

which has hurried whole regiments to an untimely grave, and swept away the officers and crews of not a few of our men-of-war employed on the coast. Many other complaints appear, no doubt, in a severe form; but, comparatively speaking, there is little to fear from them; and were it not for fever, Western Africa might be considered equally habitable as other tropical climates.

The *fevers* of Western Africa may be enumerated under the heads of yellow fever, "bilious remittent fever," "simple bilious fever," and intermittent fevers.

*Yellow fever* generally appears in an epidemic form every seven years at Sierra Leone; the last visitation was in the year 1837. Much discussion has taken place in the colony as to the origin of this disease, some being of opinion that it had been imported, by far the greater number, however, considering it of local origin. It must indeed seem strange that it should be imported regularly every seven years; and, on the other hand, is it not equally curious that the local cause giving rise to this disease should lie dormant for a number of years, and then a fever break destructively forth, in such a manner as to leave its origin enveloped in mystery? When this disease appeared at Sierra Leone, and the Gambia, it was considered highly contagious, and proved extremely fatal—few, if any well marked cases, terminating favourably. This disease must be considered as having originated at Sierra Leone; its importation, however, in one of her Majesty's vessels to St. Mary's, is admitted on all hands. At this settlement it carried off nearly all the white inhabitants, and many of the natives; though frequent communications took place between St. Mary's and M'Carthy's Island, not a single case appeared at the latter settlement, as if to veil in still greater mystery its origin, and the laws which govern its transmission.\* This disease has been considered by many as an aggravated form of remittent fever, and the idea is supported by the fact that all the symptoms are similar, only much more severe, in the former. This error, however, for error it must be considered, originates, I am led to think, in mistaking the *severer* types of bilious remittent for yellow fever, and it must still be considered that the latter is a specific disease, one in fact sui generis.

"Bilious remittent," or as it is called on the coast, "country fever," though not by any means so formidable a disease as the one just mentioned, proves fatal to a greater number of persons on the coast, as it appears in an endemic form every rainy season. Indeed it can never be said to be altogether absent, as cases not unfrequently appear during the dry season. These

\* It being at present almost generally supposed that yellow fever is neither contagious nor propagated by infection, I wish particularly to mention the grounds on which it is stated that this disease was introduced and propagated by contagion, amongst the inhabitants of the Island of St. Mary's, in the year 1837. The crew of her Majesty's brig "Curlew," I think, but I cannot be quite positive as to the name, contracted the yellow fever at Sierra Leone in 1837, where it was then raging. She sailed from that place for change of air, and entered the port of St. Mary's, having at the time some of her officers and crew labouring under the disease. At the period of her arrival, St. Mary's was quite healthy, and free from *fever of any kind*. Some of the officers afflicted with yellow fever were landed and brought to the house of the colonial surgeon, Mr. Tebbs, who attended them; he was, in a few days, seized with the disease and died, although a "seasoned person." The fever now spread rapidly, the first cases being all traced to have had communication with Mr. Tebbs, or his patients. That this fever was imported into St. Mary's, and then propagated by contagion, is strongly supported by the fact that the disease commenced in this place, *previously healthy*, immediately after the arrival of the vessel having the fever on board, and that it never had before appeared at that settlement, nor has it ever appeared since. It is not wished to maintain that yellow fever is always contagious, or always propagated by the same cause; but the fact of its having been imported and propagated in this instance by contagion, is given as a simple fact, and not for the purpose of supporting any particular theory or argument.

latter cases are usually the result of exposure to the sun, dew, or excessive fatigue, especially if such exposure takes place up the different rivers along the coast.

