the patient, and placing my eye in such a position as to receive the rays reflected from the opacities, they appeared red, with a very lustrous aspect, as if some bright reflecting substance were imbedded; whilst the margin before referred to could also be recognised. To all present at the examination, the evidence of the presence of a foreign body, masked by a slight effusion of blood in the vitreous, was convincing. The metal had taken an extraordinary course, as, after penetrating near the centre of the cornea, wounding the iris, and passing behind it, it turned round the margin of the lens, apparently without wounding it, and entered the vitreous body.

Next day, the patient reported that he had suffered from intense pain in the eye and brow during the night. The media of the eye had become so cloudy, that the disc was obscurely seen, and the foreign body could no longer be detected. It was plain that the eye was threatened with a rapidly destructive inflammation, and that immediate interference was necessary. By keeping the patient lying on his face for some time, the body again came into view.

In a case such as this, my course of action, according to the practice of the profession and the advice in standard works, should have been—1. To make a wound in the sclerotic near the site of the foreign body, and hope that it would be expelled with a quantity of vitreous humour, and, if not, to endeavour to seize it with forceps; and, if these efforts should be fruitless, to rest satisfied if the injuries inflicted should excite suppurative inflammation and total loss of the organ; 2. To allow the body to remain, and trust to the chance of its being encysted, but be prepared to enucleate the eye, should inflammation set in of such a character as to destroy the eye and endanger the other.

The prospect from either of these methods was not inviting. I know of only one case recorded in which metal was extracted from the vitreous body by forceps with preservation of good vision; and the cases in which metal becomes encysted, and never gives further trouble, form but a small percentage. The universal experience of the profession, showing the great peril of total loss of vision from foreign bodies in the vitreous body, made me determine to extract it; but I had the gravest doubt of its accomplishment by forceps. I had given the matter for some time some thought, and had come to the conclusion to try, in the first case in which the presence of a piece of steel or iron was undoubted, the power of magnetic attraction. I had obtained a bar-magnet about eight inches long, one inch broad, and one line thick, and tapering at both extremities to a blunt point.

The patient having been etherised, I made an incision about two and a half lines in length in the sclerotic at the outer part, about two and a half lines from, and parallel to, the corneal margin. A pair of iridectomy-forceps were introduced into the vitreous humour, but they failed to touch the body. I then tried the magnet. I introduced the pointed end into the vitreous humour as far as its shape would admit, and directed it backwards towards the posterior pole of the eye. The foreign body was felt to become attached; but it was only on the third trial that I had the satisfaction of withdrawing the metal on the end of the magnet. It was oval in shape, about a line long, and half a line broad, sharp on the edge, particularly on one side. The thickest part was about a quarter of a line. It weighed half a grain.

Although the magnet seemed a clumsy instrument to thrust into the eye, yet it answered the purpose admirably—it fulfilled the important indication of perfectly preventing loss of vitreous humour during the operation. The foreign body was twice removed from the magnet by the grasp of the margins of the sclerotic wound. For this reason, it would be an advantage to have on each side of the end of the magnet a little slide, which could be pushed down about a line past the extremity of the magnet, so as effectually to shield the foreign body from contact with the edges of the wound at the time of withdrawing the instrument from the eye.

The vitreous body, whilst it retains its structure, offers great resistance to the passage of a foreign substance through it by magnetic attraction. Suppose a piece of metal to be under the influence of the magnet, and that the vitreous body between the substance and the magnet be sound, the most powerful magnet will not draw the foreign body through the vitreous humour; but the vitreous humour, if there be space to move in, will move in mass with the body, and attempt at extraction will fail. Hence it is necessary that the vitreous humour intervening should be broken up, so as to make a passage whereby the metal may pass. The knife by which the incision is made should be used for this purpose, or even the end of the magnet itself. So, suppose the metal should have entered by the sclerotic, then the incision should, as a general rule, be made at that part, as the magnet will tend to attract the body along the track it has already traversed. In such a case, also, a powerful magnet may be used in another way—viz, by applying one pole outside the eye, so as to draw the metal to the wound; and, the body being thus held by magnetic influence, it may be seized with forceps and extracted.

