however, was suddenly cut off by some other disease, and on examining the body, an opportunity was taken of ascertaining the true seat of the abscess. It extended upwards to the parotid gland, and downwards to the middle of the neck; but had no communication with the air passages or œsophagus, and did not differ in any respect from common abscess of the soft parts.

Here then, Gentlemen, we have collections of matter exactly similar in progress, symptoms, and termination to common phlegmonous abscess, yet containing pus, the fetid nature of which cannot be explained either by contact with air, or by disease of the bones. You must, however, observe, that they occur in parts of the body which are close to air passages; thus, in the neck we find them between the cervical fascia and the thyro-hyoid membrane, the trachea or œsophagus; in the sub-maxillary region, between the supra-hyoid fascia and the mouth; in the region of the face, between the walls of the cheek and the mucous membrane, or between the periosteum and gum. In these regions the air, which is constantly passing in a warm state over the parietes of the abscess, is probably imbibed, and gives rise to the fetid condition of pus, to which we now allude.

But the circumstances, just mentioned, seem to act with most force in the region of the anus. You know that many surgeons are apt to conclude the existence of fistula in ano from the stercoraceous odour emitted by an abscess in this part; this, however, is a great error. You have frequently seen me open abscesses in the region of the anus, and have thought, from the stercoraceous smell, that the abscess must have communicated with the intestine; but this was not the case, for the abscess has quickly healed without returning again.

CASE VI. A middle aged man was admitted into la Pitié, complaining of much pain about the anus; there was a small tumour near the edge of the fundament; it was freely opened, and a considerable quantity of fetid matter came away, having a very strong stercoraceous smell. On passing a probe through the opening, no communication with the gut could be discovered, and the operator at once declared, that, notwithstanding the odour, the abscess might heal without operation. In this opinion he was correct, for the patient was discharged in a fortnight.

Abscesses of the thoracic or abdominal parietes will occasionally be attended with the peculiar fetidity of which I now speak to you.

CASE VII.—Jane Boutey, 57 years of age, of good constitution, though extremely emaciated, had always enjoyed excellent health, until the middle of December, 1841, when she was seized with severe pain in the abdomen; two days afterwards a painful tumour was observed in the lower part of the abdomen, on the right side; this soon enlarged, until it reached the size of a doubled fist. The woman remained in bed for eight days, and then was brought to la Pitié, and placed under the care of M. Parent-Duchatelet. Twelve leeches were applied to the tumour on four different occasions, but without effect. The patient remained in this state for a month, and was then transferred to the wards of M. Velpeau; the walls of the tumour were, at this period, very thin, and on the following night the abscess burst; the matter discharged was of a dark grey colour, and of very fetid odour, exactly like that of fæces; it was, moreover, mixed with gas and shreds of mortified cellular membrane. From these circumstances the existence of a communication with the intestine might have been inferred, but on passing a long probe into the abscess, to the depth of five or six inches, in all directions, no trace of such communication could be discovered. The result of the case showed that the abscess was a common one, for in a short time after her admission, the patient was discharged completely cured.

Dance has related two or three cases similar to the foregoing, and Ledran has recorded some interesting observations of the same kind.

CASE VIII.—A man living at Chaillot, 24 years of age, was seized with inflammation of the abdominal parietes. A tumour formed in the right hypocondrium, and extended to the groin and umbilicus; it became soft, and was opened. The pus discharged was of so fetid an odour, that Ledran thought it was seated between the muscles and the epiploon, but the result of the case showed that it was a common abscess of the walls of the abdomen.

Abscesses, Gentlemen, which form in the abdominal parietes, are highly worthy the attention of the surgeon, but there are so many points of interest connected with them, that they must be examined in part. Fetid abscesses of this region generally commence in the cellular tissue which unites the peritoneum to the abdominal muscles; they may, however, occur between the deep fascia and muscles, or under the skin, in thin persons. The presence of the fetid odour can only be explained by imbibition; the deep-seated wall of the abscess is close to the intestine, and imbibes from it fluid or gaseous products, or perhaps merely the odorous particles. I am inclined to think that some of the contents of the intestine passes into these abscesses, from observing that the odour varies according to the region of the abdomen in which the abscess is formed; thus, when the collection of matter is situate over the region of the cæcum, we have a strong stercoraceous smell; but over the epigastric region, the pus has an acid odour, as from ill-digested food, while in Boutey's case (Case VII.), the smell seemed to arise from the alimentary matter contained in the lower portion of the small intestine; at least, the stercoraceous odour was not perfect, such as we observe in cases of abscess about the margin of the anus. Besides, the colour of the pus is generally modified according to the nature of the fluids in its vicinity, and the smell, though always more or less fetid, differs according as the abscess may be seated in the mouth, neck, chest, &c.; each furnishes a special odour.

