

they seem inadequate to supply life for a third period of human history. And the strong opinion he makes of these truths is this, that if existing nations are the last reserve of the world, God's work on earth will be left undone, unless they do their best. Science, art, and industry, and all the resources of the human mind, must be put to the test, and the full amount of man's power must be exerted, before we can hope to have the full amount of man's resources before us, and the full amount of man's resources before us.

The suggestion may occur, that when the physical dependency of the inhabitants of the world shall have again passed, their vigor may be renewed, as in former ages, by the energy of temperance, and it was beautifully said by the late Dr. Arnold, that there are now no new resources supplied by youthful blood, the limited resources of our world are exhausted, and we have the full amount of man's resources before us, and the full amount of man's resources before us.

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APPENDIX.

It has seemed to me desirable to give several important documents upon which I have relied, as nearly as may be entire, because when so published they may be found more useful to others.

Professor Albert's communications are translations. I have given the *American Report* in the language in which the Report was made.

The *Peking Report* is given exactly as it was received. The *Moscow Report* is contained in Lord Erskine's Letter to Lord Castlereagh.

The *Prague Report* was translated into English by a friend of mine, who is more elegant, but will be more intelligible to many in the present dress than in the original Report.

The *Vienna Report* arrived in my pocket. But Dr. Kriesche's Letter which accompanies it is a translation.

The *St. Petersburg Report* is given unchanged. The *Moscow Report* I give as it was received.

Dr. Stewart's letter I give without alteration, as well as his Report. For the other Indian Reports I am indebted to Mr. Martin and Dr. Alexander Jackson, but I am not aware by whom the latter was made.

The *American Reports* are by Dr. Parkman, of Boston, and Dr. Samuel Jackson, of Philadelphia.

Those from the *Netherlands* are made by Mr. Kays.

Those from *Madeira* are made by Dr. Kennan.

PROFESSOR ALBERT'S LETTER, REFERRED TO, AT PAGE 25.

Sir,
I read with much pleasure, from your letter of the 17th June last, that you are occupied with a promising work on Spanish. I hope and

APPENDIX.

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Professor Albers' communications are translations.

I have given the *Amsterdam* Report in the language in which the Return was made.

The *Portuguese* Report is given exactly as it was received.

The *Munich* Return is contained in Lord Erskine's Letter to Lord Canning.

The *Prussian* Report was sent in German cypher; it was translated into English by a German Teacher; it is accurate rather than elegant, but will be more intelligible to many in its present dress than in the original Report.

The *Vienna* Report arrived in its present form, but Dr. Kriesche's Letter which accompanies it is a translation.

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The *American* Returns are by Dr. Parkman, of Boston, and Dr. Samuel Jackson, of Philadelphia.

Those from the *Mediterranean* are made by Mr. Kaye.

Those from *Madeira* are made by Dr. Renton.

PROFESSOR ALBERS' LETTER, REFERRED TO, AT PAGE 42.

"Sir,

"I see, with much pleasure, from your letter of the 17th June last, that you are occupied with a promising work on Scrofula. I hope and

wish that you will essentially contribute to bring the many doubtful points in the doctrine of this affliction near to a final solution. D. Hodgkin has communicated to you, that I have been engaged with the question of the identity or non-identity of Scrofula and Consumption. I was occupied with this matter at the time I had the pleasure of seeing Dr. Hodgkin here. I also drew public attention to the matter in my 'Observations on Pathology and Pathological Anatomy,' and in the 'Atlas of Pathological Anatomy.*' I consider, however, my researches but as just commenced; other affairs have for two years withdrawn my attention from them.

The most essential results of my investigation are these—that Scrofula and Tubercles exhibit, in their physiological as well as their anatomical properties, several differences, so that their identity, so absolutely adopted in modern writings, is not to be justified. As you merely desire to know the anatomical differences, I pass over the physiological ones.

"1. Scrofulous swellings, particularly those occurring in the mesentery and the diaphragm, are so closely connected with the lymphatic vessels, that quicksilver may be driven through them and the lymphatic vessels. Real tubercles, even when they are softened, never permit the passage of the quicksilver.