I am not aware of magnetic attraction ever having been used for extraction of foreign bodies from the vitreous body, and I trust that the extremely satisfactory results in this case may lead to its recognition and adoption. Before applying it, the surgeon should know (1) that the foreign body is steel or iron, or some other metal attracted by the magnet; (2) the region in which the body is; (3) that the foreign body is not imbedded in one of the tunics of the eye, or enveloped in fixed organised inflammatory deposits. To avoid this complication, the operation of extraction should be attempted as soon after the accident as possible.

The boy remained in hospital three days, and was subsequently treated as an extern patient. The treatment consisted in the instillation of a solution of atropia and the application of the compress bandage. No pain was felt after the operation; the media of the eye cleared rapidly; and the vision improved from day to day. In a short time, the wound in the cornea was scarcely perceptible; the iris, where it was cut and bruised, seemed to atrophy, the rest of it remaining healthy; the lens retained its transparency; the vitreous body showed some slight filmy opacity where the foreign body had been lodged. The field of vision was perfect, save the small part to the nasal side corresponding to the part of the retina in the neighbourhood of the wound.

On the 13th of December last, I brought the patient before the members of the Ulster Medical Society, when we found the state of matters above described. I tested his vision, and found that he could read No. 2 of Snellen's types at one foot—a degree of acuity extremely satisfactory. In fact, the boy notices very little difference between his eyes. He resumed his work soon afterwards, and has continued well ever since.

LEAVES FROM MY DIARY DURING THE ASHANTEE WAR.

By ALBERT A. GORE, M.D., Surgeon-Major.
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V.—SIERRA LEONE.

HERODOTUS mentions voyages in the direction of Sierra Leone undertaken by the great Carthaginian explorer Hanno, who, it is said, returned frightened from further advance by mountains of fire, and noises too terrible to listen to—vagaries of an excited imagination. The name was given by its first explorer Pedro de Cintra, who visited here in 1467. A century afterwards, a French fleet, anchored in its roadstead, lost its admiral and many sailors from malignant fever; a little more than two hundred years more saw its transfer to England by its original possessors the Timmanees, who still style it "Romarong". Since its cession in 1787, it has—in spite of attacks from the natives, bombardments by the French, and the ravages of epidemics—been much improved, and is now the chief seat of government in Western Africa.

The site is quasi-insular; west-south-west lie the Banana Islands. The Bunce River, to the north, meets Campbell's Creek from the south, a small *portage* intervening, thus rendering the colony almost an island. These several boundaries enclose an area of 250 square miles, containing a population of some 45,000, chiefly congregated together in Freetown, the capital; the residue are scattered in the small river and mountain hamlets of Kissy, Leicester, Gloucester, Regent, Waterloo, etc. Freetown has had the advantage of a modern plan for its formation: it slopes up gradually from the river front to Fort Thornton or Government House, immediately behind which is the military store, and beyond, the garrison hospital at the base of Tower Hill, an isolated conical "pap" 375 feet above sea-level. Upon its summit, surrounded by a wall of ironstone, are the barracks, built in 1826, and consisting of three principal bungalows, capable of containing the head-quarters and five companies of a West India Regiment. In former days, the men occupied shanties at the foot of the hill, in the vicinity of the present hospital. These barracks, the best constructed in Western Africa, are admirably situated, their isolation and elevated situation admitting of a free perflation of air and facilitating drainage. Behind, are the mountains; intervening, is a gorge; a road encircles the base of the hill. Freetown boasts of a cathedral, colonial hospital, lunatic asylum, liberated African yard, custom-house, and market. There are several well-built houses, chiefly situated along Water Street, besides numerous native hovels. The former have basements of ironstone and wooden superstructures, usually enclosing two or four rooms, surrounded by a piazza or weather boarding; the latter are constructed of mud and wattle, thatched with bamboo or long grass, or covered with shingles. Each of these houses or hovels is surrounded by a small compound enclosed by hedges of the cactus, croton, or castor-oil plants. Regularly laid out in streets running at right angles to each other, the gradual

slope yields great facilities for natural and artificial drainage, the heavy periodical rains thoroughly cleansing and carrying much of the surface-soil and impurities to the sea, which, after heavy showers, is coloured for some distance a reddish-yellow. From the want of proper outlets, and owing to the lowness of their situation, much water lodges in the grass-fields and rocky bottoms to the south of the town.

