

Scrofula in the Département du Nord, are 46 per 1000; in the Eastern Pyrenees, 1 per 1000. It appears, then, that comparing Paris with London, the deaths from Scrofula, when compared with the population, are six times as many in the former as in the latter capital; and that for the whole of France, the marks of Scrofula presented by recruits are twice as many as among our own recruiting population.

Is it not, then, abundantly proved, that the notion that Scrofula is eminently an English disease, is incorrect; and am I not warranted in stating that there is no country, so far at least as our information extends, in which the people are more free from the disease than in England and Wales?

CHAPTER VIII.

IS THE OCCURRENCE OF SCROFULA PROPORTIONALLY MORE FREQUENT THAN FORMERLY?—OR, IN OTHER WORDS, IS IT ON THE INCREASE IN OUR LAND?

THE opinion is strongly and generally expressed, that Scrofula, as well as ordinary tubercular disease, affects a larger proportion of our population at present than it did formerly. It is, therefore, important to inquire whether that opinion be well founded. Although if the question be answered in the affirmative, we may have no present means to lessen the evil. The materials for coming to a correct conclusion on this point are scanty, and are very much confined to the population included within the Bills of Mortality.

The first uninterrupted series of weekly Bills of Mortality, commences on the 29th Dec., 1603, nearly two centuries and a half ago; at which period those Bills comprised only thirteen out-parishes, in addition to ninety-six parishes within the walls of the City of London. Subsequently to 1603, additional parishes were included. In 1625, the number of burials in every parish, was, for the first time, published. The Report of Diseases and Casualties was first published in 1629; it then included twenty-six parishes, besides the ninety-seven within the walls. It may be urged that but little confidence can be placed on their Tables of Disease. To some extent, this is no doubt true; but it is also true, that in their earlier period, the rule was "to appoint in each parish, *searchers*, who, on a death being announced, visited the house of the deceased, and inspected the body, inquiring the age and disease which occasioned the demise." I do not mean to say that a Return so made would exactly represent the causes of death, but at all events, it is the nearest approximation to accuracy which we possess, and in my opinion, it is near enough to justify a comparison. If we look at the deaths from Consumption, which form so prominent a feature

in the Catalogue of Diseases, and observe the uniformity of its relation to the population, through a long series of years, it constitutes a good ground for believing that there is, at the least, a considerable approach to accuracy. And with respect to the disease, popularly known as the King's Evil, the chances of error seem fewer than in most diseases, because the marks are external, and they were well known.

For the evidence which I now propose to use, I am indebted to Mr. Marshal's Tables, published in 1832; and in order to ensure as much accuracy as seems practicable, I shall discard the earlier Returns, and begin with 1750 as my starting point. It will be most convenient to limit the population and the deaths to the district comprised within the Bills of Mortality; and I shall give the Mortality, whether general or special, in an average of a decennial period, ending at the commencement of the year named in connexion with such mortality.

In 1750, the population was 654,000, the general mortality 25,350, or 1 in 26; the deaths from Consumption 4530, or 1 in 144; and the deaths from Scrofula 22, or 1 in 29,727 of the population. In 1801, the population was 777,000; the general mortality 19,680, or 1 in 40; the deaths from Consumption 5028, or 1 in 154; and the deaths from Scrofula 5, or 1 in 155,400 of the population. In 1811, the population was 888,000; the general mortality 18,575, or 1 in 48; the deaths from Consumption 4511, or 1 in 196; and the deaths from Scrofula under 5, or 1 in 177,600 of the population. In 1821, the population was 1,050,000; the general mortality 19,056, or 1 in 55; the deaths from Consumption 4491, or 1 in 233; and the deaths from Scrofula 10, or 1 in 105,000 of the population. In 1831, the population was 1,223,000; the general mortality 20,910, or 1 in 61; the deaths from Consumption 4735, or 1 in 258; and the deaths from Scrofula 9, or 1 in 135,888 of the population.* The small number of deaths

