

At Annapolis, Windsor, and Fort Cumberland, in Nova-Scotia; which are situated at the embouchures of rivers, daily exposed to extensive inundations, by the rise of the tide, where the banks for several miles exhibit a combination of mud, marsh, and decayed vegetation, so generally considered a prolific source of this class of febrile diseases; Intermittents and Remittents are extremely rare; and at Fredericton in New Brunswick, situated on the marshy banks of a river, surrounded by a dense wood, and luxuriant vegetation, these diseases are scarcely ever met with, proving that although, on some occasions, circumstances of this nature may favor the development of this disease, its prevalence or existence is by no means a necessary consequence, or concomitant; on the other hand, this class of disease has been very prevalent (as may be seen by the table) at Gibraltar, the Ionian Islands and Bermuda; countries which are destitute of marsh, and comparatively barren of vegetation; circumstances equally in opposition to the generally received opinion. Two cases of Yellow fever appear in the Return from Nova-Scotia; these, probably, were cases of the gastro typhus fever, noticed by Dr. Graves, as very prevalent in Ireland, on some occasions, and which very closely resembled the Yellow fever, of the West Indies. A case of this description occurred to me, in this city, about two years ago, accompanied by the black vomit, which however recovered.

It must appear rather a matter of surprise that disease of the Lungs and the fatal consequences from consumption, are not more frequent in Canada, Nova-Scotia and New Brunswick, where so many apparent exciting causes abound; and where great and sudden changes of temperature are constantly occurring; and in particular to the soldier who perhaps leaves the guard room for his post, between which there may be a difference of 100° of temperature. Yet an inspection of the table will show, that the proportion of admissions is not greater than in England; while the rate of mortality is somewhat less; and considerably under that of the temperate, and comparatively more equable climate of Bermuda; which has heretofore been frequently selected as a most suitable residence for patients labouring under Pulmonic disease; the falsity of which position, I have long been acquainted with. The same may be said of the climate of the Mediterranean, which in like manner has heretofore been deemed a suitable residence for invalids labouring under similar disease. We find however that inflammatory affections of the lungs are nearly twice as prevalent, in the Mediterranean, as in the United Kingdom; and in the mild climate of Malta, they are also *twice as fatal*.

The proportion of admissions from Pulmonic disease, between Upper and Lower Canada for 10 years, appears to be nearly twice as