countries. He says there are many humid villages in the Department of the *Somme*, where Scrofula is rare, and he particularly points out Boves, which is built in the middle of an immense marsh, in an angle formed by the junction of two rivers, and where thick fogs are frequent, as in examples of this kind. A portion of the inhabitants work all the year in these marshes, either preparing peat or bleaching cloths, and another portion are much of their time at the river, washing clothes; whilst very few scrofulous persons are seen, either there, or in other neighbouring villages similarly situated. At two or three leagues from thence is a vast plain, raised a hundred feet above the valley, there we find many villages scantily supplied with water; an adjoining marsh, often dry in summer, serves for the animals which graze there. "Nothing," says Baudelocque, "is less humid than these villages, and yet Scrofula is very common there."

Lugol thinks that only those who fail in accurate observations, or who are strongly prejudiced, can regard humidity as the cause of Endemic Scrofula. "It is," says he, "endemic in Spain, and particularly at Madrid, and yet the plains of Castile are very elevated, often wanting water." "It is very common in Sweden," so says Retzius. "Nice is protected from the North, and has a maritime atmosphere, but the people are very scrofulous." "At Utelle, near Nice," says Foderé, "Scrofula is very prevalent, although the village is elevated and open to the south; but then the people are miserably nourished. The town of Montpellier is high and dry, but there is much Scrofula."

I doubt whether Baudelocque, or Lugol, if appealed to, could give any definite or precise notion of the comparative prevalence of Scrofula, in the different localities to which they have referred.

M. Jolly was sent by the French Government to make a sanatory inquiry into the condition of the people inhabiting the district of the Landes, "which," says Jolly, "may be regarded as a vast marsh," though strictly it is a district of sand, pine forest and marsh; and he found scrofulous swellings to be remarkably frequent.

Rilliet and Barthez found, that of 314 tubercular children, 43 occupied damp localities, 107 dry; and in 164 instances, the information was incomplete. Of 211 non-tubercular, 21 came from damp

situations, 65 from dry habitations, and in 125 the situations were unknown.

If we take the deaths from Scrofula for England and Wales, in 1841, amounting to 1193, and compare them with the population, which is something under 16,000,000 we find that the relation they bear to each other is as 1 to 13,400.

If we select five dry countries: say Hertfordshire, Northamptonshire, Wiltshire, Warwickshire, Nottinghamshire, and make a similar comparison, we find the proportion of deaths from Scrofula to the general population to be as 1 to 10,500.

If we take five counties reputed to be damp—Huntingdon, Bedford, Essex, Cambridge, and Lincoln, the proportion of deaths from Scrofula to the general population, is found to be as 1 to 10,300.

If we take the extended sweep, of sea-side Towns contained in the Appendix, where we assume the atmosphere to be comparatively damp, we find the proportions of deaths from Scrofula to the population, to be 1 in 12,500; while in the inland Towns contained in the Appendix, presumed to possess a drier atmosphere, the proportion is found to be as 1 to 13.250.*

In our own Metropolis, the deaths from Scrofula are more numerous along the banks of the Thames, than at Shoreditch, Bethnal Green, Whitechapel, or Marylebone. The deaths from Scrofula in the latter districts, when compared to the total deaths, being as 1 to 762, and the former as 1 to 365.

Supposing no other cause capable of developing Scrofula to exist in the districts to which we have referred, and supposing the larger proportional mortality from the disease to be as constant in the more humid districts, as in those to which we have alluded, the presumption arises, that humidity exercises a small, though a certain influence in producing the disease. And whatever the evidence be worth, it tends to that result; although I by no means consider the data we possess on the subject conclusive. It has

* England and Wales, deaths from Scrofula to the population	.	.	1 to 13,400
Dry counties	,,	,,	1 to 10,500
Damp ,,	,,	,,	1 to 10,300
Sea-side Towns	,,	,,	1 to 12,500
Inland Towns	,,	,,	1 to 13,250

been usual to point to Holland and to England, as cold and damp countries, in which Scrofula is more than usually prevalent; and the prevalence being assumed, a cause was also assumed, and that cause was humidity. But although we may admit that those countries are comparatively cold and damp, we deny the unusual prevalence of Scrofula, at least in England, because it is now demonstrated, that in no European country do the people suffer less from Scrofula than in England.

TEMPERATURE.

