

dealings with Assurance Companies, are certainly beyond the reach of any improvements to be introduced by local regulations; and if cleanliness of habit, comfort of dwellings, and fresh air, be of themselves powerful elements in raising the standard of life, their influence should be felt among that class of persons. But what are the actual results? The poor workmen inhabiting the miserable streets of our large towns, and inhaling their supposed noxious vapours, are actually longer lived than the affluent and upper classes, whose easy circumstances enable them to inhabit comparatively the palaces of the kingdom.

"It is evident from the great disparity in the value of life among different classes of workmen, whose conditions as to whatever is within the scope of public sanitary measures are the same, that other elements must exist having a powerful influence on the duration of human life. It would further appear, by viewing the various classes of society more in connexion with the physical exercises to which they are habituated than in connexion with their sanitary condition, that a better clue will be found to the differences in the duration of life. It is not to be expected that any arrangements whatever as to the drainage and planning of streets are likely to add to the longevity of a tailor; but if it were possible to give to his frame the physical exercises of a ploughman, twenty per cent. would be added to the duration of his life. Neither is it to be thought that the plumber, painter, and glazier, is to be relieved from the poison of the metallic emanations to which he is subject; nor that the clerk can inhale the fresh air, and indulge in those exercises necessary to develop his physical constitution, while he follows the drudgeries of the counting-house. It is an aggregation of these, and other employments similarly conditioned, which makes up the excessive mortality of our large towns; and since it has been shown in the preceding pages, that this class of lives is also less healthy even in the Country Districts, and that the Town populations are chiefly made up of persons following such occupations, the legitimate result to be expected, is a shorter duration of life in Towns, independent of any local influence on health. If improvements and changes are to be effected in the sanitary regulations of our large Towns and Cities, let them at once be carried out—not upon the necessity of such municipal innovations to

avert a pestilential havoc in human life—but on the true merits of the question, the comforts, conveniences, and elevation of taste and moral purity thence arising."

Having thus considered the influence that may be exercised by an impure atmosphere upon the general mortality, it now becomes our duty to ascertain, as far as is practicable, its influence in the production of Scrofula. But before we enter upon that investigation, I will shortly inquire what changes the air usually undergoes in our crowded Towns. I say in the Towns, because the cottages of the peasantry may be as ill supplied with the means of ventilation, and the air may therefore become as much contaminated as in the wretched dwellings which have attracted so much attention in our crowded towns.

Now according to the Report of Dumas,* the proportion of oxygen in the atmosphere does not greatly change under any ordinary circumstances, the variation not exceeding in the same place the difference between 2290 and 2310. The observations of Leblanc† show, that under unfavourable circumstances as to crowding and ventilation, the change in the proportion of oxygen in 1000 parts of dry air, amounted to 4.7. The experiment was made in the Chemical Amphitheatre at the Sorbonne; and before M. Dumas's lecture, the oxygen in 1000 pints of dry air, amounted to 224.3, after the lecture to 219.6. There were 900 persons present. The breathing space and means of ventilation, indicated 0.74 cubic metres for each person per hour. In the same place, and at the same time, the quantity of carbonic acid gas, to every 1000 pints of dry air, was, before the lecture, 6.5, and after the lecture, 10.3.

The air found in one of the lodging-houses in Calmeil Buildings, in the parish of St. Marylebone, however unpleasant to the sense of smell, is not found to have undergone any very decided change in its ordinary elements, or to have acquired any new elements cognisable by chemical examination.

Hufeland said that one of the most powerful and most frequent causes of Scrofula is, *bad air*; by which he meant a cold, damp air, with privation of light; an atmosphere where the temperature is very variable; an atmosphere strongly carbonised, or charged

* Comptes Rendus, t. XIII.

† Ibid, t. XIV. p. 842.

with animal exhalations,—such as is found in the habitations of the poor, and in manufactories where great numbers of persons are collected together. “Therefore,” he says, “a residence in the Country is very preferable to that in Towns. In fact, the larger and the more populous a Town is, the narrower the streets, and the higher the houses, the more frequent are cases of Scrofula.” But in support of this opinion, he offers no evidence.

