having their bowels moved, that a week, 10 days & even more sometimes elapses, thus making the complaint much worse, and strong purgatives are then generally required, if indeed the constipation does not relieve itself by an attack of diarrhoea.

Not only do they suffer from piles, but headaches are exceedingly common amongst the women; & generally relief is obtained by the hospital which may turn showing their connection with the constipated state.

Bilious staining of the skin in patches & staining of the conjunctiva

is also exceedingly common among our female population, partly due to their fondness for the national beverage - beer; partly to the sluggish action of liver & bowels; & partly to want of exercise. Even the men, I may remark, are not over fond of exercise away from their work.

This chief aim is to lounge about doors & roadside, but never far from home.

The micos legs receive too little exercise, the often presents a very undeveloped physique having legs like a boy, while arms & chest are even beyond the usual development.

Remembering the thin legs & thick arms of the Rayagada Indian & successive generations having passed nearly their whole life in canoes, with their lower extremities motionless" Descent of Man page 32 -

This thin condition of legs among micos may be due to the same cause, viz. - "a cumulative & transmitted effect of learned vice during many generations. All micos are not exactly of this type

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but it is evident enough to be noticed by any stranger in a colliery village.

III With the view of arriving at a correct idea of the main cause of death in a colliery practice, I have tabulated on pages 20 & 21 the death records of Langley moor, Sleaford, Brandon & Brownby; four mining villages near to the city of Durham for the past 3 years. The population of the district being about 16,000.

Deaths under 2 years Over 2 but under 21 years.

	1)	b' moor Brandon St. Albans Brownay	2)	b' moor Brandon St. Albans Brownay
Small Pox	1	1	Small Pox	2
Pearl's Fever	6	1	Pearl's Fever	11
Measles	10	11	Measles	3
Typhoid Fever	1	-	Typhoid Fever	3
Hooping Cough	6	2	Hooping Cough	1
Mumps	-	1	Tuberculosis	1
Tuberculosis	3	3	Phtisis pulmonalis	2
Croup	2	1	Bronchitis	4
Bronchitis	9	8	Roumonia	3
Roumonia	6	8	Diarhœa	2
Athphy + Marasmus	26	25	Convulsions	3
Diarhœa	12	12	Hip disease	2
Aleutiasis	3	2	Meningitis	4
Convulsions	33	15	Marasmus	2
Meningitis	9	2	Blurry	1
Hernia			Other diseases	2
Rentritis &c	3	5		3

Cause of Death among patients over
21 years:

3)

	Langley Main Brandon		Langley Main Brandon	
	Skeetburn	Brownrigg	Skeetburn	Brownrigg
Small pox	1	1	Gastritis	1
Typhoid Fever	2	3	Gangrene of Foot	-
Rheumatic Fever	1	4	Influenza	1
Rheumatism	9	3	Embolism of Spleen	2
Meningitis	-	4	Spinal Sclerosis	2
Argyriasis	-	1	Pericarditis	16
Pneumonia	10	1	Decay	10
Krahnaria	7	5		
Diarrhoea	1	-		
Knights Disease	2	2		
Cancer of Stomach	2	1		
" " Liver	-	1		
Cirrhosis of Liver	-	1		
Epithelioma of Mouth	-	1		
Hepatitis	-	1		
Apoplxy	6	4		
Heart Disease	10	6		
Purpura	1	3		
Rheury	-	1		

To a slight examination of those tables will show that deaths of children form a leading feature in the death rate of a mining village.

Out of a total of 250 deaths during this period in the villages of Langley Moor & Clatburn, which are almost entirely mining, no less than 126 deaths were of children under 2 years of age, that is, equal to 50.4 per cent of the total.

Again 43 or 17.2 were between 2 years & 21 years of age. Thus 67.6 die before reaching the age of 21, leaving only 81 deaths to be scattered over the working decades & similar periods.

At Brandon & Brownrigg Colliery out of 182 deaths in 3 years, 97 or 53.3 are under 2 years of age & 23 or 12.6 between 2 & 21, leaving 62 for the working decades & similar period.