Supposing we divide England and Wales into two portions, one above, and the other below, the 53rd parallel of latitude, we obtain the following result. In the northern district are Cheshire, Lancashire, Notts, Lincoln, York, Westmoreland, Durham, Northumberland, Cumberland; which include the great Factory Towns. In the Southern Division are the remaining counties of England.

The total deaths in England and Wales, taking an average of five years, are 349,519; the average deaths from Scrofula during the same period, are 1214. The proportion they bear to each other is, therefore, nearly as 1 to 287. The proportion which the deaths from Scrofula bear to the gross population is in round numbers, 1 to 13,400.

The deaths from all causes in the Northern District, are 119,155, those from Scrofula, 285; the proportion being 1 to 418, and the proportion which the deaths from Scrofula bear to the gross population is as 1 to 15,790. The deaths in the Southern District from all causes, are 230,364; those from Scrofula, 1010, the proportion being 1 to 226 deaths, or 1 death from Scrofula to 11,331 of the population.

It thus appears that by contrasting the portions of England and Wales, south and north, of the 53rd parallel, that we attain the following results:

	South.	North.
General mortality per cent. of the population . .	1 in 49	1 in 37
Deaths from Scrofula	1 to 11331	1 to 15.790

But the mean temperature of the Southern District is superior to that of the Northern, and were there no other causes than difference of temperature for the diseased general mortality in the Southern, and the decreased mortality from Scrofula in the Northern District, we should attribute those opposite and somewhat contradictory results to the agency of temperature. But there are various agencies acting in combination on one side of the Line, which either do not exist, or are modified on the other side, and we can assign to temperature no definite or proportional share of the results of such combined agencies. Yet we may repeat a conclusion to which we had already come, from another class of observed facts, that in the same island and amongst the same races, a large general mortality does co-exist with a small mortality from Scrofula.

Most persons are disposed to think that a Register of Deaths ought to represent the prevalence in particular places, of particular diseases, which tend to death. And yet it has been said, that a Register of Deaths will not show the actual prevalence of Scrofula, because, death from Scrofula are comparatively rare, and because, persons of a scrofulous constitution commonly die of some other disease. But if 100 deaths from Scrofula take place annually in one district, and 200 in another, and if, (which is the fact,) that relative proportion is preserved, with considerable uniformity, year by year, the inevitable conclusion will be, that the disease has prevailed more extensively in one district than in the other. Now the mortality from Scrofula, year by year, in England and Wales, bears too constant a relation to the population, to permit us to regard this relation as an accidental circumstance, and although the deaths from Scrofula in a given district, may not represent the absolute prevalence of the disease in that district, yet when compared with another district, the numbers may be assumed to indicate with reasonable accuracy the relative prevalence of the disease. For instance, let us assume that the prevalence of Scrofula in a particular locality is represented by 20, and that half of the 20, or 10 cases, end in Phthisis, and a tenth, or 2, die of Scrofula. If, then, we find that in another district the deaths from Scrofula in that district are 4, we may fairly assume that the total cases of Scrofula will exceed 20; and although they may not amount to 40,

yet that the disease will be more prevalent in the latter district than in the former, seems a sound conclusion. It may be said there are errors in registration, of which there can indeed be no doubt; but when, year by year, a certain relation of numbers is preserved in Returns, not made up by one man, but by hundreds, acting independently the one of the other, there must be a near approach to truth in the general results, and, therefore, in this inquiry I have largely availed myself of the evidence which those Registers furnish.

Whoever considers the question fairly, will be struck by one fact, which cannot be denied, that in European countries, at least, scrofulous diseases are evolved or aggravated during the cold of winter. But although the fact is certain, one man will explain it in one way, another in another. Baudelocque thinks it is not fair to accuse the cold of doing the mischief, which, he says, is caused by insufficient ventilation, by bad air; but Baudelocque must have often seen a child, suffering from scrofulous ulceration, taken from the streets in winter, carried into a ward, warmer, though with a less pure air, it may be, than the streets from which he came, and covered with warm clothing, and warm dressings applied to his wounds; he must, I repeat, have witnessed a great amelioration in the disease as a consequence of the change. I by no means maintain, that the change of temperature alone, has worked the change, but it has at least contributed to the altered condition of the patient.

We will now inquire, what influence extremes of temperature have in developing Scrofula in the British soldier, and the evidence on this subject, which I have collected from the War office Returns of Colonel Tulloch, may be regarded as most important; and the special value of these Returns consists in this, that they are spread over many years, and include very large numbers; and as the British soldier is the same in the different climates to which he is exposed, is well, and we believe appropriately, fed and clothed, and subjected to like duties, it may be fairly assumed, that any considerable difference in his physical condition has resulted from the direct influence of climate.