The colony has one *curio*, an almost defaced inscription left by the Dutch upon an outcrop of primitive rock below King Jemmy's Bridge, of which only the words "Vice-Admiral Van Hollant" can now be deciphered. The primary rock appears to be a hypersthene. Ironstone, capable of being worked up into building material, and rapidly hardening when exposed to the air, abounds everywhere; the soil is chiefly the detritus of this or a dark vegetable loam. The market, the best along the coast, is well worth a visit; vegetables and fruits of all sorts being exposed for sale, including ochros, cassada, guava, avocado peas, oranges, bananas, plantains, parti-coloured peppers, cabbages, and shalots, the last two raised in the mountains. Ginger and arrowroot are largely cultivated for exportation, while a rich and nutritious rice is imported from Bullom. Beef, mutton, fowls, Muscovy ducks, fish, and oysters are sufficiently numerous for home consumption and exportation. Since 1863, beef has been regularly sent to the Gold Coast from here, in order to allow of the troops obtaining fresh animal food three or four times a week, a system of supply springing out of the Ashantee war of 1863-64. The steamers and fleet draw largely upon the market for fresh vegetables and provisions, causing these essentials of existence to become of late years much advanced in price.

The rides about Freetown are very pretty, especially in the direction of Kissy, where the road passes a mountain cataract, peeping out at intervals from its rich green surroundings; while the view from the summit of Leicester Mountain, fourteen hundred feet above sea-level, is most lovely. In the background, frowns the tree-topped summit of the Sugar Loaf; below, is a bird's-eye view of the harbour, and the shelving ledge of diluvium upon which the capital lies; to the north, the distant Bullom shore; and, far away to the east, the silvery river, with its sleeping islands—a panorama not to be exceeded in beauty of perspective. The fauna of these mountains is quite different from that of the swampy plains below. The wild guavas (*Psidium pyrifera*) are natives of the country, and clothe the sides of the Leicester range; while the little winding roadways are lined by plants and shrubs, the mere enumeration of which would alone fill a small volume. It is difficult to say which of these are indigenous to the country, but some may be observed in situations where they are evidently growing as original tenants of the soil.

The baobab, or monkey-bread (*Adansonia digitata*), next to the oil-palm one of the most valuable productions of Western Africa, grows here; its fruit, of considerable size and oblong shape, is full of seeds, and tastes like gingerbread, with a pleasant acid flavour; the roots are of a most extraordinary length, while the foliage is not so abundant as to conceal the vast proportions of the trunk. The wood is so light and soft that the wild bees perforate and lodge in it their honey. Like all plants of the same order (*Malvaceae*), the pulverised leaves are emollient and mucilaginous, and are used by the natives in fevers, diarrhoea, etc.; the acid and agreeable juice of the fruit is used for a similar purpose, as well as for seasoning many native dishes, especially those made of corn-gruel. If the fruit be burned, the ashes, mixed with rancid palm oil, form a dark soap much used. The flowers of this fine tree are large, white, and handsome, their snowy petals and violet masses of stamens being particularly striking. The locust-tree of Sierra Leone (*Inka biglobosa*) is also a beautiful tree when in blossom, covered with compact biglobular heads of fine vermilion-coloured flowers, which are surrounded by compact bunches of pods, containing a yellow farinaceous substance of which the natives are very fond. With their food they also mix the yellow greasy juice of the *Pentadesma butyracea* or tallow-tree. There are several varieties of plum, the most conspicuous being the brown hog-plum (*Spondinus myrobalanus*) and yellow pigeon-plum (*Chrysobalanus lepticus*); in both, the stone forms the greater part of the fruit. The last of the two makes an excellent jam. These plum-trees are more valued by the natives for their durable and excellent woods than for the fruit. Another fine tree is the mango, yielding an inferior fruit but agreeable shade, were it not for the numbers of red ants infesting it, whose nests, composed of a few leaves agglutinated together by some white substance, are dotted all over. There are two species of tamarind: the ordinary tree, with its long brown pods (*Tamarindus Indica*), and the velvet tamarind (*Codarium acutifolium*), the fruit of which is produced in beautifully black velvety pods, differing little in flavour from that of the other. Both are favourite resorts of the African wasp, a vicious insect. A shrub (*Ficus Brassii*) bears a large fig with a pleasant flavour. The cashew yields a delicious juicy fruit and valuable nut, when the acrid essential oil is driven out by

roasting. The several fruits of these trees, with many others, are only the *addenda*, as it were, to the ordinary food of the natives, which here chiefly consists of rice, with many country dishes made up of rich messes of palm-oil, fish, and peppers—a combination highly nutritious, as evidenced by the muscular development and corpulence of those who indulge in them. On these hills, in the early morning and towards evening, the temperature becomes much reduced; this, combined with the gentle breeze which usually blows at such times, renders exercise here agreeable and pleasant, well repaying the exertion of climbing them.