Intermittent fevers may next be mentioned; they are met in all the usual types—viz, quotidian, tertian, and quartan. This disease, though by no means dangerous, seldom proving fatal, causes, perhaps, a greater amount of suffering than any other complaint incidental to the climate. Most persons suffer severely from it for six or twelve months after their first attack of remittent fever; indeed this is considered part of the "seasoning" process; neither does it cease its attacks altogether after this pretty long term of probation, all Europeans expecting at least an annual visit from this most uncomfortable companion, and so tenacious is it of good company, that it usually accompanies its victim to Europe, and is seldom got rid of for months after leaving the coast. Not possessing a sufficient *practical* knowledge of yellow fever, I shall not enter into any further description of that formidable disease, but propose in my next communication to pass on to the consideration of "bilious remittent fever," as it appears on the Western Coast of Africa.

## PERINEAL ABSCESS, AND ITS CONSEQUENCES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The observations connected with the report of the following case of perineal abscess, and its consequences, allude to a practice which is not perhaps confined to myself. Should you deem them worthy of a place, I shall feel obliged by their insertion in your Journal.

I am, Gentlemen,

Your obedient servant,

J. NOTTINGHAM.

Liverpool, Dec. 20, 1841.

A gentleman, aged 41, of temperate habits, who formerly enjoyed very good health, never having suffered from any form of complaint, began to be troubled in December, 1840, with "pains and uneasiness" in the perineum, for which he could not assign any cause.

From his account, it appears that the part continued to suffer from inflammatory action during some months, and that abscess was formed, which "first broke" in July, 1841.

He applied to me in October last, having hitherto contented himself with the application of poultices to the part. On examination with the probe, I found extensive branching fistulæ in the perineum (with but one external opening on the right of the middle line), on both sides of the raphè, unconnected, however, with either the urethra or rectum, both these canals being in a perfectly healthy state. Considerable induration of the parts had taken place, the tissue in the immediate vicinity of the sinuses feeling hard and gristly.

Oct. 29. I passed a bent director into the canal, which opened externally, and divided it freely with the bistoury. The smaller sinuses leading from this were next sought out, and treated in a similar manner; in short, the operation, as frequently performed, was completed, the parts only requiring a little cramping with lint.

To ensure a complete healing from the bottom in these cases, especially where so much induration as was here met with exists, is by no means an easy matter; the treatment after operation being often exceedingly tedious, and the parts threatening to heal up, save at some ill-favoured aperture, yet moistened

by its sanies, where a kind of anomalous sphincter is formed, its aperture communicating with some vestige of the old canal beneath—a sort of termination, more or less favoured by the situation and form of the parts, the motion occurring on them by varying of posture, as in sitting down or rising up, as also by the alteration which the cellular tissue has undergone, and which retards so much the granulating process.

For the purpose of overcoming the difficulties in question, in this as in some other cases more or less of the same kind, an additional step was added to the ordinary operation, by employing a pair of scissors curved on the flat, and, with these, deeply cutting off the indurated margins of the canals previously laid open by the bistoury.

By this means a more sound structure is exposed; the hardened cellular tissue and corresponding integument are removed; a good base, whence granulations may spring, is afforded; and the sides of the old canals, with their mischievous tendency to incomplete coalition, are altogether removed; the dressing afterwards is more simple and less troublesome, as filling up from the bottom of the wound is now in most cases an inevitable process.

Dec. 20. The sinuses are soundly filled, and the parts completely cicatrised.

To the above mode of treatment I have sometimes found the application of a little strong nitric acid an useful adjunct, thus destroying some of the lining membrane at the bottom of the fistula, which it did not seem desirable to remove by the knife.

#### A CASE

OF

### MUSCULAR AMAUROSIS, COMPLICATED BY MYOPIA.

RELIEVED BY

#### SECTION OF TWO OF THE RECTI MUSCLES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—From some resemblance of the title of this case to that of the last, and to those of several future cases which I intend to offer for insertion into your Journal, I feel it necessary for me to state, that I have no desire of fatiguing the attention of your readers with cases similar to each other; but have, in the publication of several cases on one subject, the object of displaying to the profession the varieties of the disease and the different degrees of treatment it may occasionally require.