"2. Scrofulous swellings have always around them, as well as in their parenchyma, blood-vessels, which pass from the cellular texture, directly into them. The tubercle very frequently forms around itself a caul of vessels, often in a fibrinous layer, which separates it from the lung-parenchyma. Blood-vessels pass but rarely into a tubercle.

"3. The tubercle presents under the microscope, separate minute tubes, which, under a linear power of 550 times, prove to be cells. This is not the case in the scrofulous matter.

"These anatomical results only, I commit to your judgment. I would be glad to find them confirmed by you. Everything else you will find in the above-mentioned 'Observations.'

"If, in the course of time, I should publish my Observations, you will permit me to communicate them to you.

"Your, &c.

"J. F. H. ALBERS.

"Bonn, July, 1842."

* Part III. p. 279, and Table xxvii.

OF THE DIFFERENCE BETWEEN SCROFULA AND TUBERCLES,
AS STATED BY ALBERS.

In the recent anatomico pathological works of Andral, Cruveilhier, Carswell, Hope, and others, Scrofula and Tubercles are placed so near together, so frequently confounded with each other, that one must think these writers consider both diseases as identical. The opinion of the identity of these diseases does in fact prevail largely among the Medical Public, as one may see from several articles published in different periodicals. It is really frequently difficult to determine by the state of the dissected body whether there be Scrofula or Tubercles. This is particularly the case in the period of life from fifteen to thirty, in which the tuberculous infiltration of the lungs occurs so frequently. This difficulty is still increased when these diseases occur in organs like the kidneys, the ovaries, or the pituitary-membranes, where Scrofula and Tubercles generally have the same form of disease. These are the cases where a transition between Scrofula and Tubercles takes place. These are the very cases which have caused both diseases to be considered as identical. This opinion was still strengthened by the chemical analysis, in which no essential difference in the elements of the degeneration of both diseases could be shown. The elder physicians upheld the difference between Scrofula and Tubercles; and according to my observations they did so justly, both diseases showing on a closer examination several differences most important in practice. It is here our purpose to direct attention to some of them. The differences are the following:

1. Scrofula generally attacks the age before puberty, Tubercles the age of adolescence and manhood.

2. Scrofula is presented in the form of swellings of single glands, the body being still well nourished, the surface often presenting a good colour. The nutrition languishes by degrees, and so slowly, that for a long time no decrease in the bulk of the body, no tendency to colliquation is observable. Colliquative secretions, either by sputa or by sweats, are rare in Scrofula. Almost the contrary of all this takes place in the Tubercle disease. Scrofula is more frequently accompanied by Dropsy than the Tubercle disease.

3. The inclination to fever is very small in Scrofula. The Atrophia Scrofulosa is a state which from beginning to end passes over without fever. The small excitement accompanying the development of Scrofula in the commencement, mostly ceases when the disease is

developed. In the Tubercle disease the excitement of the circulating system is, almost from the beginning, very considerable. With lung-tubercles, as well as those of the kidneys, the liver, and the serous membranes, there is (even in their commencement and early progress) a frequent pulse. If the Tubercle disease has gained a certain height, if the emaciation has already begun, the deadly issue never takes place unless hectic fever, with a frequent hard pulse, has been present for some time. With Scrofula the character of torpidity, with Tubercles, the character of excitement prevails.

4. Scrofula appears in all organs, as in the lungs, the liver, the brain, &c.; its principal degeneration, however, is not in those parts, but in the glands of the lymphatic system of the breast, the abdomen, and the limbs, and in those of the pituitary membranes, particularly in those of the intestines. Where the Tubercle disease appears, the prevailing degeneration is observed in the diseased organ, and there is less affection of the lymphatic glands.