Freetown has now become the great emporium for the surrounding tribes of Mandingoes, Foulahs, Sossos, Kossoos, Akoos, and Timmanees. The European population, dwindled down to eighty or ninety individuals, has gradually given place to the native element in commercial matters; the stores and grog-shops of the latter are found everywhere, and in them may be obtained most articles of home consumption. Kissy road, in the early morning or evening, lined by numerous small marts, before which, as in ancient times, are exposed the wares of the several proprietors, is quite a picture to behold, crowded as it is by representatives of all African nationalities, clothed in garments of many colours.

With all this variety, its great natural beauty, and many advantages over other West African stations, Sierra Leone has long had an unenviable notoriety as the abode of fever and disease; being frequently decimated by epidemics of yellow fever, of which the most remarkable occurred in the years 1807, '15, '25, '37, '48, '59, '66, and '71. The ordinary autumnal remittent not unfrequently takes on serious symptoms, chiefly in connection with cerebral congestion or effusion, in very many instances not amenable to treatment.

Enlargement of the spleen is not so common as on other portions of the coast, except in the neighbouring rivers, where young children dwelling upon their banks are especially liable to it; as a remedy, a solution of rusty iron is used with good effect by the natives. For this affection, the Mandingoes use a topical application. Smearing over the left hypochondrium some thin butter, they afterwards apply a heated iron with a series of light taps: the remedy appears to act as a counter-irritant. Bowel and dysenteric affections are, comparatively speaking, rare diseases here, probably owing to the purity of the water and nature of the food. At the commencement and drying up of the rains, ague is more or less prevalent among the European residents, but not so much so as at the Gambia and the lower alluvial stations. Among the natives, small-pox, ulcers, leprosy, pneumonia, bronchitis, venereal and urinary affections, and lethargus or sleeping sickness, are the principal diseases from which they suffer. Hepatic diseases are also rather common. Lethargus is a peculiar disease, having many of the symptoms of the *dementia avec stupeur* of French writers. This sleeping sickness, as it is termed by the natives, usually commences with a shock to the nervous system (such, for instance, as the belief of having seen a spirit or ghost), or with enlargement of the lymphatic glands of the neck. Sleeping only at more frequent intervals at first, the stupor becomes gradually more pronounced and prolonged; food, hitherto swallowed mechanically, is less relished, until at last the unhappy sufferer gradually sleeps his existence away, passing fæces and urine involuntarily, until, emaciation supervening, death soon closes the scene. One or two of such cases are usually under treatment in the colonial hospital every month. In the four years ending March 30th, 1850, 112 cases were treated; 91 died; 11 recovered. During the seven years ending December 31st, 1866, 57 cases were treated; 40 died; 17 recovered.

The causes of the origin of the yellow fever of Sierra Leone have never been satisfactorily explained. The epidemic is not unusually preceded by a rather increased number of attacks of fever among the natives and Europeans, in the latter taking on the form of the more severe remittent, in many cases ending fatally. This occurred in 1866, the outbreak on board the *Isis* and *Bristol* being preceded by a large mortality from the ordinary remittent on shore, the one, in fact, merging into the other, the difficulty being to define the boundary line. For instance, on that occasion, an officer of the medical staff died shortly before from remittent fever, accompanied by yellow suffusion and hæmorrhage from the nose and gums; while three other officers succumbed to the same disease, without the yellowness of the skin or hæmorrhage, but with symptoms of cerebral congestion and effusion. In none of these instances was there black vomit, but in the cases which followed it was a characteristic symptom. It is a point of some interest to know that the disease misses those stations between Freetown and the Bonny, where communication with the shore is either difficult or infrequent. It has never hitherto broken out at any of the intervening stations. The fomites may possibly be conveyed in the clothes retained on board steamer until arrival at Sierra Leone, where they are now washed in large quantities on shore. In the harbour, this fatal affec-

