FACTORY LABOUR.

MANUFACTURING TOWNS REFERRED TO AT PAGE 211.

The Manufacturing Towns included in the list are named below; they amount to 30. The gross population is 2,043,038; the deaths from Scrofula, taking the four years' average, were 100.25, or 1 in 20,430.

Norwich.	Leicester.	Ashton.
Axminster.	Nottingham.	Sheffield.
Honiton.	Derby.	Huddersfield.
Frome.	Stockport.	Halifax.
Stroud.	Macclesfield.	Bradford.
Kidderminster.	Blackb rn.	Leeds.
Wolverhampton.	Preston.	Newton.
Birmingham.	Bolton.	Montgomery.
Coventry.	Manchester.	

NON-FACTORY TOWNS REFERRED TO AT PAGE 211.

The Non-Factory Towns amounted to 33; they are enumerated below. The gross population is 2,870,416, the deaths from Scrofula taking a similar average to the last, 147.50, or 1 in 19,526.

Canterbury.	Plymouth.	Worcester.
Maidstone.	Falmouth.	Warwick.
Brighton.	Taunton.	Lincoln.
Southampton.	Bath.	Doncaster.
Reading.	Bristol.	York.
Oxford.	Cheltenham.	Durham.
Cambridge.	Gloucester.	Newcastle.
Ipswich.	Ross.	Swansea.
Salisbury.	Ledbury.	Builth.
Exeter.	Shrewsbury.	Brecknock.

FACTORY LABOUR.

The Factory Towns included in the Returns which were made at the request of Messrs. Horner and Saunders, are:

Preston.	Clitheroe.	Oldham.
Bramley.	Lancaster.	Rochdale.

Ashton.	Manchester.	Halifax.
Bury.	Dewsbury.	Hull.

The number of children examined was 6754, the number presenting marks of Scrofula, was 905; the number presenting fair complexions, 2518, the number of scrofulous among the light complexioned, 666.

FACTORIES IN COUNTRY DISTRICTS, REFERRED TO AT PAGE 211.

"Leeds, August 27, 1844.

"Sir,

"I send you Returns from the only two really Rural Districts within twenty miles of Leeds in which are factories. Fenston, fifteen miles from Leeds, has a Cotton Factory, but it is not running at present. Skipton, twenty miles from Leeds, has several, but I do not know any one whom I could engage to furnish me with Returns from Rural Districts. Otley is a market town ten miles from Leeds, with a population almost entirely agricultural of 3000. There is one Cotton Mill, Mr. Ackroyd's whose Returns I send you. Burley is two miles from Otley, and twelve from Leeds; it is a small village with a Woolen Factory. Both are delightfully situated on the River Wharf, and near to the famous watering place Ilkley, in the midst of a rural population. I think the Returns a fair sample of rural localities. The diet I have ascertained from some patients of mine residing in the neighbourhood, who have made the inquiry on that head for me.

"Yours faithfully,

"Thomas Smith."

MR. ACKROYD'S COTTON MILL, OTLEY, NEAR LEEDS.

BOYS.			
1. Number of children examined between 6 and 16 years.	2. Number of such children who have decidedly fair hair, and light blue or light grey eyes, and a fair, soft skin.	3. Number of children exhibiting any of the following marks of Scrofula:—Enlarged cervical glands, discoverable by the touch; sinuses or ulcers succeeding to such glands. Scrofulous bones or joints, or the consequences of them.	4. Number exhibiting the evidences of Scrofula, described in the third column and possessing the characters described in the second column.
73	47	14	12
GIRLS.			
79	50	11	9
152			
DIET.			
Tea, coffee, bread, butter, bacon in large quantity, rice, and flour puddings; small quantities of fresh meat.			

MR. POYSER'S RETURN OF MR. ARKWRIGHT'S MILLS.

"On Thursday morning I examined all the work-people employed in the Cromford Mills, and yesterday those in Masson Mill. I went into every room, Mr. Melville, the partner of Mr. Arkwright, and one of the clerks accompanying me. By their direction all the male hands came to me, and I carefully examined with the fingers all, or nearly all of them in the manner pointed out by Mr. Phillips.

