

a large compound nerve, comprehending the various nervous fibres that originate from it, not only at the place inflamed, but also most of those fibres which proceed from the parts of the cord below the seat of the disease. In consequence of this new condition of this nervous centre, the causes of excitation developed in inflammation (pressure by effused liquids, &c.) produce the various phenomena belonging to the three principal kinds of nervous conductors existing in the spinal cord; and several effects are then produced which are also observed in meningitis and in spinal congestion, owing to pressure upon the spinal nerves. It is interesting to compare, as we will do, myelitis, meningitis, and spinal congestion as regards the phenomena belonging to these three kinds of nerves.

1st. *Alterations of motor conductors.*—Paralysis and cramps are the results of excitations of these conductors. The degree of paralysis in meningitis and in spinal congestion is different from that existing in myelitis, on account of the mode of its production. In myelitis, the number of motor conductors submitted to alterations is much larger, and also the degree of excitation is greater, than in spinal congestion and meningitis; so that both the degree of paralysis and the frequency of cramps are greater in the first than in the last two affections. A pressure upon the spinal nerves in the narrow canals by which they pass out of the spinal cavity is the chief cause of paralysis in cases of meningitis and spinal congestion. This pressure being very variable according to circumstances, great variations exist in the degree of paralysis. The rigid spasm of the muscles of the back in meningitis seems to be due to a reflex action, as in tetanus.

2nd. *Alterations of conductors of sensitive impressions.*—It is extremely interesting to witness the variety of sensations referred to paralysed parts in cases of myelitis. All the sensations that we may have, in health, in the skin, muscles, and other parts, may then be generated in the cord itself, although they are felt as if they came from the skin, muscles, &c.; and it is well known that this fact may be observed even when the skin and other parts are completely deprived of sensibility. In cases of spinal congestion and of meningitis, not complicated with myelitis, the referring of sensations to the skin and other parts is almost null. It might seem strange that a pressure upon nerves of sensibility and movement should be sufficient to produce paralysis, with or without cramps, and not be able to generate those sensations which are so easily produced by a pressure upon the ulnar nerve at the elbow; but, as I have tried to prove eight years ago, nerve-fibres able to transmit sensitive impressions may or may not be excitable and able to give origin to sensations. In some parts they are excitable, in others they are not; and therefore the absence or slight degree of sensations referred to the skin, muscles, &c., in cases of meningitis, only show that the conductors of sensitive impressions, in their passage out of the spine, where they are subjected to pressure, are not excitable, or, at least, that they have but a slight excitability.

3rd. *Alterations of Vaso-motor Nerves.*—It is not the place here to insist upon the distinction between the effects of a paralysis and those of an excitation of the vaso-motor nerves.* We will only state that in the three affections we are now comparing, the most important feature is, that there are striking effects of excitation of these nerves. In myelitis, especially, these effects are very marked: the alteration in the urine, the formation of sloughs on the sacrum, the nates, &c., the serous infiltration in the subcutaneous cellular tissue, the rapid atrophy of the paralysed muscles, the dryness of the skin, &c., are phenomena that clearly indicate a great excitation of the vaso-motor nerves of the paralysed parts. In cases of spinal congestion and of meningitis, it is not rare to observe these alterations of nutrition, but they are usually to a less marked degree than in myelitis. One of the most interesting effects of excitation of the vaso-motor nerves in myelitis—i. e., the alkalinity of the urine—does not exist in meningitis nor in spinal congestion. It is not rare in these three affections that, near a place where some effect of excitation of the vaso-motor nerves is observed, there are effects of paralysis of these nerves, such as a dilatation of bloodvessels, increased heat, and sometimes an abundant perspiration.

* See for this distinction my "Lectures on the Central Nervous System," Lect. X. and XI., Philadelphia, 1860; and THE LANCET, Nov., 1858.

APPOINTMENTS.—Dr. Robert Lee has been elected one of the three Examiners in Midwifery in the Royal College of Surgeons, in the place of Dr. Charles West.

Mr. Luther Holden, F.R.C.S., was unanimously elected Assistant-Surgeon to St. Bartholomew's Hospital, on the 25th inst., in the vacancy occasioned by the resignation of Mr. A. M. McWhinnie.

ANALYSIS OF 1000 CONSECUTIVE CASES ADMITTED INTO THE SEAMEN'S HOSPITAL, "DREADNOUGHT."

By STEPHEN WARD, M.D. LOND., M.R.C.P., &c.

THE following analysis of 1000 consecutive cases, admitted into the Seamen's Hospital, under my care, and giving a fair representation of the cases admitted, during the period over which they extended, under the care of my colleague, will, I think, be interesting to the members of the profession. It will correct the notion entertained, not only by the public, but by many medical men, that the *Dreadnought* is little better than a "refuge" for patients suffering under scurvy and chronic dysentery. While it constitutes a peculiar field for the study of organic and blood diseases contracted in tropical climates, and of the behaviour under and relative liability to disease of different races, it also, as will be seen by reference to the subjoined table, affords ample materials for the study of the acute and chronic diseases to be met with in other metropolitan hospitals:—

Brain and Nervous System.