OBSERVATIONS

ON THE

CLIMATE, TOPOGRAPHY, AND DISEASES

OF THE

BRITISH COLONIES IN AFRICA,

By E. J. BURTON, M.D.,

Assistant-Surgeon to the 25th Regt., late Surgeon to the Royal African Corps.

No. I.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Conceiving that a series of papers on, or sketches of, the topography, climate, diseases, &c. &c., of the British Possessions in Western Africa, might prove interesting to the readers of your excellent Journal, I propose, should it meet your approbation, to give the substance of notes, taken during a residence of nearly three years, at the different stations on the coast. The treatment I adopted in the highly dangerous diseases of that country having proved extremely successful, it may, perhaps, prove of some utility to make it known through the medium of your Journal.

The medical man, on first visiting the coast of Africa, is called on to treat diseases he has never before seen, of which he has no knowledge, and in the cure of which he has no guide; the almost inevitable consequence is, that many patients must fall victims to the inexperienced physician, before he becomes acquainted with the symptoms and treatment

of African disease. Should the observations I purpose making, and the hints I am about to give, prove of the least assistance in rescuing even one individual from the inexorable grasp of African disease, the object I have in view will be fully answered, and the trouble I have taken amply repaid.

I am, gentlemen,

Your most obedient servant,

E. J. BURTON, M.D.

Brecon, December, 1841.

The chief British settlement on the western coast of Africa, called "Sierra Leone," from the opinion that the "sierra," or hills, in the vicinity were inhabited by lions (which idea, however, proves erroneous, as the kingly quadruped shows too much judgment to trust his royal person in such pestiferous jungles), is situated on the river, or, more correctly speaking, estuary, of the same name, in latitude 8 deg. 29 min. north, 13 deg. 14 min. west. The principal town, or rather village, is named "Freetown," in allusion to the benevolent and philanthropic purpose for which the settlement was originally intended. The town is built on the side of a hill, or series of hills, commencing in a gentle slope at the edge of the river, and extending nearly to the foot of the splendid range of mountains from which the place takes its name. The position of the settlement, as also the site of the town, is badly chosen; the town being built on the lowest part of the series of hills before mentioned, commencing at the edge of the river, and having at its back, intervening between it and the highest range of mountains, a swamp, formerly of considerable extent, but which is yearly diminishing in size, by being reclaimed and built upon; another great objection to the site chosen for this settlement, not inappropriately termed the "white man's grave," where so many of our adventurous countrymen meet an untimely end, is the consequence of its being in a great measure enclosed by an amphitheatre of elevated mountains, which, attracting the clouds, is the cause of a greater quantity of rain falling at the place, consequently greatly increasing its dampness, and in an equal ratio increasing the insalubrity of the town. It is an additional cause of regret that the present site should have been chosen, when we reflect, that a few miles higher up the river there is a spot, on which stands the village of "Kissey," much more advantageously situated for a settlement, the elevation of which is sufficient; there are no swamps in its immediate vicinity, and experience has proved it much more healthy than Freetown. The anchorage is equally good as at the latter place, a circumstance, in a commercial point of view, necessary to be taken into consideration in choosing the sites of colonial settlements. At the same time it should be borne in mind, that in all tropical countries, especially such a one as Western Africa, it is far preferable to select a peninsula jutting into the sea, of moderate elevation, say from one hundred and fifty to four hundred feet, or an island of the same height, and free from swamps, and at some distance from the main land, as these latter always enjoy the full benefit of the wholesome and purifying sea breeze; and all habitations situated on the margins of rivers, are more or less liable to damp, fogs, and mephitic exhalations.