Those Returns show, that the average amount of invaliding for Scrofula, is about 1 in 600,* the extremes, excluding Barbadoes,)

* See Table in Appendix.

are 1 in 246, at St. Helena, with a temperature ranging between 68° and 83°; and 1 in 1172 at the Bermudas, where the range is greater—between 89° and 53°; whilst in Canada, with a range of 125°, and where a range of 52° has been experienced in twelve hours, the invaliding for Scrofula does not exceed the average, of 1 in 622; so that the variability of the climate does not seem to exercise over the disease any distinctly appreciable influence.

The highest mean temperature, we have included in our Table, is to be found at Jamaica and Sierra Leone; and in the former, the invaliding for Scrofula is 1 in 859; in the latter, 1 in 921. Among the lowest mean temperatures we find Nova Scotia and New Brunswick, where it is 1 in 928. In both extremes, it will be observed, that the invaliding for Scrofula is 59 per cent. under the average.

The cases where the range of temperature is smallest, are those of Sierra Leone, where the invaliding from Scrofula amounts to 1 in 921; Jamaica, where it is 1 in 859; Honduras, 1 in 320; St. Helena, 1 in 246. Here it will be observed that we have instances of invaliding for Scrofula—much above, and much below the average—whether the temperature be mild and equable, or oppressively hot. It does not appear, therefore, that either a high, or a low, an equable, or a variable temperature, exercises any uniform or evident influence over the occurrence of Scrofula in the British soldier.

In India, in China, in Russia, in Greece, hot, cold, and temperate countries, Scrofula is unusually prevalent. It is comparatively rare in Barbadoes with a warm climate, in New Brunswick with a cold, and in the Bermudas with a temperate climate.

Having thus inquired into the influence of various climates in inducing Scrofula in the British soldier, we will now inquire whether in the natives of other countries, the temperature of the climate they inhabit, appears to exercise any definite influence in producing Scrofula.

The effect of a very low temperature to influence the development of Scrofula, was considered by Dr. Robert, Member of the Scientific Commission sent by the French Government to Iceland, Greenland, and Spitzbergen, by whom a letter was addressed to M. Gérardin, in which he states, it would seem, that in Iceland

and Lapland, glandular swellings are very unfrequent. He did not meet with a single case of Thyroid tumor in Iceland or Lapland, although in the South of Norway they are found not unfrequently. M. Gaimard transmitted a letter from Dr. Thorstenson, who had practised in Iceland seventeen years; from which it appears, that although Croup and Catarrh are very common—Phthisis is very uncommon in that country. Previously to the Report of Dr. Thorstenson, the information we possessed on the subject of Phthisis was contradictory. Mackenzie, it is true, affirmed that the disease was not common in Iceland; Olafsen and Troil denied its frequency; and there were not wanting persons to find a reason for the alleged rarity of Phthisis, in the prophylactic virtues of Lichen. On the subject of Rickets, the evidence is also very contradictory, but there is no contradiction with respect to the nfrequency of Scrofula; and this in a country, where in summer the thermometer reaches 20 degrees centigrade, and in winter, 20 degrees *minus*, where the climate is damp, where in winter the people are much confined to their narrow, smoky habitations, where the animal food used is principally dried fish, and where half the children die under ten years of age.

M. Rufz* shows that Phthisis is the most frequent chronic disease in Martinique, and yet he adds, "From 1834 to 1839, I have seen only one or two cases of White Swelling, no case of Pott's Caries, and glandular enlargements are rare; although these affections are considered as being of the same nature with Phthisis."

The first return which I have obtained of the condition of the people of India, with reference to Scrofula, was furnished by Dr. Alexander Jackson, and is given at page 90. On the same subject Mr. Martin says: "Before speaking of the relative frequency of Scrofula, amongst European residents in India, as compared with that of their countrymen at home, I would mention, grounded on extensive observation during many years, on the health of the natives of Bengal, both civil and military, that Scrofula, as an idiopathic disease, is seldom seen amongst them. At the Native Hospital of Calcutta, of which I was Surgeon for ten years, I saw, however, many cases of scrofulous disease, amongst the poorer Bengalees, caused, as it appeared to me, by the abuse of the rude

* Etude de la Phthisie pulmonaire, à la Martinique.

preparations of mercury and arsenic, so liberally administered by the native empirics. In all rheumatic cases, in eruptive diseases, as well as in every chronic ailment that puzzles the empiric, this horrible preparation is given in larger quantities, and often alternated with arsenic. Now as to European residents in India, the civil and military inhabitants of the better classes are almost exempt from Scrofula, and so are their children. The exemption is equally true in Bengal, of parents and their offspring, whose families in England are notorious sufferers. During an extensive observation of twenty years in the capital of British India, I do not remember three instances of scrofulous disease declaring itself, though numberless persons were known to me, in whom the disease remained latent, and, as it appeared to me, remained so solely through the influence of the climate."