Baudelocque’s views on the influence of the bad air which is assumed to exist in Towns, to produce Scrofula, are most decided, and the passages in which he enumerates these views shall be given in his own words: “Atmospheric air exercises an unceasing influence on the maintenance of life, and we know that respiration cannot be suspended without quickly destroying life. This air is continually modified, altered by everything which has life, by combustion, by combinations of all kinds, in which it participates. Still this air is composed of the same principles, and so long as nothing interferes with its free circulation, those principles exist in the same proportions. But when it is isolated, separated from the rest of the atmosphere, imprisoned as it were, the respective proportions of its constituent principles are soon changed by respiration; the alteration it experiences renders it less and less proper to concur in hematosi; and this ‘*pabulum vitæ*,’ to use an expression of Hippocrates, becomes an aliment of bad quality. *Such is the true, perhaps the only cause of Scrofula.* If it has not always appeared to be present, it is because it has been overlooked, in consequence of the existence of some more apparent, and as it is supposed more efficient cause. Before we go further we say, *that wherever there is Scrofula, there is bad air, that wherever there is bad air, there is Scrofula, and that where bad air is wanting, there Scrofula is not known.*” Again: “The development of Scrofula is constantly preceded by a longer or shorter continued sojourn in an insufficiently renewed atmosphere. This cause is the only one to be always found, it may be isolated or united to other causes, which are only secondary. When we see, on the contrary, that this disease never attacks persons who pass their lives in the open air, always manifesting itself in those who sojourn in an atmosphere which is not properly renewed; whatever other influence may be present, we must admit that, the non-renewal of

the air is a necessary condition, indispensable to the production of Scrofula. And it is not necessary that the sojourn in such an atmosphere should have been long continued; a few hours in the day may be enough. A person may dwell in the most salubrious country, may pass a great part of every day in the open air, and still become scrofulous, because he sleeps in a small, ill-ventilated room at night. Six to eight hours, out of the twenty-four, passed in a narrow, ill-ventilated cabin is enough to produce it in the shepherd, who is in the open air the rest of the day.”

M. Baudelocque’s ideas are so clearly expressed, and so unqualified, he adopts in so uncompromising a manner the theory that impure air is not alone the sole, but the certain and necessary cause of Scrofula, and his authority has been so generally admitted, that it becomes an especial duty to sift the evidence by which this view of the disease is supported.

First, then, comes the statement of Richerand, that the greater portion of the scrofulous patients at St. Louis, come from the quarters, La Halle and La Cité, in the Faubourg St. Marceau, where the streets are narrow, and do not admit the sun’s rays, where the houses are ill built, and the population is dense. Now this statement is so vague, and so entirely wanting in philosophical precision, that it is difficult to deal with such materials. There is no proof that the number of scrofulous patients coming from those districts, was greater than the number received from other districts in the same quarter, of similar extent and proportion; nor is there proof that the proportion of scrofulous patients, compared to the admissions, was greater in that quarter of the city than in others.

Richerand again remarks that no Town furnishes a greater number of scrofulous cases than Troyes, in Champagne; “The cause of which,” says Boudelocque, “may be found in the disposition of the place, and in the mode of life of the inhabitants. All the streets are very narrow: the people are crammed, rather than lodged in their small rooms, and many are employed in the manufacture of cotton in places so small that the air is rapidly vitiated and rarely changed.”

In this instance, as in the former, we are furnished with a statement founded upon that most uncertain of all data, vague impressions, often formed, and generally expressed, long after the cases have been observed, and wholly unsupported by that precise enu-

meration of individual cases which can alone give value to estimates of the prevalence of disease. But the next statement on which M. Baudelocque relies, in support of his theory, is obnoxious to a far graver censure even than a want of definite enumeration, and is expressed in language so exaggerated, and in terms so inaccurate, that it is a matter of astonishment, so able a man should have committed himself to such a representation. He says: "The same causes of insalubrity which are found at Troyes are also found at Spitalfields, where the entire population is struck with Scrofula, owing to the disposition of their houses, which are eight stories high, and divided into a multitude of cells. In London, for example, there is a quarter called Spitalfields, where we find congregated mechanics and the poor. The whole population of that district is affected with Scrofula. We see only small, blighted, deformed men, as little like the inhabitants of other parts of London, as the Laplander of four feet is to the American Giant. The young man of twenty looks forty. We find no old man, unutilated by scars, who is not, at the same time, decrepit and deformed; a straight spine is there a marvel; and a man more than five feet high is a giant! At the side of Spitalfields, is Whitechapel, where we see none but large, well-built, vigorous men. The same cold, damp, atmosphere exists in both places."*