Cerebral congestion	5
Delirium tremens	19
Epilepsy	10
Insanity	2
Neuralgia	2
Paralysis	24
Spinal debility	1
Sciatica	11
Tetanus	1

75

Thoracic Viscera.

Heart and large vessels	23
Asthma	3
Bronchitis—acute, 24; chronic and slight, 42 ...	66
Emphysema	3
Hæmoptysis	6
Laryngitis (subacute and chronic)	5
Pleuritis	5
Pleurodynia	1
Pneumonia and pleuro-pneumonia	41
Phthisis	77

230

Abdominal Viscera.

Œsophagus, schirrus of	1
Constipation	1
Colic	5
Diarrhoea	47
Dysentery	56
Dyspepsia	5
Epiploitis	1
Peritonitis	6
Stomach, derangement and disease of	7
Tonsillitis	15
Worms	4
Spleen, disease of	7
Liver, disease of, including cirrhosis and abscess ...	23
Kidneys, disease of	17

197

General Diseases.

Fever—typhoid, 60; typhus, 1; relapsing 2; febricula, 46	109
Ague, 94; hemicrania, 1; ague cachexia, 7	102
Anæmia and debility	40
Rheumatism—acute, 53; chronic and slight, 44 ...	97
Exanthemata—measles, 5; scarlatina, 11	16
Erysipelas	11
Skin diseases	14
Periostitis	3
Anasarca	8
Cholera	1
Opium-eating, effects of	1
Scurvy	96

498

1000

It is my intention, from time to time, to make some general

and clinical remarks upon scurvy, ague, some abdominal affections, and upon the peculiar cachexia and anæmia induced by the tropical and other influences to which sailors are exposed.

Finsbury-circus, July, 1860.

ON A CASE OF

ABSCESS OF THE RIGHT KIDNEY.

By S. G. CHUCKERBUTTY, M.D.,

ASSISTANT-SURGEON, H.M. INDIAN ARMY;
ASSISTANT-PHYSICIAN MEDICAL COLLEGE HOSPITAL, CALCUTTA.

SEEING the able account of a case of renal abscess, by Dr. W. R. Basham, in THE LANCET of the 14th of January last, I am induced to send the following report of a parallel case of disease of the right kidney, which occurred in point of time simultaneously with that recorded by the above gentleman.

A native lady, the wife of Baboo —, apparently sixteen years old, and physically well formed, came under my treatment in the year 1853. She complained of a severe pain in the region of the right kidney, attended with frequent micturition and fever. This was not the first time she had suffered from this disease, having had many similar attacks before, almost every month, extending over several years. The urine was of a deep-red colour, and intensely acid. Pressure over the right kidney increased the pain, but there was no swelling nor induration to be perceived by the hand. Both the kidneys, the liver, and the spleen were of normal size. There was no pain in the bladder or anywhere else. The appetite was bad, and there existed a morbid craving for acids, without which she could not take her meals.

I diagnosed at this time *lithic acid gravel*, and prescribed liquor potassæ, with infusion of gentian, which presently removed the distressing symptoms. But she would not desist from using acids, and so the relief was only temporary, and the attacks recurred from time to time, with severe symptoms of acid dyspepsia and red urine. During some of these attacks, I saw her again, and, as usual, she got relief after a few days, during which her diet was necessarily low and free from acids. Afterwards, she resided chiefly with her mother, and was treated by a number of medical men, without, however, any permanently beneficial result. She came under me again in 1858. At this time, the urine, when passed, was opaque and milky, and had been so, I now learnt, for some time past. After standing, it separated into two parts—a supernatant, transparent, reddish fluid, and a thick, greenish-yellow deposit. The fluid part was acid in reaction, and became turbid from heat and nitric acid. The deposit was singularly free from ropiness, but readily converted into a transparent jelly by the action of liquor potassæ, and under the microscope it presented all the characters of *pus-corpuscles*. There was much tenderness in the right lumbar region, where pressure caused great agony and faintness. The right kidney was a little enlarged, but the left kidney, the spine, the liver, the spleen, and the bladder were perfectly healthy and free from pain. She suffered greatly from a fever, which returned every day; had little or no night rest, very bad appetite, and anorexia. Nevertheless, she was in appearance not much reduced, and could go about the house, though with pain. The matter in the urine at this period was certainly one-half of the entire quantity.

From these facts I diagnosed the existence of pyelitis of the right kidney, probably from the presence of a calculus in some of its calyces.