We will now compare with this opinion of a man of great experience, the following returns kindly made me by Drs. Stewart and Spry, of the condition of the children in the Upper and Lower Orphan, and European Schools at Calcutta.

"The Upper Military Orphan School is a receptacle for the children of British officers, but they are all half-castes; the Lower School for the children of British Soldiers; 139 are half-castes, 81 English; the European female children, 55 in number, are of pure English blood.

"Of the 55 European female orphans, and the 81 military English orphans, amounting together to 136, there is not one with glandular enlargements. If we compare those European orphans with the half-caste boys and girls, we find in the latter, that out of 75, 4 have scrofulous ulcers, and *all* have swelled cervical glands. In short, all half-castes in Bengal may be said to be scrofulous; though the disease does not develop itself so early in this climate as at home, *in the forms you describe.* What is very striking is, that 3 half-caste children will exhibit cutaneous sores, weak eyes, mesenteric and spleen diseases, for 1 English one, though all four be equally carefully brought up, clothed and tended.

"Having examined with my own hand a large school of mixed Hindoos, between five and twelve years of age, I am able to give you positive information with regard to them. Of the 504 children I examined, 300 were scrofulous according to your definition.

"Thus it is evident that the scrofulous constitution is the pre-

vailing one in Bengal, a fact well known to all Indian practitioners."

We are not warranted in assuming that in the children examined by Drs. Stewart and Spry, and whose health is carefully watched, the disease was induced by rude preparations of mercury and arsenic; and it would therefore seem that, under comparatively favourable circumstances, the disease prevails extensively in India, though not among Europeans.

Dr. Spry says further: "The climate seems to have a favourable effect in retarding, if not in even arresting entirely, the development of Scrofula in English children, while it has an exactly contrary effect on half-castes. I will not pretend to account for this, though it would be easy to theorize, but I am sure that I have seen the lives of several English scrofulous looking children saved by keeping them in Bengal instead of sending them home, and I have known many scrofulous looking half caste children, who were sent to England very young, turn out stout fellows, and who, had they been kept in India must have grown up to be consumptive striplings."

When considering the prevalence of the disease, it was shown, that we have no proof that climate, whether the temperature be high or low, variable or uniform—or the atmosphere be dry or humid—has any very obvious influence, of itself, in producing, or preventing Scrofula. At St. Petersburg with a mean temperature of 3.23, and a general mortality of 3.770; and Moscow, with a mean temperature of 3.6, and a general mortality of 4.010; and Iceland, wheree the centigrade thermometer in winter indicates 20 minus—there appears to be less Scrofula than at Lisbon, with its temperature of 71.2, or than at Amsterdam, Berlin, or Calcutta. So, at Madeira, with its high mean temperature and low range, there is as much Scrofula as among the juvenile convicts in Parkhurst Prison. Other causes than climate must then, in all these countries exercise a most important influence in producing the disease, and among the causes of Scrofula, we have seen that food holds the first place.

It has been said, that a person predisposed to Scrofula, if subjected to the influence of a cold and ungenial climate, will almost certainly suffer from it; and that such a person, exposed to the in-

fluence of a warm climate, will most likely escape the disease. On that point Dr. Rosas, of Lisbon, writes:—"I am led to suppose, that were Scrofulous patients from the North to change their residence to this climate, they might derive great advantage, and perhaps lose in time the morbid disposition to this disease.