This feature of mortality in infants

& youths may be clearly seen by the following tabulation of the facts:

(1) Langley Moor & Elstiburn

Total number of deaths in 3 years - 250

under 2 years of age	Males 73	Females 53	= 126 or 50.4%
" 21 " "	" 21 "	" 19 "	= 43 = 17.2
Over 21 Under 50	50	11	" 18 = 29 = 11.6
" 50 "	" 60 "	6	" 4 = 10 = 4 ..
" 60 "	" 100 "	60	" 20 = 42 = 16.8

(2) Brandon & Brownrigg

Total number of deaths in 3 years - 182

under 2 years of age	Males 47	Females 50	= 97 or 53.3
" 21 " "	" 10 "	" 13 "	= 23 = 12.6
Over 21 Under 50	50	17	" 16 = 33 = 18.1
" 50 "	" 60 "	6	" 5 = 11 = 6.14
" 60 "	" 100 "	9	" 9 = 18 = 9.86

The cause of this great sacrifice of infant life is not far to seek; but unfortunately the remedy is more difficult to find. Undoubtedly,

improper feeding is the cause of the
greater part of it.

The parents have inherited a notion that
milk is not sufficient for an infant; and
and, almost from its first breath, it is
fed on "Boiley," a compound of boiled
bread, with the addition of sugar &
milk. Others again favour boiled
biscuit, arrowroot, corn-flour, or even
pancake flour; & in a few cases gruel.

Often you find infants of a few months
sitting at table eating or trying to
eat bread & butter, bread & jam, potatoes,
beef & indeed anything, even to a
drink of beer, as the ^{parents} say "just
taking what the rest are taking."

This is common even when children
are at the breast. In very few
cases are children brought up by
hand; & if they are, it is compulsory.
Indeed, mothers rather over nurse
from the impression that it will pass
down their families & it is nothing

unusual to find a child 2 or even 3 years old being nursed.

Scarcely a day passes but we are called to see one or more infants "working in fits"; convulsions are a common cause of death, either alone or as a complication of some other ailment.

In the ~~of~~ ^{to} England General's returns show that 20,000 children under one year of age die in England every year from convulsions. Equal to 1 out of every 34, while in Scotland only in 3% die from a like cause.

In Langley Moor & Clitheroe, of 126 children under 2 years of age 33 died of convulsions or a little over 26 per cent of the infant mortality.

In Bradford & Trawden, out of 97 deaths under 2 years of age, 15 died of convulsions or over 15 per cent.

Convulsions are not the only result

of this bad system of feeding. Disease is exceedingly common, & caused 12 deaths at Lonsdale Moor & Clutton, & a like number at Brandon Colliery. At the same time it is a common complication. Atrophy or marasmus is likewise ~~very~~ fatal & generated by the same ignorance of infant dieties. The simple fact appears to be, that, from their early marriages & large families, they have little regard for the lives of their offspring, & they will often tell you with a faint smile that "they have plenty without it".

This improper feeding makes the child cry & scream out at all times of the day & night; & to ~~try~~ keep it quiet, ~~so~~ that the over wrought mother may get rest, they administer all kinds of soothing powders or "Quintes" obtained from quacks & chemists; & I have known more than one case

where Laudanum was being systematically
given to an infant to keep it quiet.
Perhaps another reason for so much
carelessness in the upbringing of their
families is the system of infant insurance.
You will find more care taken of a
child if not insured. As I have been
told by a mother "The child is
not insured & I don't want to lose it
as I can better afford to keep it
than bury it." Still, there is a
strong temptation to poor people
to neglect the child, knowing that
they will get a few pounds at
its burial.

Epidemics of all kinds tend to weaken & reduce the population of our Colliery villages.

Colliery villages, in Durham at least, are usually built on the side of a hill, with everything favourable for good drainage. Unfortunately, however, the houses are put up in a hurried manner, & only intended to stand for a few years till the coal is wrought out. Still, within the last 15 or 20 years, a great deal has been done in our villages to improve sanitation.

A recent article in the "Spectator" recognises the changes which have taken place in hygiene generally. "The medical profession has succeeded" the writer says "by improvements in Hygiene, treatment of children, Midwifery &c and also by arrest of epidemics, mainly

within the last 50 years, until
2 years is added to the male chance
of life and $3\frac{1}{2}$ to the female. This
improvement has been almost entirely
an improvement in health during
the working decades of life. It
is not that senility drags on
without aging, but that senility
is averted for a longer period,
and that the human race has
enjoyed in England more time
for healthful recreation & easy
work." In all these improvements
our villages have benefited;
else, they are far from perfect.
The houses are generally two
storeys in height, and from their
faulty construction, ventilation consists
of a series of draughts - an door
or windows, not absolutely
required, are "fixed up": even
the grate is hermetically sealed
by pasting paper over it &

extra ventilation cannot be obtained without great difficulty.

Drainage, although vastly improved within the last few years, is not what it ought to be. In most cases there is a system of underground drainage, but little or no precaution is taken to carry off the surface water. It, therefore, runs down the streets & often floods the houses at a lower level.