5. Scrofula matter can be injected; tubercles only imperfectly so. Sömmering has, as it is known, by a note to Baillie's *Morbid Anatomy*, directed attention to the fact that in scrofulous children the lymphatic vessels of the mesentery are very easily injected, the quicksilver passing without difficulty, and even easily, through the lymphatic ganglia. Carmichael* has lately drawn attention to this subject. That tubercles cannot be injected, is testified by Sebastian, "De origine tuberculorum, &c." by Carmichael, in several places,† and by many other writers. Macartney, in Carmichael,‡ affirms that he had succeeded in injecting the tubercle. This fact stands, however, single, against many which prove the contrary. In an injection which had well succeeded, in a lung-tubercle, I saw a small vessel penetrate, a little beyond the brim of the tubercle, but it remained still very distant from the middle of the knot.

6. An important difference between Scrofula and Tubercles is presented with respect to treatment. Scrofula proves curable in all forms, Tubercles almost in none; Scrofula lasts a long time, Tubercles hasten much quicker to an issue. Scrofulous swellings decrease considerably after cure, and often disappear seemingly; Tubercles, when stopped in their development, do decrease and ossify, but the decrease of volume is never so considerable as with Scrofula.

* An Essay on the Origin and Nature of Tuberculous and Cancerous Disease, 1836, p. 14.

† Carmichael, Lib. c.

‡ Ibid, p. 52.

7. Scrofula favors greatly the development of other degenerations and dyscratic diseases; Carcinoma is frequently developed in such conditions, the marrow-fungus not less so. So also with the Tubercle disease. Where in childhood scrofulous swellings in different parts of the body and swollen glands on the neck appear, there in youth and manhood Tubercles and Phthisis connected with them are apt to be formed. However, what produces a peculiar tendency to disorganizations is not yet a disorganization itself. We might as well assert the identity of Tubercles and Scrofula, as the identity of Scrofula and Carcinoma, and for the same reasons.

There are still other distinctive marks of these two affections, so different in their nature, to which we shall return at another occasion. These slight suggestions may contribute for the present to the consolidation of the notion so long ago maintained by the most celebrated physicians, and so founded in nature, that the diseases are different.

RETURN, REFERRED TO AT PAGE 78.

The following is a list of the places which have been included in the investigations made in this country, and nearly in the order they were received. In all those places, an examination of the living has been made. The number included in the Returns is 133,721; the number returned, scrofulous, is 32,771.

| | | |
|--------------------------------|------------------|--------------|
| The Metropolis, various parts, | Boston. | Hereford. |
| Woodbridge. | Newport. | Liverpool. |
| Pontypool. | Hailsham. | Guernsey. |
| Worcester. | North Aylesford. | Limerick. |
| Wells. | Eastry. | Leeds. |
| Manchester. | Sevenoaks. | Dudley. |
| Swansea. | Isle of Thanet. | Abergavenny. |
| Barking. | Tunbridge. | Llanarth. |
| York. | Uckfield. | Cardiff. |
| Gainsborough. | North Dublin. | Warwick. |
| Wickham Market. | South Dublin. | Highworth. |
| Ashbourne. | Machen. | Swindon. |
| Hull. | Sirhowy. | Dovor. |
| Mayo. | Tredegar. | Leek. |
| Glasgow. | Risca. | Abingdon. |
| Henly. | Birmingham. | Northampton. |
| | Nottingham. | Preston. |

| | | |
|--------------------|---------------------|-------------------|
| Melksham. | Ellsmere. | Mutford and Laun- |
| Plomesgate. | Andover. | ditch. |
| Wincanton. | Basford. | Bradfield. |
| Maldon. | Epsom. | Shardlow. |
| Bridgewater. | Kendal. | Wrexham. |
| Belper. | Portsea. | Halifax. |
| Newmarket. | Louth. | Eton. |
| Newcastle-on-Tyne. | Bradford. | King's Lynn. |
| Ipswich. | Totness. | Ludlow. |
| Wisbeach. | Forehoe. | Burnly. |
| Stroud. | Glanford Brigg. | Ashton. |
| Newton Abbot. | Sudbury. | Bury. |
| Stockport. | Bideford. | Clitheroe. |
| Sculcoates. | Bishop's Stortford. | Lancaster. |
| Carmarthen. | Chepstow. | Dewsbury. |
| Taunton. | Dursley. | Wirksworth. |
| Frome. | Poole. | Oldham. |
| Hungerford. | Ashby de la Zouch. | Rochdale. |
| Uxbridge. | Amptill. | Sheffield. |
| Axminster. | Fareham. | Castlebar. |
| Tendring. | Ledbury. | Cork. |
| Redruth. | Eccleshall Bierlow. | Chippenham. |
| Macclesfield. | | |

RETURNS, REFERRED TO AT PAGE 80.