A sort of fatality seems to have occurred in our choice of situations on the west coast of Africa. Sierra Leone, as I have endeavoured to show, is badly situated, though in the vicinity there exists a site more healthy, and better adapted for the building of a town; again, when I come to the stations on the river Gambia, I shall point out that all our settlements there are located in the midst of swamps; while, extraordinary to say, close to each of them situations were to be found exempt from all or most of the objections to which the former are obnoxious. On approaching Sierra Leone from the sea, especially

on a fine December morning, the prospect is beautiful; the breeze which wafts the vessel up the noble river prevents that feeling of heat and lassitude, which in general proves so disagreeable to persons on their first arrival in a tropical country. On the right of the river lies the long low Bullom country, thickly and beautifully wooded, except where a rice field, green and luxuriant, gives variety to the view, as also evidence of cultivation and industry. Before you lies the splendid river, looking so calm, cool, and refreshing, that you are momentarily tempted to forget that it daily and nightly exhales from its banks pestilence, disease, and death. On the left a lofty range of hills, with intervening valleys, is presented to the sight. At the foot of this mountain range lies the pretty village of Freetown, many of the houses handsomely built of stone, all of them painted or white-washed, and several of them surrounded by neat piazzas, forming altogether a striking *coup d'œil*. At first the approach to the "white man's grave" is forgotten, and the mind is filled with admiration of the beautiful picturesque scenery, and tropical productions on every side presented to the view. The reflection, however, is of short duration; all the requisites for the production of malaria, and its consequent diseases, such as the mangrove swamp, the luxuriant vegetation of the valleys, &c. &c., are at once detected; yet there is nothing, even after the most careful examination, to account for the unexampled unhealthiness of this fatal spot. The population of the colony amounts to about 30,000 persons; one-third of this number, or thereabouts, inhabiting "Freetown," and may be divided into the following classes, viz.—white, coloured, and black; and the two latter classes may be sub-divided into those who are natives of Sierra Leone, and persons born in other countries; the latter subdivision is of some practical importance in the treatment of disease, as it will be found that the latter class of persons are more subject to climatorial affections, and when attacked, the diseases prove more severe and obstinate than amongst the former.

To enumerate the various nations, tongues, and languages, to be found at Sierra Leone, would prove a task almost endless, and more properly belongs to a political, than a medico-topographical description of the coast. The chief inhabitants of Freetown may be enumerated under the heads of Europeans, discharged soldiers from the West India regiments, "Maroons," "settlers," or Nova Scotians, Mandingoes, liberated Africans, and Kroomen; the last mentioned, a patient, industrious, hardy race, deserving of notice, if only for the purpose of recording the to them honourable fact, that they have resisted the corrupt example of all the other African races, and resisted the tempting offers of the unprincipled slave dealers, invariably refusing to participate in the traffic in human flesh. Sierra Leone was first established as a post for trading in slaves; it is now the chief place on the coast for locating the Africans rescued from slavery by British benevolence, and at the expense of British life. As such, it is the seat of the mixed commission court, or tribunal for adjudicating in all cases connected with the slave trade.

The public buildings at this station are the government house, commissariat buildings, the buildings of the liberated African department, the gaol, the market place, colonial secretary's office, mixed commission court, military barracks, &c. The military barracks are situated on Tower Hill, a ridge considerably higher than the town, about four hundred feet above the level of the sea; they consist of the officers' barracks, a good substantial brick building, surrounded by piazzas of sufficient width to enable several persons to walk abreast in them. All houses in tropical countries should be surrounded by piazzas or galleries, as they serve to ward off the force of the sun from the main building; they also serve to keep

it dry, by preventing the rain beating directly against the walls of the house. The officers' barracks are two stories high, besides the basement floor, a circumstance which should be always attended to in hot countries, especially in military buildings, as European soldiers lodged on the ground floor are sure to be attacked by fevers, agues, rheumatisms, and other diseases induced by damp and cold, it being a well known fact, that persons living on the ground floors of houses have suffered severely, whilst those in the upper stories were entirely free from disease, although exposed to the same atmospheric causes. This building is well situated, airy, and comfortably finished; each officer is allowed at least two rooms, an arrangement absolutely necessary in every tropical country, but more especially in a climate so fatal to human existence as that of western Africa. The soldiers' barracks are about the same size as the officers' quarters; they also consist of two stories, besides the basement; the soldiers here, when not too crowded, are well and comfortably lodged. There is also a good barrack-master's quarter, which, when in repair, affords good accommodation. The military hospital is situated about five hundred yards from the barracks, on a hill much lower than Tower Hill, and consequently not in so healthy a situation as the other military buildings; it contains two good-sized wards, besides a surgery, an office for the principal medical officer, a room for the custody of the apothecaries' stores, and a quarter for the hospital sergeant.

(To be continued.)

CASES ILLUSTRATIVE OF DISEASE, SEATED CHIEFLY IN THE CEREBELLUM.