Again, the flooring is either brick or stone simply laid on the bare earth, without any preparation, & the surface water soaks under the floor & keeps it always damp.

The ash pits & closets, in every case, are built too close to the houses. In many instances they are not more than 12 feet from the kitchen door, & unless at collieries where great care is taken

to have them cleared out the smell is something dreadful, especially in summer. Indeed, it is almost unbearable to walk down the rows without staying in the houses.

Fortunately, from the exposed sites of the villages, they are supplied with plenty of fresh air; otherwise epidemics would certainly work more havoc than they do at present.

Another improvement is the introduction of pure water by gravitation to most of the first villages, which prevents the water supply being contaminated by sewage as in the old days of wells.

Drainage & improved water supply, with increased sanitary inspection, have done a great deal to stamp out Typhoid fever. At one time it was almost endemic & occasionally broke out in epidemics from doing great

damage. Now, when it is met with, it is in sporadic form, & very few cases occur in a year. As a rule it is confined to certain shifts at the Colliery, which are specially adapted for its reception, but on the whole it is rare.

Small pox is uncommon. Within the last two years an epidemic of it broke out in Langley moor, Silloth, Brandon, Browney & surrounding district & over 200 people were attacked by it. Undoubtedly it was due to the people's antipathy to vaccination. As a large number were unvaccinated. They will not take this precautionary measure if they can escape, and as they are a shifting population escape is easy. But a good deal of blame must be attached to insufficient vaccination by medical men, who make it in many cases

With more than a Shaw.
 In 18 months we have had 3
 epidemics of measles, many cases
 of Scarlet fever, ~~epidemic~~ also
 of whooping cough, influenza,
 mumps & diarrhoea, with nothing
 remarkable about them, unless they
 spread with which they spread.
 In September of this year we
 had however a severe outbreak
 of diarrhoea, which spread like
 wildfire through all the villages,
 attacking old & young. Showing
 symptom of choleraic diarrhoea.
 During its continuance many
 deaths took place. On old man
 died after 2 days illness, & others
 after longer intervals, till the
 case of children the diarrhoea
 was mostly complicated by convulsions.
 The epidemic, however, was
 undoubtedly traced to over ripe
 plums. Measles usually spreads

over a colony with greater rapidity than Scarlet Fever. The parents have more dread of Scarletina & greater precautions is taken. Still among such a dense population, it is impossible to enforce separation; and, as a rule the epidemic must take its course. Although every thing is done to arrest its onward progress which is possible.

Excepting Atrophy & Convulsions these epidemics cause more deaths than anything else among children. Thus at Lancashire Moor & Slaburn 24 deaths are due to epidemics in them under 2 years.

20

21.

3

Over 21

Out of a total death rate of 250-10.8 per cent due to epidemics.

At Brandon & Brownrigg.

16 Deaths are due to epidemics in them under 2 years.

9

21

4

over 21

So that out of a total of 182 deaths 10.5 per cent may be classed under epidemic. Still, although epidemics are common, they do not attain to the magnitude of former times, and within the last few years the type has been very mild.

Asthma. This is a disease which one beginning practice in a mining village & district to meet with very frequently. Indeed, it must have been exceedingly common at one time, as in nearly all old books (e.g. Tanners Practice of Medicine &c) we find mention made of Miners asthma, or Anthracosis, Carbonaceous Bronchitis or Black Rhabdins.

During nearly 2 years residence among miners in the county of Durham I have never seen, I have never heard of a real case of miners asthma. For 3 years in a population of 16,000 not one death has taken place from Asthma.

not even a death in which Asthma was a complication. In fact in that population of 16,000 it would be impossible to find a dozen cases of confirmed Asthma. And there is only one case of really chronic asthma.

This man, named Hutchinson of Brandon Colliery has suffered very much for the last 2 or 3 years, & is now incapable of following his employment. However, it is not a case of miners' Asthma although present in a miner, but, like many other cases of Asthma most likely due to spasmodic contraction of the muscular tissue of the bronchial tubes. He is always relieved by Datura Stramonium or Stramonium on the fumes of nitric paper. This is the only case that in any way appears like miners' asthma, but black pepper & opium is entirely absent.

The other cases are mostly among females & might be called "Stomach

Asthma & the only way to give relief
is to treat the Gastric derangement.

A great deal no doubt has been
done of late by 'Acts of Parliament'
to bring about this happy condition.

Coal dust has been recognised as
a fertile cause of explosions in mines.
For this reason it is required to be
kept well down by constant watering.

Fire damp is so common in Durham
that in most pits the men work with
safety lamps, which give off very
little smoke; and, even in non-firing
mines, the men work with candles
which give off less smoke than the
Scottish miners naked lamp.

