arable country, fit for all the purposes of agriculture. It seems highly probable—indeed, there is both theory and experience to support the idea—that, had the settlement been established on this range of mountains, instead of on the low and swampy island before described, it would have been decidedly the most healthy on the west coast of Africa.

The chief object of the first settlers on this coast, seems to have been the selection of places, low, wet, and swampy, probably for the purpose of trying how far man is capable of conforming his habits to those of the “amphibia.” No other, and therefore no better reason can be given. It is certainly a curious fact, that preparations were at one time made to establish a settlement on a small island midway between St. Mary’s and McCarthy’s Island, which, for upwards of three months during the year, is nearly under water; the idea of a subaqueous colony is not a little amusing. The island still belongs to the British government; and the expense, &c., attending this novel experiment in colonisation was only prevented by the death of the governor under whose administration the splendid scheme originated. It is to be regretted that other and more recent attempts at African colonisation, of greater magnitude, but of nearly equal absurdity, should not have perished in embryo likewise.

In my next, I propose to take a glance, “*en passant*,” at the French settlements on the coast, make a few remarks on the fact that the French inhabitants of tropical countries in general enjoy better health than the English, give a few brief directions as to the best mode of preserving health on the west coast of Africa, and then proceed to describe the diseases incidental to the climate, commencing with fevers.

ABSCESS IN THE PELVIS AFTER PARTURITION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Should the following case of abscess in the pelvis be considered worthy of being recorded in your Journal, I shall feel obliged by its insertion.

Yours respectfully,

J. T. JAMESON,

Surgeon to the Rochdale Dispensary.

December 21, 1841.

Mrs N— was admitted a patient of the dispensary under my care, November 3, 1841. She informs me that it is a month since her confinement, in which she was attended by a female, claiming the title of midwife. The labour was speedy, and the placenta not being equally so in its exit, the midwife pulled it away with much violence, giving her acute pain, particularly in the left iliac region. There was a copious discharge of blood at the time, and a moderate quantity for a few days subsequently. The pain in the left groin, for on more particular examination such was found to be its seat, has been gradually increasing from the time of delivery, and, according to her description, is of a throbbing and occasionally stabbing character, shooting down to the anus, and across to the pubes. In the horizontal position the pain is not so violent except at night, when it is frequently very severe, and deprives her of sleep. When she assumes the erect position, the pain is very distressing, particularly on attempting to walk, which she accomplishes with the body bent forwards, and the left thigh drawn up towards the trunk. Bowels constipated, and when moved she experiences acute pain in the region of the anus; passes her urine with difficulty and much pain; countenance pale and haggard; pulse frequent and small; tongue dry and brown in the centre; thirst, loss of appetite, and emaciation. There is some degree of fulness to be de-

tected in the left inguinal region; but no defined solid tumour can be felt. There is much pain experienced on pressure being made immediately above the centre of Poupart’s ligament, and it is to this spot that she points as being the principal seat of her pain. A vaginal examination being permitted, no cervix uteri is to be felt, and the os tincæ is firmly closed. On the left side of the os uteri, a firm unyielding tumour is perceived, which projects but little into the vagina, and, so far as can be ascertained by the finger, appears to extend up towards the left groin. Pressure upon it produces acute pain; on examining per anum, a swelling, occupying chiefly the left side of the pelvic cavity, and apparently almost obliterating the calibre of the rectum, was discovered. Pressure upon the tumour causes here, also, severe pain. She was ordered to maintain the recumbent position, and to take castor oil until the bowels were freely moved. Pil. sap. c. opii. grs. x h.s.o.n.—Nov. 8. Found her sitting up, and much improved in appearance, having lost the haggard, anxious countenance above mentioned. The bowels have been well moved; she has much less and the whole of the left foot placed upon the ground, pain, and is able to walk with the body nearly upright, which she was unable to do before. Has slept much better the last two nights. Whilst sitting up, on the evening of the 6th, she suddenly discharged about half a teacupful of pus per vaginam, which was followed by immediate relief, and, on rising to walk, she found she was able to extend the thigh, and set down the foot much better than she could previously. She rapidly improved from this period, requiring merely a little castor oil occasionally; and on Tuesday, December 14, she came to the dispensary to be discharged. She appears to walk without impediment, although she expresses herself as feeling weak on that side; with this exception, she seems quite restored.

IDIOPATHIC HYDROPHOBIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—If you think the accompanying case of sufficient interest to merit a place in your Journal, the insertion of it will oblige, Gentlemen,

Your obedient servant,

JOHN KIMBELL, M.R.C.S.L.

Knowle, Warwickshire,

Dec. 30, 1841.

W. K., aged 24 years, of a bilious and lymphatic temperament, has, during the last month, suffered from occasional attacks of palpitation of the heart, occurring generally in the night, and invariably followed by profuse perspiration. On October 4, 1831, he rode a distance of fourteen miles, and, on arriving at the end of his journey, about twelve o’clock, a.m., he was seized suddenly with great difficulty of breathing, pain over the region of the heart, and painful sensations over the chest. The paroxysm continued for a few minutes, when the dyspnoea and pain gradually subsided; he afterwards ate a good dinner, and appeared as well as usual, until about eight o’clock in the evening, when all the symptoms returned with greater violence than before, and to so distressing a degree did the dyspnoea increase, that there appeared to be imminent danger of suffocation. He was now bled to eighteen ounces, but without any manifest relief, and the operation was repeated in three hours to the amount of six ounces, which had the effect of considerably relieving the pain. About five, a.m., Oct. 5, I saw him; he could not speak, although conscious of what was passing around him; I was informed that he had had violent convulsive movements of the arms, which had lasted nearly an hour, and he now appeared to be suffering from a spasmodic constriction about the