"The result was extremely satisfactory to me, and confirmed me in

the opinion I have maintained and before expressed to you, that the employed in these Factories, so far from producing or aggravating Scrofula, has a tendency to prevent it. The light, dry, and airy rooms in which the hands are employed, the constant exercise they take in moving from one spindle, &c., to another, and the good food and clothing their wages enable them to procure, are I apprehend among the causes which induce this immunity from Scrofula.

"THOMAS POYSER.

"Wirksworth, May 13, 1843."

MESSRS. GREENWOOD'S AND WHITTAKER'S WOOLLEN MILL, BURLEY, NEAR OTLEY.

BOYS.			
1. Number of children examined between 6 and 16 years.	2. Number of such children who have decidedly fair hair, and light blue and light grey eyes, and a fair, soft skin.	3. Number of children exhibiting any of the following marks of scrofula:—Enlarged cervical glands, discoverable by the touch; sinuses or ulcers succeeding to such glands. Scrofulous bones or joints, or the consequences of them.	4. Number exhibiting the evidences of Scrofula, described in the third column, and possessing the characters described in the second column.
41	25	6	10
GIRLS.			
70	37	15	18
111			
DIET.			
Much the same as at Otley.			

PERSONS EXAMINED.

Number.	Having enlarged glands, only discoverable by the fingers.	Discoverable by the eye.	Cicatrices, &c.
797			
Above twenty, 518	3	3	4
Under twenty, 279	12	4	5

Total in which the above marks or any of them, are present:

Above twenty	10
Under twenty	19
	29

"There were also two cases of Scrofulous Ophthalmia, one of Anchylosis of the hip joint from Scrofulous disease, and two cases of curvature of the spine in young women, probably from the same cause. There were absent from work from illness, or other causes, twelve. These cases were not examined or reported."

LINEN AND COTTON AND WOOLLEN TOWNS REFERRED TO AT PAGE 211.

The Linen and Cotton Towns included, are:

Nottingham.	Bolton,	Ashton.
Stockport.	Warrington.	Oldham.
Burnley.	Manchester.	Halifax.
Preston.	Salford.	

The gross population was 945,159, the deaths from Scrofula, 38.50, or 1 in 24,549.*

The Woollen Towns included, are:

Axminster.	Rochdale.	Leeds.
Honiton.	Wakefield.	Newtown.
Wellington.	Huddersfield.	Llanidloes.
Stroud.	Bradford.	Montgomery.
Kidderminster.		

The gross population was 715,097. the deaths from Scrofula, 40.75, or 1 in 17,425.

* There is a slight difference between the above and the note in the text; it depends on the difference in the period included.

RELATIVE FREQUENCY OF CONSUMPTION AND SCROFULA IN DIFFERENT LOCALITIES, AS SHOWN BY A REGISTER OF DEATHS.

		Deaths from Consumption.	Deaths from Scrofula.
Sea-side Towns . .	1,481,115	1 in 301	1 in 12,030
Inland Towns . . .	1,653,922	1 in 265	1 in 13,178
Manufacturing Towns	2,048,038	1 in 219	1 in 20,430
Non-Factory Towns .	2,870,416	1 in 256	1 in 19,526
Linen and Cotton Towns	945,159	1 in 209	1 in 24,549
Woollen Towns . .	715,097	1 in 252	1 in 17,425
Eastern Counties . .	1,041,000	1 in 258	1 in 8,395

"Spring Gardens, February 17, 1845.

"Dear Sir,

"In compliance with your request, I have the pleasure of sending you a few facts illustrative of the degree of prevalence of Scrofula amongst criminal prisoners, and of the causes which seem to have had the principal share in producing the disease in persons of that class.

"In the statistical evidence which I shall adduce, I have been in many instances unable to distinguish between tubercular disease of the external glands, ordinarily denominated Scrofula, and the tubercular disease of the lungs and other internal organs: but whenever it has been possible to show the prevalence of either form of the disease separately I have done so.