When shot-firing is necessary, the
men are mostly out of the pit, and
even when present the smoke is soon
blown away by the strong current
of air.

Then again the system of ventilation
by fan traction is much improved and

a great advance on the old method. Parks (in his "Practical Hygiene" new Edinburgh series page 137) state that 60 cubic feet of air per minute is allowed for each light.

But practical colliery managers know that, to develop the full energies of the miners much more than that is required, as much as 100 cubic feet per man per minute, or, equal to 6000 cubic feet per hour. Even this quantity is exceeded when the pit is working what is called "double shift;" that is to say, when only half the men are in the mine at one time & yet have the same amount of air constantly supplied.

Further, boys are not allowed to enter the pit till they are 13 or 14 years of age. They are not allowed to begin work before 6 a.m. or to stay after 5 p.m. They are not recognised

as men till they are 21 years of age,
and are not allowed to do a man's
work. This is a phasing contrast
to the time when they were carried
to the pit at 6 years of age & remained
there for 16 or 18 hours at a time, and
in winter rarely seeing daylight
unless on Sunday.

With improvements in the pit,
and with improved hygienic
surroundings at home, I have no
doubt, that so far as Northumberland
& Durham are concerned, miners' asthma
will become a thing of the past.
As it is, there is no reason why
a miner should not be one of
the healthiest of workmen, with
his short hours & his home in
the country.

VII Bronchitis & Pneumonia are exceedingly common, as might be expected from the nature of their work.

A miner has to work very hard when in the pit, often his "place" is very hot & low; & extra exertion is required because of the confined space. As he sweats very much, he removes all his clothes, with the exception of a pair of short trousers. Then when his day's work is over, he is anxious to get home as soon as possible, & little time is left him to cool down. He immediately emerges into the air courses - wagon ways with his clothes half on; with the result that the cold air, chills the surface of his body, & the blood vessels of skin ~~become~~^{becomes} paralysed, the cooled blood returning to the lungs sets up in many cases catarrhs, bronchitis or pneumonia. One

attack of bronchitis predisposes to others, & so we find chronic bronchitis very common. But even with a bad attack of bronchitis it is surprising how little carbonaceous matter is expectorated. Indeed after the first day one sees less black sputum than he will see in a large town or such as came within my observation in the Royal Infirmary, Edinburgh when acting as house physician.

In proportion to the number of cases we treat, neither bronchitis nor pneumonia raises the death rate very much.

For example in Langley meso & Clutburn the statement stands thus:-

Under 2 years of age	Bronchitis	Pneumonia
" 21	" "	" 4 " 3
Over 21	" "	" 10 " 7

To Brandon & Brownley thus : —

Under 2 years of age	Bronchitis	8	Pneumonia	8
" 21 "	" "	3	"	2
Over 21	" "	1	"	5-

Among men the bronchitis tends to become chronic, while among the children it is acute or sub-acute.

Children suffer a good deal from these ailments. They are very much exposed to changes of temperature; for, a miners kitchen is exceedingly hot & close from the large fires kept constantly burning. The children are thoughtlessly carried from this warm inside temperature ~~out~~ into the cold air & as a result Bronchitis or pneumonia is set up.

Pramulators are also greatly to blame as a cause of Bronchitis. Children are taken out in them, by carter attendants or children & are allowed dogs to sleep with —

insufficient covering, and often hanging half out of the perambulator; or, they are left standing at a street corner, or in a dangerous passage while the attendant gossips or plays. They are also cribbed & fastened in such a manner that no free play is allowed the limbs which are apt to become very cold. And even if sun-chitis is not a ~~wrath~~, so much sitting must be had for the pelvic bones especially in female children. No amount of medical counsel seems sufficient to warn ~~me~~ parents against the dangers involved in this method of giving their children fresh air. Few miners houses however poor are complete without a perambulator.

Rhthisis. At a meeting of the Royal Balloon society held in London on April 22nd 1886, a Dr Robertson read a paper on "Reversible draffs" in which he asserts that 50 per cent of all miners die of consumption.

Dr Robertson does not give his authority for his statement. It is certainly quite contrary to my experience and contrary to the experience of all whom I have met who were qualified to judge. Dr Stewart of Langley Moore, after 15 years practice among miners, says that "Rhthisis among miners has been very uncommon in his experience". Dr Birnie of Brandon Colliery, also with an extensive experience among miners says that "Rhthisis is unusual among pitmen".

Rhthisis does exist as it does among "all sorts" and conditions of men. But not in any marked

degree, nor in direct relation to the nature of their employment.