*Period.	Population.	General mortality.	Consumption.	Scrofula.
1700	665,200	20,900=1 in 31	3589=1 in 182	73=1 in 9,180
1750	654,000	25,350=1 in 26	4530=1 in 144	22=1 in 29,727
1801	777,000	19,680=1 in 40	5028=1 in 154	5=1 in 155,400
1811	888,000	18,575=1 in 48	4511=1 in 196	5=1 in 177,600
1821	1,050,000	19,056=1 in 55	4491=1 in 233	10=1 in 105,000
1831	1,223,000	20,910=1 in 61	4735=1 in 258	9=1 in 135,888

from Scrofula, within a period of ten years, subjects any calculations which may be based upon such a period to be unduly influenced by accidental, or special, or temporary causes; and I will, therefore, give the aggregate deaths from Scrofula between the 1st of January, 1700, and the 31st of December, 1750, between the 1st of January, 1751, and the 31st of December, 1800, and between the 1st of January, 1801, and the 31st of December, 1830. Now, during the first of those periods the deaths were 2076, or 41 per annum; during the second, 579, or 11 per annum; and during the third, 248, or 8 per annum; and estimating the mean population within the Bills of Mortality, between 1700 and 1750, at 660,000, between 1750 and 1800, at 715,000, and between 1800 and 1830, at 1,000,000, the deaths from Scrofula, on the average of a year in the first period, will be 1 in 16,097; in the second period, 1 in 65,000; and in the third period, 1 in 125,000 of the population. It will thus be seen, that whilst in 1750 the general mortality was 1 in 26, and in 1801, 1 in 40, it was reduced in 1831 to 1 in 61; that whilst the deaths from Consumption were in 1750, 1 in 144, and in 1801, 1 in 154, they were reduced in 1831 to 1 in 258; and that whilst the deaths from Scrofula averaged, between 1700 and 1750, 1 in 16,097, of the population; and between 1750 and 1800, 1 in 65,000, they were reduced between 1800 and 1830, to 1 in 125,000; and in the last ten years of that period, to 1 in 135,888 of the population.

Such is the best evidence which can be obtained of the prevalence of what are regarded as scrofulous diseases, namely, Scrofula and Consumption, at different periods in the last two centuries. Although the evidence be, to a certain extent, defective, from uncertainty in the designation of the disease in the Bills of Mortality, it has a certain value with reference to all diseases, and a very real one as regards Consumption and King's Evil.

The next best evidence we possess, as to the relative prevalence of the disease in past and present times, may be regarded as very shadowy, and so it is; for it is that furnished by the practice of the Royal Touch. The extent to which the practice of the touch was carried would not fairly represent the prevalence of the disease, because only a very small proportion of the afflicted were likely to find their way either to London, or to Windsor. It has

been suggested, that the piece of gold which was suspended around the sufferer's neck, was an inducement to many to present themselves for the touch, who had not the Evil at all. But to prevent this abuse, a sufficient precaution seems to have been taken in the time of Charles II., a reign in which the touch was practised on a great scale, and in which only have we anything like an accurate enumeration of the number touched. No one could present himself to the King who was not provided with a certificate from the clergyman and churchwardens of the parish in which he lived, stating their belief that he was afflicted with the King's Evil, and that he had not before been touched. Possessing that certificate, he was in a condition to go before the King's surgeons, who examined him, and if they were satisfied, they furnished him with a ticket of admission to the royal presence.

Mr. Donkley, and others, Clerks of the Royal Closet, kept a Register of the persons touched by the King from 1660 to 1664 inclusive; during that period the number registered was 23,601; from May 1667 to May 1684, the number amounted to 63,506, giving a total of 92,107 in a period of twelve years. The intermediate two years are wanting; probably the occurrence of the plague caused the practice to be discontinued at that time. From these tables it would seem that a very large majority of the cases was presented at a time when the greatest number of cases of Scrofula are always to be seen—March, April, and May. In 1669, out of 2983 touched 1898 were presented in those three months. In 1682, out of 8577 touched, 4285 were presented in February, March, and April. But I most freely admit that these numbers are no proofs of the extent to which Scrofula really prevailed. It is said that the number presented to Henry III. of France, say 700 persons five times a year, would only show that in the then population of that country, the disease prevailed to that extent; and an obvious objection presents itself: "were they all cases of Scrofula?" Were not many induced to feign disease as a means of obtaining those alms which so commonly accompanied the royal touch? And on the contrary, as neither of the Kings made progresses through the whole of his States, a large proportion of those afflicted with the disease might not be able to avail

themselves of the opportunities which were presented for access to the Sovereign.