"The frequency of Scrofula and internal tubercular disease amongst the prisoners in the Millbank Penitentiary, was one of the first and most important facts which offered themselves to my observation when I commenced my attendance at the Institution in the spring of 1840. I found that the prevalence of the disease had already engaged the attention of the Medical Officers, and that a considerable number of prisoners who were most severely affected with it, had been separated from the rest, and placed in a distinct Ward, and that the system of discipline as it regarded them, had by medical suggestion been much relaxed. The experience of the four subsequent years, and the examination of the Medical Records of the Penitentiary, only strengthened the impression which I had at first received.

"The great amount of tubercular disease engendered by imprisonment in the Penitentiary is proved by the following facts. During eighteen years, 205 deaths occurred amongst the prisoners in that Establishment. Of this number, however, 31 deaths arose from the Asiatic Cholera, which was epidemic during the years 1832-4, and only

174 from ordinary causes. Now of the 174 deaths, 75 were caused by Consumption, and eight by other forms of tubercular disease. Again, during the same period of eighteen years, 355 prisoners were pardoned on the ground of illness, and of these, 90 laboured under Consumption, and 78 under external Scrofula. So that very nearly half the deaths, and the same proportion of the pardons on medical grounds, were due to external or internal Scrofula, or tubercular disease.

"The great mortality caused by this disease in the Penitentiary is, however, best shown by comparing the number of deaths it has produced with the number of persons living, in the Penitentiary and the whole Metropolis respectively.

"Now the annual number of deaths from consumption during the period already mentioned, compared with the average number of prisoners, was in the proportion of 7.612 per thousand, and the annual number of deaths from other tubercular diseases in the proportion of .835 per thousand; while the pardons on account of Consumption amounted to 9.386 per 1000 prisoners, and the pardons on account of Scrofula to 8.135 per 1000. I believe we shall be very near the truth in admitting that three-fifths of the cases pardoned on account of Consumption, and one fourth of those pardoned on account of Scrofula, would have proved fatal in the Prison if no pardons had been granted; this at least is the estimate that I have formed after a very careful examination of the facts; and supposing it to be a correct one, we must add 5.361 to the proportional number of deaths from Consumption, and 2.034 to the ratio of deaths from Scrofula. We then find the total annual mortality from these diseases in the Penitentiary to have been as follows; from Consumption, 13,244 per 1000 prisoners, and from Scrofula 2.169 per 1000 prisoners. In the Metropolis, during the year 1842, the mortality amongst persons of the ages of fifteen to seventy from Consumption, was only 4.374 per 1000, and from other tubercular or scrofulous diseases, only .033 per 1000. The mortality from all tubercular diseases has therefore been nearly four times as great in the Millbank Penitentiary as in the Metropolis. The excess of mortality from other diseases in the Penitentiary has been comparatively slight.

On examining the statistical Reports of the Penitentiaries of other countries, I have found that in them also the scrofulous or tubercular diseases have been the principal cause of death, and that the mortality from these diseases has been twice or three times as great among the

prisoners in those situations, as amongst persons of the same period of life in the general population of the respective countries.

"That this great prevalence of tubercular disease amongst prisoners is the effect of imprisonment; that an extraordinary liability, of the persons forming the criminal class, to the disease, is not the chief cause, seems to be proved by the following facts.

"In the year 1840, 1052 prisoners were received into the Millbank Penitentiary, and of that number only 22, or not quite 21 per 1000 were affected with tubercular disease in one or other of its forms, namely, 14, or 13.3 per 1000, with external Scrofula combined in 4 cases with consumption; and 8, or 7.6 per 1000 with the latter complaint without external scrofulous disease.

"Amongst 3249 male convicts who were received into Millbank Prison during the year 1844, and whose state of health on reception is accurately recorded in the Medical Register, only 15, or 4.6 per 1000, were affected with consumption, and 44, or 13.5 per 1000 with scrofulous disease of the external glands. The proportion of consumptive persons amongst the convicts received in 1844, appears smaller than amongst those received in 1840, because the convicts in whom tubercular disease of the lungs existed only in a latent state at the time of their reception, are not included amongst the 15 recorded as consumptive in the Register of 1844, while the 12 whom I have stated to have been affected with Consumption at the time of their reception in 1840, comprehend not merely those in whom the disease was then in an active state, but also those in whom it first showed itself by marked symptoms within two months afterwards. The proportion of cases of external Scrofula was very nearly the same in the two years.