tion has frequently broken out in coal-hulks, which have been lying there, or among unaffected persons who have only been on board them for a short time—as short as even a quarter of an hour; these last had been treated in another ship without communicating the symptoms to the crew, who had not been on board the affected vessel. Ships coming from the Gaboon loaded with camwood, picked off the mud-banks, have often had their crews attacked with malignant fever, a form very common in the old timber-ships of earlier days. Such facts as these are well authenticated. It may not be uninteresting to state here, that to a somewhat similar cause might be attributed the outbreak on board the *Eclair* in 1848, and the persistency with which the disease stuck to the ship. It may not be generally known that, upon arrival at Freetown, she was short of coals, and was obliged, in consequence, to ship wood for fuel, obtained from a contractor who, by means of subagents, picked up all the refuse of the timber-reaches, which had been soaking in the mud for a considerable time. These were conveyed in canoes to Freetown, broken up, and sent on board reeking with the poison of malaria, which probably remained unsuspected. These facts were mentioned to me by the Hon. Charles Heddle, senior member of the Legislative Council at the date of the outbreak, and for long afterwards an extensive merchant in the colony.

The water-supply of Freetown is excellent: conveyed from Heddle's Farm, high in the mountains, it flows through iron piping to the town and barracks, in which last it is received into a reservoir constructed in the old circular tower, the last remains of the former Portuguese dominion. Bahama grass lines the streets; and the umbrella-trees, planted four years previous to the date of our visit along the side of the roadways, are much grown, and in time will lend an agreeable shade, as do several fine mango trees in the neighbourhood of Government House. As each compound has its little privy or latrine in a corner, the abominable smells of fecal matter, so common on the Gold Coast, are here absent. During the rains, wood fires are used in all the rooms in barracks and the better class of native houses, an admirable plan when the air is so damp that a night suffices to cover one's boots with mould; the cheerful blaze speaking, in addition, of home and its many comforts, only appreciated when their want is felt in these backgrounds of humanity.

Between the years 1815 and 1833, the average yearly strength of officers present in West Africa was 34.7; the deaths, 6.9; the number returning home sick, 6.4; showing an annual loss of 38.3 per cent. of those serving; 48.3 per cent. of the white troops perished yearly during the same period. In the eight years ending 1822, the black troops lost 4.07 per cent. annually, reduced by the better hygienic arrangements of modern years (1861-71) to 2.24, or nearly one-half. The following may be now interesting as a little health episode of the date of Sir Charles Macartney's old Ashantee war. It must be remembered that the troops on the coast were actively engaged in the field during the years 1822-6 inclusive, the action at Assamacoou being fought on January 31st, 1824, the Ashantees being only finally defeated, at Dedowah, in August 1826; so that the influences operating during this interval, and for some time afterwards, were inimical to health, owing to the exposure and usual insanitary conditions incidental to bush warfare. The result was as below.

Year.	Mean effective.	Sick included.	Died.	Invalided.	Remarks.
1821	359	6	9	—	Year before active operations.
1822	473	5	15	—	Desultory attacks commenced.
1823	636	13	38	—	Batch of Europeans sent out.
1824	738	46	136	—	42 killed in action, battle of Assamacoou, January 21st.
1825	1279	90	630	14	African white corps and black troops, Ashantees occupying Protectorate.
1826	1227	90	323	111	Ashantees defeated at Dedowah, near Accra.
1827	1257	69	140	50	Active operations ceased.
1828	1158	52	32	44	African corps being reduced.
1829	639	23	30	160	Only 91 Europeans remaining.

In the year subsequent to the ending of the war (1827), the annual proportion of treated to strength was, among black soldiers, 1.05 to 1; Europeans, 3.05 to 1; the deaths to strength being, among the blacks, 1 to 15.94; whites, 1 to 6.91. In 1871, out of a force of 320 West Indian troops, there were 625 admissions into hospital and 5 deaths. Ague and remittent fever accounted for more than half the admissions, the former disease yielding 131, the latter 138 cases. The other principal diseases were gonorrhoea, 42; acute and chronic rheumatism, 36; muscular, 13; ulcer, 22; primary syphilis, 18; dysentery, 16; diarrhoea, 13; bronchitis, 15; conjunctivitis, 13; mumps, 13; orchitis, 15; wounds from accidental injuries, 28; abscess, 14; the remaining 98 being made

up of various other affections. These may then be taken as the chief diseases from which the black troops suffered previous to the outbreak of the war.