But the British soldier, when sent to climates much hotter than our own, is invalided for Scrofula to the extent of 1 in 643; and when sent to climates much colder than our own, to the extent of 1 in 764 only. The climate of the Mauritus has a mean temperature considerably higher than our own, but the invaliding of White troops for Scrofula is much greater in that island than that of the Blacks. The black troops sent to the Mauritus, are exposed to a climate not unlike their own, and they are invalided for Scrofula, to the extent of 1 in 1395, while at the cape they suffer to the extent of 1 in 413, and at Sierra Leone 1 in 583. In the Windward and Leeward Command of the West Indies the Whites suffer from Scrofula to a slightly greater extent than the Blacks, viz: 1 to 1141 and 1 to 1137, the one being subjected to greater heat, and the other to greater cold than they experienced in their own country. The same result holds good at Jamaica; where the White troops are invalided in the proportion of 1 in 859; and the Black of 1 in 818; the whites suffer in the Bahamas to the extent of 1 in 535; but the Blacks to 1 in 591 only; but in Honduras the Whites suffer to the extent of 1 in 320, while the Blacks suffer to the extent only of 1 in 544.

At Fort St. George of 177,037 European troops admitted into hospital, 171, or 1 in 1035 only suffered from Scrofula; whilst of 279,302 Native troops admitted, 746, or 1 in 374 suffered from Scrofula.

There is other evidence, of some value, bearing directly on this point, furnished by the Inspectors of Prisons in the United States, upon the condition of Black and White convicts. It would seem that th eproportion of scrofulous cases among the two classes received in the Eastern Penitentiary in three years was 1.145 per cent. for the Whites, and 7.519 for the Blacks, but then it must be borne in mind, that the Black population were natives of the United States, as well as the Whites.

There is no proof, therefore, that a person predisposed to Scro-

fula will be protected from the disease, by a removal to a country colder, or even warmer, than his own.

INFLUENCE OF OCCUPATION.

The physical condition and general mortality of a people, are influenced in an important degree, by the occupations they pursue, sometimes as a direct result of a particular occupation, and sometimes as a necessary consequence of other agencies, to which those engaged in particular occupation are forced to submit. And yet, in estimating the salubrity of a particular locality, the influence of occupation has frequently been overlooked, and insalubrity has been assigned as the cause of the excessive mortality of a district, when such excessive mortality was really owing to some particular occupation, in which a large proportion of the inhabitants was employed.

For example, at the age of thirty, the expectation of life among agricultural labourers is 40.6 years, among the members of Friendly Societies, including all trades, it is 36.6, among the professional men it is 33.9, among the gentry it is 31.2, whilst among the peerage it is only 30.9. The average for England and Wales being 34.1, Scotland 33.1, Ireland, 31.7; but the expectation of life at thirty in the poor fork grinder of Sheffield is only seven years. Thus a town of fork grinders, however well it may be built and drained, and however well the people may be fed and lodged, if judged of by the mortality, would be pronounced a very unhealthy district. So those districts of our country in which the bulk of the population are miners, might in the same way be regarded as insalubrious, although the real cause of the excessive mortality was mining, which is unfavourable to longevity. Again: there are districts where the population is mainly composed of agricultural labourers, of all occupations the healthiest, and if we suppose two hamlets, in the same district, the one the abode of miners, the other of agricultural labourers,—although in all else than the occupation of the people, these hamlets are similar, yet at the age of thirty, the expectation of life will differ to the extent of seven years, and this although the miner will be better fed and better clothed than the agricultural labourer.

An opinion prevails generally, that employment in Factories,

tends strongly to develop disease, especially Scrofula, and to shorten life; and it is therefore important that we should acquire accurate views on this subject, because if the evil really exist, some means may possibly be discovered to lessen its influence, whilst if it have no real existence, a good deal of mistaken sympathy, which has prevailed on the subject, may be directed to the removal of other evils, of whose reality there can be no doubt. The evidence which has hitherto been collected on the subject, consists for the most part of general statements, of the condition of the Factory population, and estimates of the general mortality of particular districts.

If we consult the mortality tables for Lancashire and the West Riding of York, for 1700, we find that the population of the former district, at that period, was 166,200, and that the mortality was 4,522, or 2.72 per cent.; that the population of the latter district, was 236,700, and that the mortality was 6,342, or 2.68 per cent. In 1841, the population of Lancashire was 1,667,054, the mortality was 44,771, or 2.68 per cent.; that of the West Riding was 1,154,101, and the mortality was 24,512, or 2.12 per cent.; the one less than Cambridgeshire, the other less than Bedfordshire.

Mr. Thorpe's return of the mortality of Leeds, shows that it has materially decreased since 1801, "notwithstanding there were hardly any Factories at that period." The population of the township in 1801, was 30,669, the average burials 941, or 1 in 32.5. In 1831, the population was 71,602, the average burials 1718, or 1 in 41.5.