"It must here be remarked, that all the prisoners sent to the Penitentiary, had been confined in the local gaols, for periods varying from a few days to several months, while many had been several times in prison; and that at least half of those affected with Scrofula referred the commencement of the disease to some one of their previous imprisonments. The proportion of scrofulous and consumptive persons amongst criminals before their first imprisonment, must therefore be much less than would be inferred from the numbers above given. Still the proportion of cases of Scrofula and Consumption amongst the prisoners, even at the time of their reception into the Penitentiary, appears small when we compare it with the number of cases developed within a short period after the commencement of their confinement there. 1030 was the number of those who were free from disease

when received in 1840; of this number, 510 were females under sentence of transportation, who remained on the average not more than three months in the Penitentiary; and of these only two became scrofulous or consumptive during their sojourn there. The other 520 were Penitentiary prisoners, who on the average were confined from two years to two and a half years in the Institution, and of these no less than 78 became the subjects of Scrofula or Consumption before the expiration of their terms of imprisonment. This fact appears to me conclusive evidence of the influence of imprisonment, or conditions attending it, in the production of scrofulous disease.

"The periods of their confinement at which prisoners labouring under Scrofula and Consumption have most frequently died or been pardoned, and the periods at which they have become affected with these diseases, are also points worthy of attention.

"The proportion of deaths and pardons due to Consumption and Scrofula increase at first rapidly, and afterwards more slowly, as the periods of the convicts' imprisonment become more advanced. Thus, in the first year of their imprisonment, only 6.835 per 1000 of the number exposed to the chances of death or disease have died of these diseases, or have been pardoned on account of their labouring under them; in the second year the proportion has been 31,320; in the third year, 49.848; in the fourth year, 52,373. and in the fifth year, 63,829 per 1000.

Again, the number of new cases of Consumption and Scrofula compared with the number of prisoners amongst whom they occurred at different periods of imprisonment, has likewise increased as the periods were more advanced; the great increase, as we might expect, having taken place sooner here than in the case of the deaths and pardons. Amongst the prisoners, who when received into the Prison in 1840, were free from Scrofula and Consumption, the new cases of these diseases which arose in the first six months of their confinement in the Penitentiary, amounted to 10.701 per 1000 prisoners, but in the second six months to no less than 23.550 per 1000, and in the third six months to 43.859 per 1000. The number of new cases thus increased gradually during the first eighteen months; it then remained nearly stationary, or rather diminished. Now if imprisonment had produced no ill effects on the health, had exerted no influence on the development or production of Scrofula or Consumption, as many cases in proportion to the number of prisoners should have come under treatment in the first six months as in the second, third, and fourth periods of the like duration.

"It appesrs to me, therefore, that the predominance of Consumption and external Scrofula amongst the diseases of prisoners confined for long terms, must be regarded as the effect of this mode of punishment, or rather of the conditions which have hitherto generally attended it.

"The injurious influences which generally appear to be most active in producing scrofulous disease in prisons are, poorness and deficiency of food, defect of exercise; impurity of the air respired, want of external warmth, and depression of spirits.

"1. Poorness of diet cannot, it is true, be reckoned amongst the most active causes of scrofula in the Millbank Pentitentiary; for the diet of this Prison has since 1824 been very abundant, more so, at least, than the ordinary fare of the labouring classed, as is shown in the subjoined Table.

WEEKLY SUPPLY.

		Wheaten bread.	Meat, after cooking.	Potatoes.	Cheese.	Soup.	Gruel.	Milk and water, with flour.	Other allowances.
		oz.	oz.	lbs.	oz.	in .	pints	pints	
Dietery, from Oct. 1824 to April, 1830.	Men.	184	18	3	4	2	..	10½	1½ pt. bro th.
	Women.	138	15	3	4	2	..	10½	
Dietery, from Ap'l 1830 to Jan. 1838	Men.	176	24	4	2	2	..	10½	2 pts. broth.
	Women.	132	20	4	2	2	..	10½	
Dietery, from Jan. 1838 to July, 1840	Men.	184	20	5	4	1½	11	..	3 pts. broth.
	Women.	138	16	5	4	1	7	5½	ditto.
Dietery, from July 1840 to July, 1843.	Men.	176	25	4	2	1½	12	..	2 pts. broth, and 24 oz. boiled rice.
	Women.	138	16	3	4	1	7	7	ditto.