The Hospital, Dispensaries, and Infirmaries included in my Returns are:

| | |
|------------------------------|----------------------------|
| King's College Hospital. | Glasgow Infirmary. |
| Birmingham General Hospital. | Children's " Broad Street. |
| Carey Street Dispensary, | Leeds Dispensary. |
| Exeter " | Norwich " |
| Liverpool " | Clifton " |
| Bolton " | Worcester " |
| Nottingham " | Swansea " |

IRISH.

| | |
|----------------------|-----------------|
| Limerick Dispensary. | Roscrea " |
| West Cove " | Bagnal's Town " |

| | |
|----------------------|------------------------|
| Newry Dispensary. | Glasslough " |
| Clare " | Doonas " |
| Mayo " | Markethill Dispensary. |
| Drumlish " | New Town " |
| Hollywood Dispensary | |

The number of patients included, is 255,297; the number registered Scrofula, is 3187.

EXTRACT FROM DR. GRIFFIN'S LETTER, PAGE 83.

"I thought I might as well send you the result of my observations respecting Scrofula, made according to your desire. Those I send now are the City cases only, as I have not yet completed those of the Country. The children were all (as you wished), between four and fifteen years of age, and were examined with great care by myself.

"Of 548 children of the City of Limerick then, the numbers stand as follows:

| | |
|---|-----|
| Children healthy | 250 |
| " with scars or cicatrices | 21 |
| " with open sores, (scrofulous.) | 4 |
| " with glands visibly enlarged. | 112 |
| " with enlarged glands perceptible to the touch | 154 |
| " with scrofulous bones | 3 |
| " with scrofulous joints | 4 |
| Total | 548 |

332 of the above were found in the schools of the Limerick Union Workhouse; the remaining 216 in the schools of the Christian Brothers, a religious society devoted to the instruction of youth. I thought that taking a certain portion of the children examined from the Workhouse would be a tolerable set off against the probably too healthy character of those found at the Christian Schools, since the more serious scrofulous cases would be likely to remain at home. The particulars are as follows:

LIMERICK WORKHOUSE.

| | |
|--------------------------------------|-----|
| Healthy | 147 |
| Scars | 18 |
| Open sores | 4 |
| Glands visibly enlarged | 55 |
| " perceptible to the touch | 102 |
| Scrofulous bones | 3 |
| Scrofulous joints | 3 |
| Total | 332 |

CHRISTIAN SCHOOLS.

| | |
|--------------------------------------|-----|
| Healthy | 103 |
| Scars | 3 |
| Open sores | 0 |
| Glands visibly enlarged | 57 |
| " perceptible to the touch | 52 |
| Scrofulous bones | 0 |
| " joints | 1 |
| Total | 216 |

"Thus, the difference is pretty decided; the real type of the City would probably be a mean between both. But with regard to enlarged glands, whether visible or perceptible to the touch, I doubt their being decided indications of a scrofulous tendency; eruptions on the skin, and especially on the head, will produce them, and such affections are extremely common in Ireland. Most of the enlargements included in the above Tables were of a very trifling nature; indeed the vast majority of them were so, (about 80 per cent. or thereabouts). But I made it a rule (as you seemed to require a test), to include all such cases as were distinctly though very slightly visible, as well as all such as were distinctly, though often but slightly, perceptible to the touch. I will send you the country observations as soon as possible, but I could get them much more quickly, only I wish to make them myself.

"Dear Sir,

"Ever yours,

"D. GRIFFIN, M. D."

