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CLIMATE, DISEASES, &c., OF WESTERN AFRICA.

FROM THE JOURNAL OF DR. SAVAGE, MISSIONARY AT CAPE PALMAS.

CHARACTER OF THE CLIMATE.—The many deaths that have occurred at different periods, at Cape Coast, have given to it the character of being unfavorable to health. The main part of the settlement is elevated, and freely swept by breezes from the sea, two facts necessary to salubrity in Africa. An evident local cause of disease, in my estimation, lies in the stagnant pools within the native town, and the filthy habits of its inhabitants. Effluvia, exceedingly unpleasant, are constantly evolved, and, at certain seasons, must prove very deleterious to the health of foreigners.

Some peculiar Diseases.—Some local diseases exist here which are exceedingly repulsive, and one would suppose, much to be dreaded; but from their being so common, they seem to attract but little notice. They are, especially, the *Guinea worm* and *elephant leg*; neither of which occur on the Ivory or Grain Coast. Both are known at almost all points on the Gold Coast.

The seat of the worm is the skin. It often burrows in the fascia of the tendons and muscles; but, most generally, may be traced by the fingers, feeling like a small cord beneath the surface. It makes its appearance externally by a small white vesicle, preceded and accompanied by severe pain and inflammation, often resulting in tedious ulcers, and sometimes in the loss of the use of the limb by permanent stiffness, or amputation. It may make its appearance in any part of the body, but the lower extremities are most frequently affected. Instances are related of its exit from the eye, and under the tongue. Two or more sometimes appear at the same time, generally but one. Their length varies from two to six feet.

The cause is not satisfactorily known. Various conjectures and theories have been started. Some say the rudiments are taken in by drinking the water, and others, through the skin in bathing, &c. The existence of the disease being known, and the sub-cutaneous cellular tissue of the lower extremities being its nidus, but little difficulty will arise in the mind of an *observer* as to its proximate cause, when he sees men, women and children, as I have, bathing in pools of water green and evidently malignant from stagnation. The same is often used for drinking and culinary purposes by the natives.

The Europeans, who use the rain water kept in tanks, occasionally

have it. It is said never to have been detected in *tank water*. But while at the mission house, I discovered, in the act of drinking, *two* in one tumbler, which, upon examination by the microscope, proved to be the true filaria, or this "Guinea worm." They were about two lines in length, and upon the head of one, the *black speck*, seen through the vesicle as they first appear upon the surface, was distinctly visible.

Great care is required in the process of extraction. If broken it will be followed by protracted suppuration and extensive ulcers, leading often to loss of the limb. They sometimes recede from the surface once having made their appearance, and attack a distant part, or never re-appear during life.

The thought of being thus a prey to worms during life, I must acknowledge, is truly revolting; but, upon reflection, it may be asked why should it be more than to disease in any other form? The unpleasantness of the idea lies, perhaps, like that of many others, in the associations connected with it—*death* and the *grave*. There is, seemingly, an incongruity presented to the mind.

The other disease is the "*elephant's leg*," erroneously called elephantiasis; the latter, properly speaking, being a totally different affection. The leg is hard and enormously swollen, resembling in its thickened and wrinkled skin that of the elephant, from which fact it takes its name. As it occurs here it is probably the result of neglected or badly-treated intermittent fever. At the recurrence of almost every febrile paroxysm, the effusion increases. The disease soon becomes chronic; the great size and heavy wrinkles of the limb become permanent—and the parts, at first acutely sensible to the pain from diseased action, ultimately lose their susceptibility almost entirely, when the patient is obliged to drag about with him this "*load of leg*," from which he can find no relief but in the grave.

Difference of Climate between the Gold and the Grain Coasts.—While here, I had the privilege of examining the meteorological journal of Mr. Bartell, regularly kept for a number of years. From this it would seem, that the average temperature on the Gold Coast is about two degrees higher than on the Grain Coast. The heat during the "hot season," is generally acknowledged to be more oppressive than even this thermometrical difference indicates. This is confirmed by the established customs on these two sections of the coast. *There* it is the custom to suspend labor in the sun from 10 o'clock, A. M., to 3 o'clock, P. M. During these hours the Europeans likewise refrain from walking and travelling, and other ways of exposure to the sun. The contrary is the course on the Grain Coast. The same times, and number of hours for labor and travelling, are observed as in the temperate regions of Europe or America.

The same excess is remarked in reference to the violence and quantity of the rains during what is called the "wet season." They are much more moderate on the Grain Coast than here, or in the same latitudes on the windward coast. This excess is observable at Montserrado, and increases as we approach Cape De Verd.

Burning the Dead—Law in relation to those who commit Suicide.—In a walk to-day I met with a heap of calcined human bones; was in-

formed that they were those of some one who had been dead many years. The commandant of the Fort informed me that a custom exists among them of burying their dead under the floor of their houses, and at an indefinite period reducing them thus to ashes to prevent their desecration. But I afterwards ascertained that in this instance they were the remains of a man who had committed suicide by shooting himself in a fit of anger with another. Suicide, it is said, was formerly very common among the natives. A law, passed a few years since in council at Cape Coast, that all guilty of this act should be burned to ashes, has greatly diminished its frequency.

Strange Custom in relation to the Birth of the tenth Child.—Passed also a small enclosure of wicker work, in the centre of which was a mere *shelter* for a woman within, having an infant in her arms. It is their custom when a *tenth* child is born, to thus separate the mother from all society for a given number of days, allowing her food barely sufficient for subsistence. Before the Forts obtained their present influence, the infant was destroyed, under the superstitious idea, that if permitted to grow up, it would prove “*a witch*” to the other members of the family, i. e., a constant cause of trouble and disease, and at last death. The usual mode of destroying it, was *burying it alive*, and then *treading down the earth upon it*. It is said that this horrid practice is still continued secretly by some, and known to be so openly in the towns more distant.

The same shocking death follows in cases of congenital deformity. And many other customs equally barbarous are still in existence a few miles distant from the Fort.

CONVULSIONS CONSEQUENT UPON DENTITION, TREATED BY THE APPLICATION OF ICE TO THE SPINE.

FROM A CLINICAL LECTURE BY R. B. TODD, M.D., F.R.S.

THE third case to which he would call the attention of the students, one of infantile convulsions, likewise came into the class of what one might call diseases of emergency. It was certainly one of those cases in the treatment of which the medical man especially required to keep in view correct principles, and should carefully avoid adopting a routine practice. Convulsions were *symptoms* of disease, to which, indeed, they stood in the same relation as the vomiting occasioned by an incarcerated hernia did to the obstructing cause. The first and main point to which they would have to decide when called to a case of convulsions, was their cause.

Convulsions could not occur without some affection of the medulla oblongata or spinal cord direct or indirect; mechanical pressure on the *fontanelle*, as in parturition, might occasion convulsive movements; pressure on the tumor of the acephalous foetus did the same. Irritation of the nervous centre itself, then, might cause convulsions, as we knew often resulted in children from tubercular disease, and in adults, too, from meningeal disease irritating the brain. But the irritation of the nervous