But to return. As the *Volta* had rather a large amount of cargo for Freetown, we were to spend the night on shore, enjoy the luxury of a bed, and, more delicious still, a "tub" on the following morning—a prospect too tempting to resist. We had already viewed "those scenes so charming," which have been just described, and were congregated together again at a most sumptuous lunch at the Colonial Secretary's, Captain Kendell, and where we heard from Mr. Loggie an account of his Elmina adventures, the attack and repulse of the Ashantees, who were in a regular crowd, at first so intently engaged watching and replying to the Houssas on their left flank, that they were only aware of Wells's arrival behind the garden-wall from the volley of Snider bullets, which made them turn instantly to look in the direction of the new and partially concealed foe. A second volley caused them to break into a confused mass, surge for a moment, and fly to the hills, leaving two hundred dead on the field, who were buried in three long trenches shortly afterwards. The only marine who was killed on our side was in the act of loading his Snider, standing erect instead of stooping behind the parapet; he was shot through the heart. Mr. Loggie told us that he saw an Ashantee pop out from behind a bush and brain with his musket one of his fellows, whose thighs were broken by a Snider bullet, rather than that he should fall into our hands, disappearing too quickly to get the punishment due for such savage cruelty. After listening to the usual gossip of a small place, over the everlasting cigar, we said good bye, and separated into two parties—one going to the barracks to enjoy the hospitality of the officers of the 2nd West India Regiment, the other to Major Primet's, the auditor-general of the settlement, whom we found only just recovering from an attack of autumnal remittent, the traces of which were quite apparent, showing, in the vernacular of the negro, that "dat feber, he lib ebrywhere", is too true, unfortunately. Larcom's *jeux d'esprit* soon cheered up our old friend, who forgot the recollections of his malarial ailments under the influence of that social intercourse and those amenities which seem always to bind together English voluntary exiles in foreign lands. As the short twilight disappeared, we sat down to a delicate little dinner, made up of African luxuries—groundnut soup, barracouta, rock oysters, fowl in tomato sauce, beef *à la mode*, arrowroot pudding, and a sumptuous dessert of native fruit, including the green orange and luscious papau, the last, with a little lime-juice, scarcely to be excelled in flavour. The beef also was excellent and juicy, as it is always here during the rains when grass is plentiful. For delicate fish, Sierra Leone river is noted. The barracouta and little mangrove perch are excellent, while the mullet, sole, and others of the finny tribe, are equally enjoyed by the palate when dressed with melted butter and fresh green peppers, their usual sauce. The rock oyster is not inferior to the "native" in flavour, while the little mollusca which grow in thousands upon the roots of the mangroves are not to be despised. Curiously enough, lobsters are not caught in these waters, but very fine crayfish are sometimes exposed for sale. Bush fowl, or African partridge, is another luxury one can sometimes enjoy; but no dinner here is considered a success in the absence of a turkey, English ham, and palm-cabbage; the first is rather an expensive and not always easily obtainable dish, costing some thirty-five shillings. Curries they cannot make; they are always greasy and indigestible-looking. Our kind entertainer was fortunate in possessing an excellent cook, a treasure not to be lost when obtained on any account, as, owing to many circumstances, food in West Africa has to be presented in very tempting forms to make it acceptable to the palate. As a rule, *artistes* in this particular profession trained in the French settlements, especially if Jalofo, are superior to others, as being able to make those savoury *entrees*, the only possible manner by which lean beef or tough mutton can be eaten with anything like pleasure.

The day in Africa usually commences with a cup of coffee brought to the bedside by a small boy shortly after sunrise; very excellent coffee it is when made from the native berry, which grows well on the hills. After partaking of this, the "lord of creation" puts on his Pajamas and proceeds to sniff the cool morning breeze, or, in its absence, view nature at its brightest, as the dew sparkles on the leaves, and the air is not yet heated by the beams of the rising luminary, which so soon renders it hot and stuffy. These early dry-season mornings on the coast-line are, between the hours of five and seven, cool and most agreeable, as the earth is almost at its maximum of coldness, and the sun has not yet risen sufficiently high above the horizon to influence the temperature of the air. After 8 A.M., the sun begins to get too warm (except when the sky is clouded) to move about without a solar topee or umbrella. At 9 A.M., half an hour after tubbing, breakfast is partaken of. Lunch at one o'clock, a walk in the afternoon, and dinner at seven is the daily routine. The foreign residents usually defer the breakfast-hour