Of the 250 deaths in Langley Moor & Cluttons, 11 were due to Phthisis; that is, scarcely equal to 5 per cent. But on examining the statistics a little ~~further~~ ^{closely} this percentage is still further reduced. Thus, one was a girl aged 15 years & one a lad aged 14 years, while 6 women died aged respectively 25, 26, 30, 30, 40 & 52. Likewise three men, one aged 54 was, however, a draper & had never wrought in a pit; while two were miners aged 33, 46. So that only 3 in this death rate could by any chance be due to pit work.

At Brandon & Breroway the results are similar.

Of the 182 deaths 7 were due to Phthisis. Two girls died aged 3 & 14 years & 2 boys, one at 15 & the other at 16. Also

2 females aged 18 & 32. Only one
miner aged 31 years, so that only
3 deaths could by any possibility
be referred to this cause.
In opposition to this statement,^(F.R.) it
may safely be said that in these
workings at least Phthisis is uncommon,
& even there more common among
the female portion of the population.

X Rheumatism is very common, but
the chronic form is most prevalent.
Still, a good deal of Acute Rheumatism
is met with & especially in the
working classes of this district.
From its bad effect on the heart
it causes more deaths than Phthisis.
This is shown more particularly
in the later portions of life.
No deaths have taken place in
our district for the last 3 years
from Rheumatism or Heart disease
under the age of 21. But over

21, there were 5 deaths from Acute
Pyrexia & 16 from Heart Disease.

Lumbago & Sciatica of course
are a direct inheritance of their
mode of work, & almost universal.
But while sufficient to prevent
a man from working they do not
enter the death record nor take
away much from his "chance of life".

& General Diseases. Are almost
unknown among our working population.
In 18 months out of a working
population of about 6000, we
treated only one case of Syphilis,
& not more than 6 cases of Gonorrhoea.
This is more due to their young age
of men & women contracting early
marriage, than to their high
moral condition.

X

Old age The number of men & women in a colliery village who attain to the near - yellow leaf stage of life is greater than is generally supposed. An impression seems to be very common that a miner is an old man at 50. This is not so.

Of the 250 deaths in Langley Moor & Glutton, 42 or 16.8 per cent were over 60 years of age - now, 169 die before attaining the age of 21, therefore, more die over 60 than between 21 & that age. Of the 42 deaths

14	died between	60 & 70
20	"	70 & 80
7	"	80 & 90
1	"	90 & 100.

16	of these deaths were due to	Senile decay
5	"	B. heart disease
4	"	Apolysis
7	"	Bronchitis

Of the 182 deaths at miners'
prosperity 29 or 15.9 per cent.
were over 60 years of age &
of these cases 9 were due to
mining decay.

The miners Permanent Relief Fund
of Northumberland & Durham
recognises the fact that miners
are not short lived, as they regard
a man as able for work till he
is 60 years of age at least.

It is only when above 60 years
of age that he can claim benefit
from "the old man's section".

In looking into the balance sheet
of that Society, I find that
more money is paid under this
section of the old man's fund
than of any other; & that of the
86,866 miners in the counties of
Northumberland & Durham
1905 are aged, or over 60 years.
But a considerable number are

receiving benefit from the accident fund & not included among the 1905 so that 2300 or 2500 would be near the figure. Besides, there is a large number of old miners who are not connected with this fund, and a greater number still who are able to continue their work beyond the age of 60. It is not uncommon to find men 65 or 70, or even more, at work every day, in spite of the fact already noted that the greater number of these men began to work when about 6 years of age.

In very few employments do you find men working for 50 or 60 years in a fair measure of health a thing which is common enough among the miners whose diseases have for some time been the subject of my professional study.

XII
 Therefore - so far as my experience goes in the county of Durham, & so far as I can ascertain from the experience of those similarly engaged, the following conclusions are borne out on a somewhat broad foundation of observed facts —

- (1) That there is no disease which can be said to be special to miners & which is not in some degree incident to society in general.
- (2) That on the whole they are an exceedingly healthy race, and that, so far as serious illness is concerned, they are not worse in any respect than other working men.

- (3) That the greater proportion of the adult illness is due to high feeding & indigestion, directly traceable to ignorance of the first principles of physiology.
- (4) That epidemics are very common & weaken & reduce the population.
- (5) That Atrophy & convulsions are the great cause of infant mortality and that this is largely due to wrong ideas on infant duties.
- (6) That Rickets is uncommon and has no way connected with their work.
- (7) That Bronchitis, Rheumatism & Gout are common; due partly to their work; partly to their mode of life.
- (8) That a large proportion of miners attain the age of 60.