The case of Mary Ryadon, reported by me in the "Provincial Medical and Surgical Journal," of Dec. 18, 1841, was remarkable for the completeness of its cure, being accomplished by the section of *three* of the recti muscles; the present case will show what extent of cure may result from the section of *two* muscles.

I am, Gentlemen,  
Your obedient servant,  
JAMES J. ADAMS.

George Speller, aged 18, by trade a watch-case maker, of healthy appearance, dark complexion, with dark hair, and hazel irides. The appearance, position, and association of his eyes are perfectly natural, though their power of equal and simultaneous convergence is very slight, the utmost degree of which is produced by the holding of an object at five inches from them. Central repulsion in the left eye. The power of inversion of either eye is nearly complete and equal; that of eversion is equal, but not complete by half a line. Sight, with both eyes open, sufficiently good for him to see to read small print at the distance

of *five* inches, for about half an hour at a time, when the eyes will require to be rested; for if he attempts to read beyond the time above mentioned, the letters will appear to mix one with the other, and become as if obscured by a mist, the denseness and duration of which, is always in proportion to the degree of exertion endured before resting; should he be desirous to pursue his reading on the recovery of distinct vision, he can do so for a period somewhat less than two hours, by the aid of repeated rests of the eyes, at intervals, of gradually decreased length, the periods of rest being multiplied and lengthened, in the inverse ratio, to the decreasing periods of occupation. Small print cannot be seen beyond seven inches, or large print, "double pica," beyond nine, or nearly ten inches. The distance at which he usually reads such type is at about half the above-named measure. He states that, in consequence of his sight becoming dim, and objects appearing confused whenever he looks earnestly and stedfastly at them, he has been compelled to abandon all attempts to earn his livelihood at the finest and most profitable branches of his trade, and that it is with much difficulty he can accomplish enough of the coarser kind of work to support himself; for if he attempts to execute any finer work than that to which he has been accustomed, he cannot persist in his attempts for longer than an hour, the sight being then so very dim that, in order to restore it to its usual condition, a rest of many hours will be required. He adds, that there are certain kinds of minute workmanship in his trade which he cannot see to execute, even for a short time, when his sight is at its best, and that, therefore, he is quite incapable of being instructed in those branches of his trade which are, from their required delicacy of execution, the most profitable. He remembers that, eighteen months ago, he used to see the time by Cripple-gate church clock, and that soon after this period it became more difficult for him to do so; twelve months since he could only see the shape of the clock, and now its situation is but just discernible.

Sight, in the right eye, much the same as that experienced with both eyes open, though it is not quite so clear, nor does he see by it so distinctly at the same distances, its point of distance of vision being at four inches. Sight, in the left eye, very dim; he can just see by it to make out one or two letters of "double pica;" and those not beyond two and a half inches from the eye; very slight attempts to use this eye rapidly increases its dimness; its sight is best towards his left shoulder.

He is very subject to severe pains across the forehead and in the brows, which are felt most severely at such times as the sight is rendered most dim; these pains, with their accompanying dimness of vision, are produced by over exertion of the body, exposure to bright lights and heat; indeed, they in every respect resemble the painful symptoms described in most of the cases of this class. The history of his impaired state of vision is, simply, that he always had a weak and near sight, but did not know of its very defective state in the left eye, till he commenced the business of watch-case making, now about three years since. His treatment hitherto has been various and inefficient.

Sept. 13. I divided the left internal rectus muscle, and the left eye became instantly much diverged. In about two hours after the operation he could see with it, unaided by the right, to read a few words in "pearl" type, and he could read easily "double pica;" its dimness was less dense and more slow in its approach.

16. Position of the left eye still very much diverged; its power of inversion is very slight, being only to the extent of one line inwards of its central natural position. The sight is slightly improved since the day of operation. Instead of applying the bandage, as I ordered, he has made some mistake, and only applied the bandage when in bed at night.

22. The position of both eyes is nearly natural, the