to eleven or twelve o'clock, making the meal do double duty. On board, a siesta after lunch had now become a settled thing, scarcely to be wondered at, as the temperature had risen thirty-two degrees since our departure from Liverpool on the 19th ultimo, from 63 to 92 deg. in the shade in eighteen days. Between noon and 4 P.M., the natural tendency to sleep had become almost overpowering, especially during those hot sultry days when the still atmosphere feels most oppressive, and a tropical sun is reflected from the surface of the calm and glassy ocean in all its brilliancy. Of society there is very little in West Africa; what there is, is confined to the intercourse between the few Government officials at each station and half a dozen of the principal merchants. As our countrywomen do not flourish here at all, the loss of their gentle influence is much felt. European females soon become pale and anæmic, pine gradually away, and, if nursing, so rapidly lose flesh and health, that an immediate return to England becomes necessary. When not child-bearing, they manage to get on somewhat better.

It was a keen sense of enjoyment to find oneself once more in a comfortable bed, even for a night, and not cooped up in a cabin seven or eight feet square. After posting letters for home next morning, and paying a parting visit to the monkeys and other savage animals exposed for sale in the market, we embarked and weighed anchor at 4 P.M. on a lovely evening, handkerchiefs being waved in adieu from the windows of our kind entertainers on shore. A hearty cheer from the crew of the *Sherbro*, as we passed her, was almost the last sound we heard as we leaned over the port bulwarks, watching, receding in the distance, that peninsula, as remarkable for its natural beauty as it has been noted for its unhealthiness. The evening sun was shining on the mountains, a sea-breeze, feeling cool at a temperature of 83 deg., was blowing from the west; and, as we rounded Cape Sierra Leone, a gun from the signal-station indicated the approach of a steamer from the northward, proving afterwards to be a gunboat making for the harbour of Freetown.

[To be concluded.]

A CASE OF RIGHT HEMIPLEGIA AND LOSS OF SPEECH FROM LOCAL SOFTENING OF THE BRAIN.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.,

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THIS case is reported as a text for forthcoming Lectures on several subjects. There are for consideration (1) Hemiplegia; (2) Affection of Speech; there was (a) Loss of Speech and (b) Disorder of Speech; (3) The Constitutional State of the Patient; (4) The Process of Embolism and Thrombosis; (5) The most important matter is the Recovery of the Patient; (6) The Occurrence of Convulsion (Epileptiform) after Recovery; (7) Death and *Post Mortem* Examination. For the important parts of the notes I am indebted to Mr. R. W. Parker. We are both, however, responsible for the accuracy of the greater part of the report, as it will be seen that from time to time we went over the case together.

Robert S., aged 28, was admitted in the morning of June 29th, 1869. I saw him in the afternoon. He was speechless, except for the words "yes" and "no"; and he could utter a noise supposed to stand for "don't know". He was paralysed on the right side (face, arm, and leg). The facial paralysis was extensive in range, and involved the muscles of the forehead, the orbicularis palpebrarum, and the cheek of the right side, but it was slight in degree. He did not put his tongue out when told, but swallowed well, as I ascertained by direct experiment. There was no deviation of the eyes, and no ocular abnormality was discovered; the ophthalmoscope was used. The right arm was only partially paralysed; he could move it; for instance, when he raised himself in bed to drink, he used the right arm a little. There was still less palsy of the leg; he seemed to move it as well as the other when lying in bed, but it was perceptibly weak in walking. It was not quite certain whether sensation was diminished or not; but, if it were diminished, the diminution was very slight. He could utter the words "yes" and "no" very clearly, and used them satisfactorily in answering questions which required affirmatives or negatives only. He had never been able to write at all, nor to read much. The temperature in the axillæ was 100.6, but in the elbow flexures it differed: right, 99.4; left, 100.6. Two thermometers were used, and the readings were practically the same when sides were changed. There was a double murmur at the base, the impulse lay outside the nipple, and there was a considerable heaving over the heart's region. There was no history of rheumatic fever. His elder brother was carefully questioned on this

point. Whether he had had scarlet fever or not was not known. There was, however, a history of a severe accident. Nine years ago, he fell into a ship's hold, and for three days and nights was insensible. He was in a hospital for six weeks, and then went to his work, although he was not well.