(Read before the Sheffield Medical Society)

By WILLIAM JACKSON, Esq., M.R.C.S., Sheffield.

On Aug. 20, 1830, Mr. R. first became a patient of mine. His age 25; married; being of a fair and florid complexion, with tumid lips, and had, previously to the invasion of this disease, enjoyed good health. He had been ill about twelve months previous to my attendance upon him, and had gradually become more and more afflicted, his attacks becoming so much more frequent, as to disable him from attending to the duties of his business, which was that of a draper. Two causes were assigned by him as concerned in the production of his complaint,—one, exposure to severe cold on a long journey; the other, great bodily exertion in lifting heavy weights. The commencement of the affection was attended by paroxysms of severe pain of the head, confined at first to the upper and anterior part, but for the last four months it became fixed (during the fits) in the upper and back part of the head and neck, shooting forward around the forehead; and during the continuance of those seizures the face was flushed and the head steadily fixed in a position slightly inclined forward. The attack would frequently be occasioned by rising from bed in the morning, and usually continued for two or three hours, sometimes for a less period, and, when under the influence of his greatest suffering, the patient urgently requested the attendants to make forcible pressure upon the back of his head and neck, calling out at the same time for fresh air, and the application of cold water to the head; and the use of these means afforded him decided relief. The pain was of the most agonising kind, and was described as if something were darting downwards along the spine. When he was lying in bed, and frequently when in a sitting position, Mr. R. would fancy himself falling down, not only at the time he was under the influence of an

attack, but also during its absence. The pulse was generally unaffected during the intervals of those attacks, and varied considerably under their influence, being sometimes rapid and almost imperceptible, and again slow, especially on one occasion, being reduced to 40. There was no loss of consciousness, or impairment of the functions of the senses; but the most invariable symptom was extreme vertigo, to relieve which in a great measure, as well as the pain, he urgently sought for some fixed position of the head.

The exciting cause, on many occasions, appeared to be muscular action succeeding a state of rest, as rising from bed, &c.; the proximate, the consequent determination of blood to the seat of disease. Any particular mental emotion, even in a previous state of tranquillity of mind, would, on other occasions, appear to be instrumental in producing an attack. The kind of pain, its suddenness, and rapid movement from a fixed point, which was invariable during the continuance of a paroxysm, precisely resembled those periodical neuralgic affections so frequently noticed in the face, head, and other parts, and which are usually ascribed to affection of the nerves of sensation of those parts. At one period the attacks were accompanied by a copious discharge of flatus from the stomach, with decided relief; and when the attack was of greater severity, and longer in its duration than usual, vomiting supervened. The cessation of pain would frequently be sudden, and its cause not appreciable, whilst at other times the means used, evidently afforded relief; but, as connected with this relief, one circumstance was sometimes noticed as remarkable—viz., that any new excitement, such as the introduction of a stranger, very enlivening conversation, or even the direction of the mind with force and attention to any important subject, would be followed by considerable, sometimes perfect relief: thus changing a scene of sorrow into one of cheerfulness and ease. The paroxysm was generally followed by perfect ease. Several of these attacks would frequently occur during the night, and in the intervals more or less sound sleep occurred.

That his vision was considerably impaired during the subsequent progress of the disease, there could be no doubt, for he frequently mistook one object for another, and could with difficulty distinguish the various colours of articles of drapery in his shop. The other senses to the last were unimpaired. Through this long and painful disease his faculties were unimpaired, except some slight affection of his memory at periods when the seizures were more frequent than usual.

The general functions of the system were generally unaffected, excepting that the stomach was sometimes deranged in its action, from sympathy with the brain. Digestion was generally performed correctly; and it was only during a paroxysm that flatulency or vomiting supervened. The general character of these attacks resembled in a striking manner hysterical affections; and this similitude was still further confirmed by the great relief afforded by fresh air—more or less appearance of globus; together with, on several occasions, a copious discharge of limpid urine; to which may be added the very fickle state of mind, as to sudden and alternate cheerfulness and despondency. But then the seat of pain, and the great desire for a fixed position of the head, modified the other more strictly nervous symptom, and caused some hesitation as to the real nature of the complaint.

I was inclined to regard the case as of a mixed character, and in this opinion Dr. Knight, who attended with me, I believe generally coincided.

In reference to the treatment of this case, I may briefly state, that, under the supposition of its being more or less inflammatory in its nature, local bleeding, counter-irritation, and rest, were the remedies adopted. It was, however, soon perceived, that in proportion as debility increased, the symptoms be-