"The chief respect in which the diet of the Penitentiary has seemed calculated to favour the development of Scrofula, is its being too little stimulating. At all events, a more generous diet, including a larger proportion of animal food, and beer, has in many instances had a beneficial influence in checking the progess of disease in prisoners in the Penitentiary.

"In many other British Prisons, actual poorness of diet, especially its deficiency in animal food has, I believe, been an active cause of Scrofula. A marked difference in respect of their general health and the number of them affected with scrofulous disease, is presented by the

convicts sent to the central Prison at Millbank, preparatory to their transportation, from different parts of Great Britain. By far the thinnest convicts, and those having the largest proportion of unhealthy and scrofulous individuals amongst their number, come from Scotch Prisons in which the diet consists of a sparing allowance of vegetables and farinaceous articles, and contains little or no animal food.

"2. All the best investigations of the causes of Phthisis and Scrofula hitherto instituted, have tended to show that defect of exercise or general muscular exertion, and the breathing of impure air are amongst the efficient causes of those diseases, and the extraordinary prevalence of scrofulous disease in Prisons certainly is confirmatory of that result. For the majority of prisoners in most of the English Gaols are kept without any occupation before trial, and after conviction are employed in work of a sedentary kind, such as oakum picking and tailoring. These employments, neither of which requires any strong muscular effort of the body, nor in fact any movement except of the arms, were the occupations of all the male prisoners in the Millbank Penitentiary, except a few who were shoemakers, and of a still smaller number who were weavers. A certain number of them, it is true, were employed for a short time daily in turning the cranks of a machine for raising water, but this labour was only occasional, and the movements required by it were unvaried, slow, and spiritless. The exercise, too, which they were allowed to take for one and a half, to two hours daily in the airing yard, was of the same character. They walked at regular distances from one another in a circle round each of the airing yards, generally at a slow pace, and with automaton-like movements.

"3. The breathing of impure air too, has I believe had a large share in the production of scrofulous disease amongst prisoners. The courts in which the prisoners in the Penitentiary walk for exercise, are so inclosed by the Prison buildings, that the air within them can with difficulty be changed. The air of these courts was formerly rendered impure by the foul air that escaped from the windows of the cells looking into them. The cells themselves, and the passages into which they open, were at that period very imperfectly ventilated; for the cells, though of good size, had no adequate provision for the renewal of the air within them. The occasional opening of the window or door allowed the air of the cell to be at times partially or entirely changed; but during many hours out of the twenty-four, and especially during the long night, the prisoners breathed air highly vitiated by their own breath. The smell, when the cells and

passages were first opened in the morning, and at any time during the day when the doors had been shut for two or three hours, was exceedingly offensive. This state of things existed until 1841. In the course of that year a more perfect system of ventilation was partially introduced, and in 1842 was completed throughout the Prison. By the new system of ventilation, a constant renewal of the air of the cells and passages is effected, quite independently of the caprice of the prisoners, the direction of the wind, or other uncertain influence. An improvement in the health of the prisoners followed this change, and a smaller proportional number became scrofulous. But this improvement cannot be wholly ascribed to the improved ventilation; for other important changes in the condition of the prisoners were also made in the years 1841 and 1842. The benefit derived from breathing a purer atmosphere was, however, frequently observed in the Penitentiary in the case of those prisoners who were already affected with Scrofula. They were allowed to spend three or four hours daily in the garden on the outside of the prison buildings, and in almost every case their health was improved, and their disease temporarily, if not permanently checked. Here also, however, it is not possible to say how much of the benefit derived was due to the better air. For these prisoners while in the garden were employed in active labour; they also were allowed half a pint, or one pint of beer, two pints of milk, and half a pound of mutton daily, and wore under garments of flannel. These were undoubtedly causes contributing to the improvement of their health. In most prisons the ventilation of the cells occupied by prisoners has until very recently been exceedingly defective.