I must apologise for introducing into an English work, representations of the condition of numbers of my fellow-countrymen so entirely erroneous, and known by them to be so; but as they are contained in the work of M. Baudelocque, and as recent circumstances have given to that work an unusual importance, I am justified in alluding to them. His views have received the approbation of Learned Societies in England; and been sanctioned by a Royal Commission, to whom was entrusted an inquiry into the health of the inhabitants of Towns. The Commissioners seem to assume, that bad air is the prevailing agent in the destruction of life, and a proposition was gravely submitted, that as a means of preservation against Scrofula, and other diseases, windows shall be provided with zinc plates, through the apertures of which, the atmospheric air shall be admitted into our dwellings.

If any one will take the trouble as I have done, to examine with

* Page 117.

care the Schools for indigent children, or the condition of the adult population in the district of Spitalfields, he must come to the conclusion that there is no sensible difference between their appearance and that of the children or adults in Whitechapel. And if he inquire of the Medical Officers of the Hospitals, or of the Dispensaries in those neighbourhoods, he will find, that so far "from the entire populations of Spitalfields being struck with Scrofula, being small and blighted, and a straight spine being a marvel," there is no reason to think that Spitalfields has more than an ordinary proportion of Scrofulous cases, or that Whitechapel yields less. And should he refer to the Registrar-General's Report for 1841, he will find, that at Shoreditch, the total deaths for two years, were 4697, those from Scrofula, 6; Bethnal Green, 4106, Scrofula, 4; Whitechapel, 5207, Scrofula, 4; and that at St. Giles's and St. George's, with 22 square yards to each individual, the deaths from Phthisis and Scrofula amount to .478 per annum; while at St. James's, Westminster, with but 19 square yards to each person, they only amount to .369; at Bethnal Green, they amount to .230; in Whitechapel, to .452; the mean mortality of the Metropolis for these two diseases being .373. He may also discover, that as large a portion of the people attain the age of fifty, at Shoreditch and Bethnal Green, as in St. George's Hanover Square.

If, to continue the inquiry he has thus begun, he should look through the Registrar-General's Report for 1841, he will perceive that the total deaths at Shoreditch and Bethnal Green, in 1840, were 2032, of which, 523, or more than one-fourth, were above fifty, being the same proportion as in St. George's, Hanover Square, or St. Marylebone. And if he then turn to Whitechapel, he will find the total deaths to have been 1277, of which, those above fifty, were 301 only, or under a fourth.

The evidence furnished by the living, is of a similar character; for whilst in the whole Metropolis the proportion who attain the age of seventy is 1.33; in Bethnal Green they amount to 1.4; in St. George's, Hanover Square, to .97 only; in Liverpool, .90; Manchester, .76; and Birmingham, 1.07.

Some of this evidence is rather applicable to the question of general mortality, than to the more limited subject of Scrofula;

but it has been convenient to me, to consider it, in connexion with the representations of M. Baudelocque, respecting the development of Scrofula at Spitalfields.

By comparing the admission of patients suffering from particular diseases into Hospitals, Infirmaries, and Dispensaries; by a careful examination of children in Educational or other Institutions, in different districts; and by employing the Mortuary Tables of the Registrar-General, we ascertain the influence upon life and health of combined agencies, but none of these indicate the special influence of a single cause. Although each of these sources of information, taken by itself, may be wanting in strict accuracy, from the varying notions of different persons through whose agency these separate classes of evidence are collected; yet, if there be a general or substantial correspondence between the results, it is probable that the influence of errors has been inconsiderable; and with this limitation, the results thus obtained afford satisfactory estimates of the combined influences of existing causes, although not of the separate influence of any single cause.

With respect to the applicants for relief at Hospitals and Dispensaries in crowded Towns, the case stands thus. At the Liverpool Dispensary, in 1832, the admissions were 43,618; of those, 201, or 1 in 213, are registered Scrofula. At Limerick, of 48,578 treated, 381, or 1 in 122, were scrofulous. At Exeter, of 11,528 cases, 208 or 1 in 55, were scrofulous. Now it will not be said that the atmosphere is purer in Liverpool than in Exeter.

The evidence obtained from an actual examination made by myself of children in Whitechapel, Stepney, Bethnal Green Schools and Workhouses, is as follows. Children examined, 1552, of whom 292, or under 19 per cent., had enlarged cervical glands, or other marks of being scrofulous. At Norwood and Marylebone, the number examined was 2650, of whom 596, or 22½ per cent., bore marks of Scrofula.