The whole account for the Country Districts would stand thus:

| | |
|--|-----|
| Healthy | 305 |
| Scars | 33 |
| Open soars | 2 |
| Enlarged glands, (visible) | 115 |
| " " perceptible to the touch | 126 |
| Scrofulous bones | 3 |
| " joints | 0 |
| Total | 584 |

DR. ROZAS' REPORT.

RAPPORT SUR L'ETAT DES ENFANTS, ENTRE 4 ET 16 ANS, DANS LE COLLEGE DE ST. ANTOINE, ET DE ST. PIERRE LISBONNE, A L'EGARD DES SCROFULES.

TEMPERATURE MOYENNE DE LA VILLE, 16° 4' CENTIGRADE.

| 1. | 2. | 3. | 4. |
|---|---|---|--|
| Nombre total soumis à l'examen. | Nombre qui présentent cheveux blonds ou rouges, avec les yeux bleus, clairs ou gris, et peau fine et blanche. | Nombre qui présentent tumefaction scrofuluse des glandes cervicales, reconnaissable par l'attouchement; ulcères ou sinus leurs résultats; mal scrofuloux des os ou des articulations. | Nombre présentant quelque'un des caractères décrits à la colonne troisième et la physionomie de la colonne seconde. |
| GARCONS. | | | |
| 500 en totalité. | | 250 | Il n'y a d'autre exception que celle décrite parmi les filles 12, le reste tant garçons comme filles ont les cheveux ou yeux noir ou presque noir et la peau brune sale comme ceux d'un temperament bilieux, d'ailleurs les autres caracteres scrofuloux sont tres remarquables tels que le nez, les glandes cervicales, &c. |
| 300 | | | |
| FILLES. | | | |
| | 12 | 29 | |
| LA DIETE. | | | |
| Restorante. Bains de mer. | | | |
| Aucune hors de la diete reguliere sauf ceux qui sont en traitement qui est debutante au commencement et restorante apres. | | | |

Tous les enfans font usage des bains de mers à la saison propre comme moyen prophylactique.

MEMORANDUM.

Having been informed that the Colleges of St. Peter and St. Anthony were, from late Regulations, incorporated in the Casa Pia, (Asylum for Children of Indigent Parents), under the name of College of St. Isabel, I repaired to that establishment in order to obtain the required information respecting scrofulous cases, as well as on the circumstances connected with the accommodation of the patients, the locality of the establishment, the character of the disease, the number of boys and girls affected; and finally, the treatment and diet put in practice by the medical men attending the said Establishment.

Senor Henrique Xavier de Sacramento, (the surgeon in attendance), introduced me into the Establishment, and ordered all the boys and girls to be mustered separately in their respective wards, and assisted me in examining them. I have also inspected two or three rooms which serve as hospitals for the boys under Treatment, and after a fair examination, I am able to make the following Report.

There about 500 boys and 300 girls in the Asylum, from seven to eighteen years of age. Out of the 500 boys, 250 are decidedly scrofulous. They have all tumours, more or less developed, in the neck, and under the chin, although none of them seem to be in an advanced state. The scrofulous physiognomy is perfectly discernible in the nose, lips, and neck, but their skin and hair exhibit in very few of them the characteristic fairness and softness observed in colder climates. The skin in this country is generally sallow, and of a bilious tint, the eyes black, or hazel; but in every other respect the lymphatic temperament is to be clearly remarked. It seems that owing to the admixture of some bilious principle in the lymph, this becomes in some manner neutralized, as it either makes no progress at all towards suppuration, or, if the tumor suppurates, it heals with facility, and nothing but a slight scar or cicatrix remains.

This induration of the cervical glands, known here by the name of *Alporcas*, is quite a common disease in Lisbon; but of no other consequence than that which I have stated above. Out of the 250 boys thus described the following cases are now in the Hospital.