"4. The next of the causes to which the prevalence of Scrofula in Prisons seems to be due is external cold. It will I think be difficult to demonstrate the powerful influence of this cause in the production of scrofulous disease.

"In the Millbank Penitentiary the sufferings of the prisoners from cold during the winter were extreme. Ample means of warmth were provided in the building; so much hot air, indeed, was thrown into the passages as to render them frequently warmer than was required for the sake of health; but this hot air had no access to the cells, except through the crevices round the doors, the small opening provided for the purpose of inspection, and in some instances another small opening near the ceiling. Very little warmth could enter by these ways, so that the air of the cells, when not occupied

by prisoners, was but little warmer than the external atmosphere. It is not surprising, then, that persons for the most part not of robust constitution, cut off from stimulating food, and all spirituous drinks, having no extra clothing, breathing an impure air, often depressed in spirits, and above all, engaged in sedentary occupations, which required no muscular exertion,—in a word, subjected to almost every influence which has a tendency to render the circulation languid, and the oxygenation of the blood imperfect—it is not surprising, I say, that such persons should, in consequence of confinement during the winter in these cells have presented in an extreme degree the injurious effects of cold. These effects were not such as result from occasional sudden exposure to the influence of cold; not acute inflammation of internal organs, but such morbid conditions as we might expect to be produced by the long continued action of a low temperature. The prisoners, with scarcely any exception, lost flesh during the winter; and a very large proportion of them suffered severely from rheumatic pains, and still more from chilblains, and their whole appearance betokened the languid state of their circulation. Such a state of the system was likely to favour the deposition of scrofulous matter in persons predisposed to scrofulous disease; and it is certain that the first symptoms of scrofulous disease, in by far the larger number of instances, appeared during the cold season of the year, and that the disease, if previously existing, always became aggravated at that season.

"My own observation of the health of the prisoners in the Penitentiary during several years has convinced me of this fact; and the Register of Deaths and Pardons on Medical Grounds, which has been kept in the Institution during a long series of years, demonstrate it in a striking manner. In every case of death, or pardon on account of impaired health, the date of death, or of the reception of the pardon, as well as the cause of death, or ground of the medical recommendation for pardon, has been accurately recorded. By the analysis of this Register, therefore, I have been able to ascertain the number of the deaths and pardons due to scrofulous disease which have occurred in the different months of the year respectively. Now Scrofula is a disease, for the most part, of slow growth and progress; consequently if it were produced, or greatly aggravated by the cold in the winter, it would in most cases not reach a fatal termination, or a stage so advanced as to threaten life until the spring, or the early part of the summer. This is what has actually been the case. The greatest number of deaths and pardons due to scrofulous disease occurred in the Penitentiary during the spring and summer months, the smallest number during the autumn and winter. Thus while the number of deaths and pardons during eighteen springs and summers was 175, the number during eighteen autumns and winters amounted to only 74. During the Mays and Junes of eighteen years, there were 79 deaths and pardons due to Scrofula and Consumptive disease, during the Novembers and Decembers of the same eighteen years only 20.

"This great difference between the different seasons as regards the number of deaths and pardons due to Consumption and Scrofula, which is observed also under other circumstances, but is nowhere, I believe, so marked as in prisons, appears to me to be explicable in no other way than by regarding it as the effect chiefly of difference of temperature. The greater foulness of the air breathed by the prisoners during the winter, when they, in the endeavour to exclude the cold air from their cells, kept their windows continually closed, most probably contributed to the result, but did not in my opinion produce nearly so much of the difference in the mortality of the different seasons as did the direct influence of cold.

"5. The last cause which I have mentioned as giving rise to the great prevalence of Consumption and Scrofula in Prisons, is a depressed or listless state of mind. It will, I think, be readily admitted, that mental depression, aided by other circumstances, is capable of producing these diseases, or at least, of aggravating them when they exist. And although there may not have been much of absolute despondency or remorse amongst the prisoners in the Penitentiary, yet there was a state of mind not less injurious; I mean a listless and torpid condition, an absence of all cheerful and varied thought, attended, in most cases, by an uneasy and anxious sense of restraint, and desire of liberty. The influence which this state of mind had exerted, became most apparent when it was suddenly removed. Prisoners who were even in an advanced stage of consumptive disease, and who in the Infirmary had been gradually and rapidly getting worse, immediately improved on being released from confinement; and in many instances, I have observed this improvement in their symptoms to commence as soon as the fact of their being recommended for pardon was communicated to them, which happened sometimes two or three weeks before their discharge.