If the investigation be continued through the low and crowded situations along the banks of the Thames and in Shoreditch, we find that the proportion of Scrofula which prevails there, is scarcely more than among the population of the drier, more airy, and scattered districts of the north-west portion of the Metropolis.

By pursuing the inquiry through larger Rural and Town Dis-

tricts, I have obtained the following results. Large Towns, not including London, number of Children examined, 32,670, of whom 6069, or 18½ per cent., are *returned* scrofulous. Rural Districts, number examined, 20,540, of whom 6025, or 29 per cent., are *returned* scrofulous.

If we regard Scrofula in the widest signification of the term, so as to include all diseases in which a tubercle-like deposit seems to determine the loss of life; namely Phthisis, Scrofula, and Tabes Mesenterica, the result may be thus stated. The mortality from those diseases is larger in Towns than in Country Districts; but it is not found that the densest portion of a Town is that in which the mortality is the largest. Thus, in the four districts in London, in which the crowding is the greatest, the average deaths from those affections is under 0.46; whilst in four other districts, in which there is less crowding, the average deaths amount to 0.51, and in Bethnal Green, they are under 0.40.

If we now narrow the question to the influence of a residence in Towns, and bad air, in developing the mortality from Scrofula alone, the result may be thus stated. In the four years' mortality, included in the fifth Report of the Registrar-General, namely from 1838 to 1841; in a district comprising Towns having a population of 3,759,186, the deaths from Scrofula, in those four years, amounted to 758; and in a district, having a Rural population of 3,440,501 souls, the deaths amounted to 1333. Or, to state the question more simply, the proportion of deaths from Scrofula to 1,000,000 living, was, in the Town Districts, 50 per annum, and in the Country districts, 97. And if with Scrofula, Tabes Mesenterica be included, the number would stand as 122 deaths in Towns, to 160 deaths in the Country.

Again, let us observe the South-eastern, the South Midland, and the South-western Districts; there the mortality from Scrofula amounts to about 1 in 12,000; whilst in the densely-packed Factory Districts of Yorkshire, Lancashire, and Cheshire, the mortality from Scrofula will be seen to be less than half the preceding mortality from the same cause, namely, about 1 in 25,000.

And supposing we go one step further, and compare one portion

of the Metropolis with another, we find that the total deaths from Scrofula in the Metropolis, when compared with the population, 5.6 to 100,000 living. Whilst in the most densely crowded districts of that same Metropolis, comprising the East and West London Union, Strand, Holborn, St. Giles's, Whitechapel, and Bethnal Green, the proportion is as 5.1 to 100,000; Bethnal Green being represented by 4.8, and Whitechapel by 4.7 to 100,000 living. So, in the low, dense, and poor districts of Bethnal Green, Poplar, Stepney, Whitechapel, Shoreditch, Westminster, Bermondsey, Rotherhithe, Lambeth, with a total mortality amounting to 21,522, the deaths from Scrofula are 45, or 1 in 478; while in the district, embracing Kensington, St. George's, Hanover Square, St. Marylebone, with a total mortality amounting to 14,734, the deaths from Scrofula are 30, or 1 in 490. Thus, the difference in these districts is scarcely appreciable; but if we compare the Western District of the Metropolis with those of Bethnal Green, Shoreditch, and Whitechapel, we find that the proportion of deaths from Scrofula to the general mortality, in the former, is as 1 to 490, and in the latter, as 1 to 1000.

Again, if from considering the influence of localities, we turn to the comparative mortality of the sexes, it will be found that 20 per cent more boys die of Scrofula than girls; and yet it must be admitted, that girls are more exposed than boys to the effects, whatever they may be, of crowded rooms and exclusion from out-door employments.

Coster, and others, have made experiments on brute animals, with a view to ascertain whether scrofulous or tubercular deposits can be determined by subjecting those animals to certain privations; amongst which are, a want of good and appropriate food, and of pure air; and I believe it is certain, that in numerous instances, such deposits have occurred under the circumstances of privation in which those animals have been placed; but the results are greatly wanting in uniformity; and it would be no easy matter to determine (and this experiment has certainly not yet afforded us the means of doing), how much of the effects may have been owing to either agent. And even if the influence of each agent could be shown, it would be hardly safe to assume that similar effects would result to human beings from similar agencies.