- 8 Scrofulous Ophthalmia.
- 2 Tabes Mesenterica.
- 1 Hydrarthrus, or rather (Gona Trocacia) by infiltration.
- 1 Rachitis.
- 6 Cervical glands in suppurating process and in a fair way of being speedily cured.
- 5 Fistulous sores.
- 23
- 1 Exostoses.
- 1 Otites.
- 4 more ophthalmic, nearly well.
- 29

The remaining 221 are stationary. The Ophthalmia Scrofulosa is endemic at the *Casa Pia*, owing to the locality, situated on a large beach, on the sand of which the hot rays of the sun cause saline evaporation, which constantly affect the eyes of the boys. It is also contagious from the beds being too close to each other, both in the dormitories and hospitals, and scantily ventilated from the north; the said hospitals or wards either having small and high windows to the north, or a full southern aspect on the beach, augmenting the disease. Even with all these inconveniences, the climate is so favourable, the mean temperature of the Establishment being 71° or 72°, as to cause these Ophthalmies to yield with the greatest facility to topical bleeding and the Antiphlogistic Treatment, with a low diet; and seldom, or ever, have cases been witnessed of a serious or fatal termination. Ophthalmia, according to the information given to me by Señor Xavier, constantly precedes the development of such tumors as come to the process of suppuration.

I have already remarked that suppurating tumors are easily treated in general. The treatment always begins by the application of leeches, and emollient cataplasm, and once the suppuration is well established, local stimulants, blisters, and even the Moxa are applied near the tumor as means of revulsion. A generous diet then accompanies the following tonic treatment. Infusion of Hops in a decoction of Sarsaparilla, with some few drops of Tincture of Iodine, and some aromatic plants also infused, constitutes the medicine taken inwardly.

The same treatment is put in practice in all cases of Fistula, Ulcers, Hydrarthrus, &c. The latter generally terminates after some time by Ankylosis, and only leaves a slight lameness. Free air, large and well ventilated rooms, moderate exercise and sea-bathing in the season, complete the cure.

Upon the whole, this afflictive malady, so fatal to many families in northern climates, is by no means so in Portugal, and the form in which it occurs is very favourable indeed in large Establishments. I am convinced were this Asylum more amply provided with nutritious food, salt fish being rather too often administered to the children, together with beans, their health would improve, and the scrofulous disposition would either vanish or be conquered by the children's constitution in growing.

The establishment, however, as far as the locality admits, is in every other respect, conducted with great zeal and attention.

The general cause to which Scrofula may be attributed in this country is, want of cleanliness, bad food, loose education, and extreme poverty.

The few cases of *Tabes Mesenterica*, (which are very rare), are treated by stimulants and a generous diet. They are almost always attended with complete *Marasmus*, and consequently hopeless. One case exhibited, post mortem, the whole system of glands indurated.

Out of 300 girls I have examined, 29 only exhibited symptoms of Scrofula, except in Ophthalmia. Amongst these girls, I have met with 10 or 12 with fair hair, fair skin, and blueish eyes; they were descended from foreign parents. The said 10 or 12 girls are perfectly exempt from any visible sign of Scrofula, which circumstance makes me 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 the disease.

The 29 girls suffering from Scrofula exhibit the following cases:

- 5 Induration of mesenteric glands.
- 2 Cervical and mammary tumors.
- 22 Ophthalmia.

They are doing very well, and as they occupy the upper part of the Establishment, which enjoys freer ventilation, and a full northern aspect, and gardens at the back, they are comparatively in better health than the boys, who occupy the lower part of it.

I have condensed these facts in the printed paper which accompanies the present memorandum.

SEBASTIAN CHARLES ROZAS.

Lisbon, April 8, 1842.

AMSTERDAM.

RAPPORT SUR L'ETAT DES ENFANTS ENTRE 4 ET 16 ANS, DANS LA MAISON DES ORPHELINS A L'EGARD DES SCROFULES.