"The amelioration which began under these circumstances, was often not of a transitory nature; but the disease which a short time previously seemed to have reduced the patients to a hopeless condition, was permanently checked. I have had several opportunities of satis-

fying myself of this fact, and could instance five cases in which prisoners who had been discharged from the Penitentiary while labouring under fully developed Pulmonary Phthisis, with indubitable signs of softened tubercles, and even tubercular excavations, have, in consequence of fresh crimes, been sent again to that Prison, and have then not merely appeared, and felt themselves to be, in perfectly restored general health, but have offered only the most obscure, if any, physical signs of structural change existing in their lungs. In all these cases, however, the renewed exposure to the injurious conditions attending imprisonment, called their diseases again into activity. With external Scrofula, this has been even more frequently the case. Criminals who have been several times in prison, have often stated that they became affected with Scrofula during their first imprisonment, that they got entirely rid of their disease when they obtained their liberty, but that it returned soon after they were a second time committed to prison; that the same mitigation of the disease attended each successive discharge from confinement, the same renewal or aggravation of it, each fresh imprisonment.

"Many of the facts which I have stated in general terms in this letter are given in a more detailed and statistical form in the accompanying Tables. The 12th Table, which illustrates the influence of age on the frequency of tubercular disease amongst criminal prisoners, will probably be of some interest to you, and requires no explanatory remarks to render it intelligible.

"I am, dear Sir, Yours very truly,

"Benjamin Phillips, Esq." WM. BALY.

TABLE I.

Showing the number of pardons granted to prisoners in the Millbank Penitentiary on account of Consumption and Hæmoptysis, Scrofula, and all kinds of diseases during the eighteen years, 1825 to 1842 inclusive; also the ratio per 1000 of these pardons to the average number of prisoners.

	Cases of pardoning on account of Consumption and Hæmoptysis.		Cases of pardoning on account of tubercular diseases.*		Cases of pardoning on account of all kinds of sickness.	
	Number of pardons in 18 years.	Annual ratio of pardons per 1000 prisoners.	Number of pardons in 18 years.	Annual ratio of pardons per 1000 prisoners.	Total number of pardons in 18 years.	Annual ratio of pardons per 1000 prisoners.
Male prisoners .	68	9.382	51	7.022	213	29.326
Female prisoners	22	9.462	27	11.613	142	61.075
Both sexes . .	90	9.386	78	8.135	355	37.025

* All were cases of Scrofula combined in many cases with internal disease.

TABLE II.

Showing the number of prisoners, of different classes, amongst those received into the Millbank Penitentiary, in the course of the year 1840, who were affected with Scrofula and Consumption at the time of their reception; also the number of prisoners amongst those who were received in 1840, who became affected with these diseases before the end of 1843.

	Number of prisoners received in 1840.	Number of prisoners, who when received in 1840, were affected with:				Number of prisoners apparently free from these diseases when received in 1840.	Number of prisoners (out of those apparently free from these diseases when received in 1840) who became affected with them before the end of 1843.			
		Scrofulous disease of the external glands.*	Pulmonary Consumption.†	Both Pulmonary Consumption and external Scrofula.	TOTAL.		Scrofulous disease of the external glands.	Pulmonary consumption.	Both Pulmonary Consumption and external Scrofula.	TOTAL.
Male penitentiary Prisoners . . .	432	3	6	2	11	421	15	38	9	62
Female ditto ditto	100	..	1	..	1	99	8	3	5	16
Females under sentence of transportation	520	7	1	2	10	510	2	..	..	2
All classes . . .	1052	10	8	4	22	1030	25	41	14	80

* Observed at the time of the prisoners' reception.

† Detected when the prisoners were received, or found soon after to be in so advanced a stage as to leave no doubt as to the disease having existed at the time of their reception.