The mode of onset was curious. His wife told me that he came home from work as usual, and was then seemingly in good health. He made a wax-end, and then, all at once, he put his hands to his head. His wife remarked to him that he was ill. He did not reply to her, but went into the yard. She followed him, and found that he "dropped to the right side". He could then talk, and talked "all manner of strange things". He said, for instance, "I want a night". His wife asked, "A knife?" He replied, "No, a night". He said, "My head; I must go out". She urged him not to go out, but he would; and they walked together in the streets for hours. At four o'clock A.M. he went to bed, but at five he would try to get up, and then could not speak at all, and had lost the use of his right arm. He was led to the hospital.

I had to go out of town, and thus I saw him no more until August 17th, when I examined him with Mr. Parker. He had gone out with no paralysis, and with but little impairment of speech perceptible. He had gone to work, although he was not fit for it. We could not persuade him to come into the hospital again. Now, however, there was decided, although trifling, weakness of the right side, and the palsy of the face was marked in the cheek, and the right eye was not so firmly closed as the left when he tried to close them strongly. He slept well, and his appetite was good.

His speech was not good. He had now, however, plenty of words, and it was not easy to write down what the nature of the defect was; there was no difficulty of articulation. The best way will be to give notes of what took place when Mr. Parker and I examined him.

He said of his right arm that he could not "left so well—not so hard". I asked, "Where do you live?" He replied, "27—No. 7 ch—eh; I don't know what 'tis—oh, I forget". He then tried again, and said, "Eh, some"; and then added, as if despairing, "You see I forget". He gave his wife's name, "Julia", quite correctly. I said, "How can you walk?" He replied, "Oh, fine; anything I can do". He added, "If I could find—you know—hard", holding out his right arm; and then, vivaciously, "and eat anything—meat, bread". Here I remarked to Mr. Parker, "He is a German, and perhaps his speech was never like that of an Englishman". The patient then said, "Oh, I was born here; my father was a German". [He spoke well before the paralysis; and his elder brother, whom I afterwards saw, spoke quite like an Englishman. Their mother was an English woman.] He could not readily give me his name, and said, "I can always say, but all at once it's gone". I again asked where he lived. He replied, "I can't tell the place"; and then, suddenly, "Collingwood Street"; and added, "There you are; that's right". I showed him several articles, and noted the mistakes he made in naming them, adding some of his observations. Pen?—spin, pen. Knife?—knife. Watch?—kni—dnife; "It runs up and gone". Flowers, book, bread, and boots he named at once. Fire-shovel?—Poker, charge—chovel. Poker?—pokey, poker. Umbrella?—"Oh, I" (laughing) "cannot say it". I said, "What do you do with it?" This he knew; and he acquiesced when I suggested the name. Lead-pencil?—He could not name it, and remarked, "I can think of it, and then I forget it always". Being still urged to name it, he said, "Penflo—flo". I then said, "pencil", and he acquiesced. Coat and trousers he named. When I next named several of the above-mentioned articles, he quickly pointed them out. I named others, *e. g.*, table, and he put his hand on the table and said, "There". At another time, he said to Mr. Parker that he was "gooder", and then, correcting himself, said, "better". He never could write, nor could he read much. However, he named letters one after another.

On October 19th, he was brought to the hospital, as he had had a fit. Of this fit, nothing was ascertained except that it occurred in the morning, that he foamed at the mouth and bit his tongue; he had two or three fits after admission. When I saw him, October 22nd, he was in about the same condition as in August. We were told that he had been "rather queer" since his first admission; the information we received in this matter was very vague; he would occasionally get up at night, dress himself, and smoke; at times he saw strange things, and did not know what he was talking about. He still talked badly, and in the same style as before. Once, when asked his age, he replied, "Seven hundred". He appeared to understand all that was said to him; the reply was only a *lapsus lingua*, like some of the other mistakes recorded. He went out again to his work in a few days; but, before he went, Mr. Herman was so kind as to obtain for me the following. To these notes I attach very great value; they give, I feel sure, a faithful representation of what took place, and are of very much more use than general statements as to the man's manner of talking.