In the Northern Factory Districts, including Lancashire and Cheshire, the mortality exceeds the average of England and Wales by 0.470 per cent.; but in the Midland Factory District, the mortality is 0.036 per cent. under that average. Now in Lancashire and Cheshire, the population is mainly collected into Factory Towns, in which many agencies of disease are found associated; and if we compare in the same district two towns of similar extent, one a Factory Town and the other not, it will be seen that other influences, equally injurious with Factory Labour, are in active operation. Let Manchester represent a Factory population, and Liverpool a population not employed in Factories, but equally crowded, the proportion of lives under five years being nearly the

same in both, and we find the mortality for seven years in the latter 3.368, in the former 3.273 per cent.

Take again Bristol and Leeds, the one with a Factory population, and the other with a population not engaged in Factory Labour, and we find the mortality in the former 2.91, in the latter 2.59 per cent.; while at Bath, famed for its salubrity, with no Factory, and with a smaller juvenile population than Leeds, the mortality is 2.35 per cent. Still it is certain that the mortality of large Factory Towns is generally large; but it must be borne in mind, that it is not uniformly larger than that of similar Towns in which Factories do not exist. If we take an equal number of Factory and Non-factory Towns—each group including a population of upwards of two millions, we find that the relative mortality is as 2.5 to 2.4;* and this although the influence upon the general mortality of a rapidly increasing population is usually much greater in Factory Towns than in others, because the proportion of children to adults is greater in a rapidly increasing population, than in one where the population is stationary, or where its progress is less rapid.

The evidence furnished by Friendly Societies as to death and sickness among Factory operatives, confirms the conclusions which are found to arise from the comparative mortality. Before twenty, we cannot by means of the evidence from Friendly Societies, or, indeed, by any other means, estimate the mortality and sickness of persons actually employed in Factories. But, at thirty, the general mortality in England and Wales is 1.0110 per cent, per annum; that of Factory Operatives .8247; and that of Friendly Societies is 0.7563. So, with sickness, the average proportion of sickness among the members of Friendly Societies, between twenty and thirty, is 8789 weeks, that of Factory Labourers .7089 weeks per annum.†

* See Appendix.

† MORTALITY.

	Factories.	Friendly Societies.	England & Wales.
20—30	.7420 per cent.	.7066 per cent.	.9480 per cent.
30—40	.9321 ,,	.8376 ,,	1.1040 ,,
40—50	.8555 ,,	1.1429 ,,	1.4305 ,,
50—60	2.4032 ,,	1.9531 ,,	2.2035 ,,
60—70	3.6816 ,,	3.7073 ,,	4.1450 ,,

The truth seems to be, that the mortality among Factory Labourers, through the whole of life, is very little greater, than the average mortality of England and Wales, and when it is remembered how large a part of our Factory Labourers live in towns, it may fairly be doubted, whether in itself, Factory Labour be more insalubrious than the other manual occupations of our people. But with respect to Miners, after thirty the expectation of life is below the average of England and Wales, and when we recollect that they are not commonly congregated in Towns, the insalubrity of mining labour is evident.

It appears then, that taking 1700 as our comparison, the ratio of mortality in Lancashire and the West Riding, has absolutely diminished, notwithstanding the introduction of the Factory System; that within the county of Lancaster, we find the mortality in Liverpool is greater than that of Manchester; that in the Factory Towns included in a Table in the Appendix, comprising a population of upwards of two millions, the mortality is 2.556, while in Liverpool, a Non-factory Town, it is represented by 3.368, and London, with a smaller juvenile population, by 2.533; and that, taking the Towns to be found in the Table, and containing a population of nearly three millions, not engaged in Factories, the mortality is 2.439. Now, in almost every case, those Towns have a smaller juvenile population, and one, therefore, in which other things being equal, the ratio of mortality would be less than in a rapidly increasing town.

If there be any thing peculiarly injurious to life in Factory Towns, or Factory Labour, it is not then made apparent by a register of deaths. The injurious effects of Factory Labour, when compared with other laborious occupations, are not apparent in our Mortality Tables, or in the Returns of Friendly Societies. And the mortality in Factory Towns appears to press just as heavily on masons, shoemakers, and tailors, in those towns, as upon those persons who are employed in Factories, and it would therefore seem improper to refer to manufactures an evil, which is not peculiar to them.

I will now proceed to consider occupation as an agent in inducing Scrofula. Baudelocque says, "that Scrofula is very common in Factory Districts, and if the work-rooms are small and ill-