INFLUENCE OF CLIMATE IN THE PRODUCTION OF SCROFULA.

The belief that one climate is better adapted than another to extend life is so general, that it may be termed universal; but it is very difficult, if indeed it be possible, to estimate with any precision, the influence of any particular climate on the duration of life, or the development of Scrofula. The difference in the mean duration of life, or in the ratios of mortality between one country and another, will not measure the differences in its influence on life, of one climate over the other. Few persons will maintain, that the climate of England is more salubrious than that of any other European country, and yet, if estimated by the greater value of life, in England the conclusion would be warranted.* If we take any particular disease, we may ascertain that it prevails more in one district than another, but we can rarely determine, in virtue of what condition of the place it does so, or what agencies are associated with the single element of locality in inducing the disease; and we can never estimate the comparative force with which each agent acts in producing or increasing disease.

For instance, if we take as our illustration, the mortality of the British soldier at Ceylon, we find, that for the whole of Ceylon, that mortality is 75 per 1000; whilst at one spot, the Point de Galle, it is only 23 per 1000; and no one can assign a satisfactory reason for so extraordinary a difference. The Mediterranean stations are sought for as particularly salubrious for our soldiers; and yet, one-fifth more are invalided there, than in British North America,

* The mortality of England and Wales is			2.2
"	Sweden	.	2.39
"	France	.	2.4
"	Bavaria	.	2.8
"	Prussia	.	2.8
"	Hanover	.	2.9
"	Austria	.	2.91
"	Saxony	.	3.1
"	Wurtemberg	.	3.4
"	Russia	.	3.7
"	Denmark	.	4.2

notwithstanding the beautiful skies and moderate temperature of the one station, and the rigorous climate and great variations of the other. Rheumatism is believed to be excited by cold, damp, variable climates, and where can we find those qualities more remarkably developed than at Nova Scotia and New Brunswick? Yet, in that colony, the admissions into Hospital, for Rheumatism, are only 30 per 1000, annually; whilst at Malta and the Ionian Islands, they are 34; Gibraltar, 38; the West Indies, 49; the United Kingdom, 50; the Cape of Good Hope, 57. We cannot explain these circumstances, either by regarding them as the results of humidity, or of dryness, or of a high, or a low mean temperature, or of great alternations of heat and cold: but the fact remains, and so does the difficulty of assigning any explanation of the cause, if one, or the causes, if many, of these un-looked-for results.

The solution of the question—what influence does climate exercise on Scrofula? is surrounded with formidable difficulties. The general impression on this subject to be collected from the works of the best authors, is, that Scrofula is most prevalent where particular conditions of the atmosphere are realised, and this, whatever may be the food or occupation of the people, and whether their dwellings be confined or spacious, or the air they respire be bad or good. And the atmospheric conditions, which are said to occasion the prevalence of Scrofula, are cold and damp, with frequent alternations of temperature,—and their influences are said to become much more injurious, when they are in operation in a country, the surface of which is broken and rugged. Whilst a comparative immunity from the disease is supposed to be found in a dry and warm atmosphere, protected from sudden alternations and disturbances;—in a country, the surface of which is not visited by inclement winds and storms.

England is always pointed at as an illustration of the first condition, whilst the plains of India have been regarded as a good example of the second; it being assumed that there is much Scrofula in England and but little in India. England and India may really exemplify those opposite conditions of the atmosphere or climate; but it has been already shown, that the prevalence of Scrofula is greatest in India, where it has been assumed to be least, and least in England, where it has been assumed to be greatest.