Still, the number touched in our country during the reign of Charles II. was very large; it amounted, on an average, to 7675 per annum; and when it is further observed, that of scrofulous cases under treatment at any time, not quite a third are new cases, the number then assumes a still more formidable appearance. In the practice of the King, all reasonable precautions were taken to prevent any individual from presenting himself more than once. We may therefore assume, that the cases presented did not exceed a third of those to be found in the district from whence they came; and if we multiply the number by three, which we are justified in doing, we get a gross number of 23,025 existing cases, unless we admit that all who had been touched were cured. It is true that some of the cases touched may not have been Scrofula, but it is no doubt equally true, that many suffering from the disease were not touched. I have good reason to think, that but few of the persons who were presented to the King, came from far, and that the bulk were inhabitants of the Metropolitan District. It was necessary that an entry should be made in the parish register when an individual sought a certificate to enable him to be touched, and if the registers for that time were preserved, the evidence thus furnished would be tolerably conclusive as to the fact, but many of them are missing, and it is, therefore, less satisfactory. Still, I have had access to many registers which included the period during which Charles II. reigned; but, in them, the entries of certificates granted, did not exceed six. It seems, then, fair to assume, as I have done, that the bulk did come from the district around London, and I think the estimate I have made from the number actually touched, of 23,025 existing cases is not an unreasonable one; and supposing we strike out 1000, which multiplied by 3 gives 3000 for the contingent coming from a distance, we have remaining for the Metropolitan District, 20,000 scrofulous cases existing at one time. The population of the metropolis at that time may be estimated at 600,000; we therefore find that 1 person in 30 was suffering from Scrofula so as to require relief.

The Registers of Dispensaries in London to which I have had access, show that at the present time the number of cases entered,

Scrofula does not exceed $1\frac{1}{2}$ per cent.* and then it must be recollected that nearly 2 out of every 3, so afflicted, have been under treatment for the disease before. And when it is borne in mind, that only about 1 out of every 4 of the gross population seeks medical relief annually, we find that the proportion which new cases of Scrofula, requiring treatment, bears to the general population, does not amount to 1 per cent.

Tried, then, by such tests as I have been enabled to apply, which though not strictly accurate, are the best we possess, and which, when used with caution, constitute a fair body of evidence on the point, the conclusion seems a fair one that Scrofula is much less prevalent in the present day than it was in the seventeenth and eighteenth centuries.

* The Returns I have collected from Metropolitan Dispensaries include the cases of 46,800 applicants for medical relief; of these 538 are registered Scrofula, scarcely 1.2 per cent.

I have good reason to think that but few of the persons who were presented to the Dispensary District. It was necessary that an entry should be made in the register when an individual sought a certificate to enable him to be treated, and if the register is that time were preserved, the evidence that he had been treated would be conclusive as to the fact, but many of them are gone, and it is therefore, less satisfactory. Still, I have had access to many registers which included the period during which Charles II. reigned; but in these, the entries of certain cases granted, did not exceed six. It seems, then, fair to assume as I have done, that the bulk did come from the district around London, and I think the estimate I have made from the number actually touched, of 23,035 existing cases is not an unreasonable one; and supposing we strike out 1000, which multiplied by 3 gives 3000 for the contingent coming from a distance, we have remaining for the Metropolitan District, 20,035 scrofulous cases existing at one time. The population of the metropolis at that time may be estimated at 600,000; we therefore find that 1 person in 30 was suffering from Scrofula so as to require relief. The registers of Dispensaries in London to which I have had access, show that at the present time the number of cases entered

CHAPTER IX.

CAUSES OF SCROFULA.

THE alleged causes of Scrofula are so many, and their action is said to be so constant and so efficient to produce the disease, and so few human beings can be wholly protected from their influence, that it is wonderful so many persons should appear to be exempt from the affection. It is equally surprising how slender usually is the proof offered by the advocates of a particular cause, in support of its complete efficiency, to induce the development of the disease. The consequence of such vague assumption is, that those who are not satisfied with the sufficiency of one alleged cause, are prepared to advocate as conclusive the influence of another, and it may be, a very opposite one, with no stronger evidence in support of the latter theory than was furnished in favour of its predecessor.

One person advocates the opinion that the *hereditary* is the only cause; another contends that the disease is *always acquired*, and never inherited; one regards *contagion* as an efficient cause; another maintains that the disease is never thus communicated. One points to the *bad air of towns* as the cause; another finds the disease more prevalent in the country; one refers the evil to *farinaeous*; another, to *animal food*. It would be easy to enlarge this catalogue, but it will be sufficient to mention, that hereditary influence, syphilis, bad air, bad food, and a cold and damp atmosphere are the causes to which have been most frequently assigned the production of Scrofula. The error of each theory is its exclusiveness; and when we reflect upon the difficulty of estimating the unmixed influence of any single cause, and when it is made probable that many causes are in action, we can scarcely comprehend