MEAN TEMPERATURE. 10° CENT. (50° FAHR.)

| GARCONS. | | | |
|---|---|---|--|
| Nombre total soumis a l'examen. | Nombre qui presentent cheveux blonds ou rouges avec les yeux bleus, clairs ou gris, et peau fine et blanche. | Nombre qui presentent tumeurs scrofulenses des glandes cervicales, reconnaissables par l'attouchement; ulcères ou sinus, leurs resultats. | Nombre presentant quelqu'un des caracteres decrits a la colonne troisieme et la physionomie a la colonne seconde. |
| 495. | 347. | 91. | |
| 242 garcons. | Il n'y a que 16 enfans a yeux et cheveux noirs dans toute la Maison, et 31 a cheveux noirs et yeux bleus ou clair. | a. Tumeur scrofulense des glandes cervicales. 47 b. Ulcères ou sinus, leurs resultats 16 c. Mal scrofuloux des os ou des articulations . . . 28 | a. Tumeur des glands cervicales avec des cheveux blonds, des yeux bleus et la peau fine. Garcons 20 Filles 38 Cheveux noirs, yeux bleus, peau fine, Garcons 0 Filles 2 b. Ulcères ou sinus a cheveux rouges et yeux gris, Garcons 3 Filles 2 c. Mal scrofuloux des os a cheveux blonds ou rouges avec les yeux bleus ou gris, garcons 28 Filles 19 |
| La Maison (a ce tems ci) renferme 630 enfans entre 3 et 20 ans. | | | |
| FILLES. | | | |
| 253 filles. | | Total . . . 118 a. 83 b. 16 c. 19 | |

"The above has been kindly furnished by the Medical directors of the Orphan House, after the examination which took place for the express purpose on the 20th instant.

"JAMES ANNESLEY, Consul.

"Amsterdam, March 20, 1842."

" Amsterdam, March 22, 1842.

" SIR,

" In reply to your Despatch No. 2, of the 11th instant, enclosing certain queries as to the state of Scrofula at the Orphan Asylum of this city, I have the honour to state that, through the assistance of my friend, M. Van Oudermeulen, one of the Chief Magistrates of Amsterdam, I have been enabled to procure from the Medical Directors of the Orphan Asylum, (who kindly held a strict examination for the purpose on the 20th instant), distinct answers, which may be relied on, to the several queries as required; the printed form of which I have now the honour to enclose, filled up as I suppose it was intended it should be by the Medical Profession in England. And I respectfully beg leave to remark, that from all I have been able to ascertain, it appears to be a melancholy fact that this dreadful malady is decidedly on the increase in North Holland, as well as elsewhere.

" I have, &c.

(Signed)

" JAMES ANNESLEY."

MUNICH REPORT.

" Munich, Feb. 23, 1842.

" My Lord,

" In compliance with the Instructions transmitted to me by your Lordship in your Letter of the 10th instant, by the direction of the Earl of Aberdeen, I endeavoured immediately to procure the information therein required respecting the Orphan Asylum at Munich.

" I learned through the Directors and principal Physicians of that Establishment, that scrofulous disorders are very prevalent among the children, particularly the girls; and in both sexes mostly confined to the fair complexioned children. However, the exact proportions not having been taken at the Institution, cannot be given.

" The origin of Scrofula amongst these children, of whom two-thirds had that disease, showing itself principally in glandulous tumors, and inflammation in the eyes has been attributed more to dirt and want of attention, (previous to admittance into the Institution), than to hereditary causes, although the latter certainly exist.

" The best diet for scrofulous patients has been found to be milk and meal, and not flesh; as to the medical treatment, Iodine is thought to be of little efficacy; the means resorted to being regular exercise, tisanes, (as for instance, Sarsaparilla continued for a length of time), and boarding in the country is now most extensively adopted.

" Owing to the number of children who die before reaching ten years of age, which is stated to have amounted to three fourths of the whole, the Establishment was long in bad repute, but at present the proportionate number of deaths is considerably diminished, and the Institution appears to be established in the best manner.

" The whole number of children in the Establishment is 300; of which 216 are boarded out, which is always found to have the best effects.

" I herein enclose, my Lord, a statement in German, with a translation which was furnished to me, of the daily course of diet given to the children during the week, as much importance is attached to that regular regimen.

" I have, &c.

(Signed.)

" ERSKINE,

" The Viscount Canning."