The following quotations from medical authorities of reputation will manifest the opinions which have been commonly entertained on the influence exercised by climate in the development of Scrofula. Henning says, "Indeed, the evidences in support of the opinion that climate is the *sole predisposing* cause of Scrofula are highly respectable. Wiseman says, "That those who live in an air, particularly thin and sharp, or very thick and foggy, are very subject to Scrofula." And Mr. Hunter, who speaks of it as a disease, which although not hereditary, yet running in families, imputes it to climates, in which cold damps, alternating with heat, prevail; and adds that the scrofulous find a ready cure for their complaints by removing to certain latitudes. Dr. Leake observed, that it was very probable that glandular swellings of the neck and face, owe their origin to cold moist air, as they occur chiefly in winter; and he remarks, that in the dry warm climates of Portugal and Italy, he had found them very rare."* Mr. Pearson, who superintended the establishment for the African boys, brought over to England, for education, by the Sierra Leone Company, states that they all died of Consumption. "It is remarkable," he says, "that boys brought from tropical climates, from the age of eight to twelve, almost uniformly become scrofulous. They bear the first winter tolerably well; but droop during the second, and the third generally proves fatal to them."† Carmichael says, "It is observed that Scrofula is not prevalent in either very hot, or very cold countries, if dry." Baumes believed, "that its ravages were greatest in cold and damp districts, places from which the sun's rays are excluded." Gregory thought this was made out, "by the fact that the disease prevailed to a greater extent in England than in Spain and Italy," a statement utterly unproved, or as I would now submit, disproved. Brown‡ says, "It is to be found in very hot, and very cold climates, I have myself seen it among the natives of Balambangan, an island inhabited by Malays, governed by a Dutch Commandant and lying almost on the line, in the Straits of Borneo. The Chinese are particularly subject to this disease, nor have they been able with all their subtlety and pretensions to physic, to discover as yet any remedy for it. Persons afflicted

* Medical Instructions.

† Annual Medical Review, vol. 11. p. 130—31.

‡ On Scrofulous Diseases, 1798.

with scrofulous ulcers walk about the streets of Canton without any application to them and with much seeming indifference. They are equally superstitious, and show the same marks of fatuity with the people of this country; they trust their cures to empirics and astrologers, with which that country is disgracefully overrun like our own." White, broadly laid down the principle that in hot and cold climates, Scrofula is very rare; a notion which Baudelocque adopts, and he states that in warm climates, this is owing to the inhabitants being much in the open air, day and night; and in cold countries, to the ventilation kept up by large fires. His own belief being that temperature exercises no influence in the production of Scrofula.

It is no doubt a fact that the disease prevails more in one climate than another; but that this is owing to any particular quality of the atmosphere of that climate is unproved.

In the inquiry how far the influence of the atmosphere favours, or opposes the development of Scrofula, we could almost wish to decompose it, and ascertain whether the predominance of either of its elements contributes to the one effect or the other. We shall particularly inquire whether either the want of light, the prevalence of humidity, the high, or low, or variable temperature of particular climates, has any appreciable influence in the production of the disease.

ELECTRICITY.

Humboldt thought he had ascertained, that a diminution in the quantity of the electric fluid, pervading the atmosphere in particular climates, had some influence in the development and progress of Scrofula; but for this opinion there is as yet no proof.

LIGHT.

The influence of light in inducing changes in the health of individuals, and even in determining Scrofula, is believed by some persons to be considerable; and this idea is supported by a supposed analogy between the effects produced in vegetable substances, by a privation of light and those which may be exercised on human beings by the same agency; but the analogy is one which, however

it may adorn a fanciful theory, will not support a conclusion of science. By depriving vegetables of light, we deprive them of colour; and it is said that human beings confined in dark dungeons, become pale and feeble, that their flesh becomes flabby, the heart enfeebled, and the natural muscular power almost extinguished. But confinement in a dark dungeon implies the influence of other agents than the deprivation of light, and whatever may be its effects upon the frame, the description we possess of those effects, does not prove that it causes the development of Scrofula.

It is indeed hardly possible to determine, whether the want of light alone would have any influence in developing Scrofula, because want of light almost always implies the influence of much more important agencies of disease. If we found 1000 families occupying dark cellars, amongst whom Scrofula was largely prevalent, want of light would almost certainly be associated with much more serious privations.

In Northern Europe, the influence of darkness is experienced by the whole population for considerable periods of the year, and if this were an efficient cause of Scrofula, the disease ought to be more than ordinarily prevalent in those countries; but this was not observed by the Scientific Commissioners of the Northern Expedition, sent out by the French Government; and in Iceland, it would seem that the disease is less prevalent than in countries exempt from that influence.

HUMIDITY.

The influence of a damp atmosphere or climate, in the production of Scrofula, can be better estimated, than the effects of the deprivation of light; though the inquiry will even, on this point, leave much to be desired. It is not difficult to compare the physical conditions of two given districts, and it may not be difficult to determine the relative frequency of Scrofula in them; but it is rare to find no other physical difference between two districts, than a greater or less humidity.

Baudelocque found it impossible to arrive at any satisfactory conclusion on this subject, and he said, "That though it might be true generally, that Scrofula was very common in damp climates, it was no less true that it is sometimes very prevalent in very dry