The treatment consisted in the administration of opiates, cod-liver oil, quinine, sulphate of iron, and gentian, together with generous diet, and abstinence from acids. Under this plan she improved somewhat, the urine becoming clearer from a diminution in the purulent secretion, and the pain less; but no prospect of an immediate cure being held out, she grew restless and discontented, and after some weeks returned to her mother's.

I did not see her again till the 31st July, 1859, when I was requested to examine her, and express my opinion of her case. I found her lying on her left side, with the legs drawn up, slightly emaciated, but not in proportion to the intensity and duration of her sufferings, perceptibly full in the right lumbar region, which was very tender to the touch. Percussion over this swelling elicited a dull sound, and manipulation with the hand detected a hard but elastic tumour, stretching from the lumbar spine to the umbilicus, and from below the right lower ribs to the crest of the ilium. The dulness was not continuous with that of the liver, a clear space intervening between the

two. Fluctuation could be distinctly felt on grasping the tumour, which was well defined at this time, between the hands, and making alternate pressure and relaxation. She was exceedingly weak, bed-ridden, hectic, and deprived of all rest by day as well as by night, except under the influence of powerful narcotics, which at best succeeded only in lulling the pain for the moment. She perspired most profusely at night. The tumour was of the size of the cover of a curry-dish, and had enlarged rather rapidly of late, its growth being preceded by a sudden disappearance of the matter in the urine, and attended by an increasing aggravation of all her sufferings. She had had a great variety of remedies applied before I saw her, such as alteratives, tonics, antiperiodics, anæsthetics, narcotics, antispasmodics, counter-irritants, &c., without any avail. Further, I ascertained that the abdominal parietes were not adherent to the tumour, from which they could be lifted up.

Under these circumstances, I expressed to the patient's friends that I thought the passage from the infundibulum into the ureter had become suddenly occluded by the impaction of a calculus which had been displaced from its old position in some of the calyces, and that the consequent accumulation of matter in the kidney from that arrest, pressing upon and distending its substance and capsule, was the cause of the tumour; and that unless it was relieved through the ureter, the bowel, or the abdominal walls, either by spontaneous or by artificial means, considerable fears were to be entertained of a fatal result. Until adhesions took place, nothing could be done beyond relieving the pain and sustaining the vital powers by narcotics, wine, and a tonic regimen. In short, it was prudent to temporize, and watch the further progress of the case.

On the 14th of September following, I was again asked to see the case previous to any operative procedures being adopted. I now saw a great bulging in the right lumbar region, extending visibly to the umbilicus; the parietes of the tumour had become glued to those of the abdomen; there was distinct fluctuation; but there was also now a considerable diarrhoea, which had lasted for some days, with a mitigation of the pain; and the percussion-note over the tumour, instead of being dull as before, was now tympanitic. Suspecting from this that the abscess had burst, I advised a consultation, which was accordingly held on the 16th of the month, and at which it was agreed that the abscess had given way, probably into the bowel, since the relief of the symptoms was simultaneous with the setting-in of the diarrhoea; but as the patient had ordered her alvine evacuations to be thrown away, we had no sufficient opportunity of coming to a clear decision on this latter point. It was therefore judged right to stay operative interference for the present, and to continue to watch the case.

Six weeks elapsed before I was again called to this case. In the meantime a large abscess had formed immediately under the skin, extending from the level of the eighth rib to the dorsum of the ilium on the right side. The exhaustion and emaciation of the patient were truly alarming; the pain was most intense, and spread from the loin down the thigh to the right knee, so that she could not move this limb at all. The loss of appetite was complete; the skin was dry and hot; there were frequent shivering fits and colliquative perspirations, and the most powerful narcotics failed to procure the smallest relief. Further, there were a constant moaning and anxious restlessness.

On this day (Nov. 6th, 1859), in consultation with my esteemed friend, Dr. Edward Goodeve, I opened the abscess at the right loin with a lancet. A considerable discharge of matter was the immediate result, and this discharge continued in large quantities, both morning and evening, every day for many weeks afterwards. A probe, introduced through the puncture, entered a large cavity in the direction of the kidney, in which the whole length of it could be freely turned about in every direction without any impediment whatever. The matter was very thick and creamy, with an aromatic odour. After the operation, the patient was troubled with a frequent micturition, and a tensive pain at the orifice of the urethra, both of which symptoms yielded to fomentations with hot water and a sponge. The swelling contracted daily in proportion to the discharge of matter, the hectic disappeared, the pain grew less, and the appetite improved a little. So, on the whole, matters seemed to be in a fair way. But as the tumour subsided the outer opening in the skin became widely separated, and lower than the inner opening into the cavity of the abscess; a probe passing from the former to the latter upwards and backwards towards the transverse process of the twelfth dorsal vertebra. The discharge of matter grew scanty, the hectic symptoms returned, the pain was again severe, shivering fits occurred, and a fluctuating swelling became visible on and above the ilium,