

Again, very recently, Mr. F. W. Anthony, of the Harvard Medical School, brought to me a sea-captain, a fellow townsman of his, who was the subject of a strange malady, to which none of the physicians whom he had seen could give a name, but which Mr. Anthony, fresh from preparing for a recitation including the subject of neuritis, suspected to be of that nature.

Captain R., sailed from Singapore for New York, July 10, 1886, after a stay of eight weeks at that port, during which time the officers and crew eat and slept aboard the ship. All went well until September 20th, when the second mate began to have swelling and numbness in the legs, without pain, accompanied by vomiting and loss of appetite. His countenance was natural, his tongue was clean, and the pulse was not markedly quickened. At first he kept about his work as usual, then had to give up in part, and November 9th he was obliged to take to his bed. November 16th he died, the swelling and numbness gradually making their way up to his chest before death. There was no delirium and until near the last he looked well in the face.

The first mate began to complain of the same symptoms October 20th, grew rapidly worse, gave up work November 1st, and died November 7th. The pulse was about 70, the tongue was darkly coated in the centre, and for two days before his death he was delirious.

October 25th, the captain's legs began to swell and grow numb and weak, but he had no vomiting. The swelling gradually increased and mounted, with impairment of sensation which was especially marked over the region of the bladder, and muscular weakness. It became difficult for him to move his head, but he succeeded in navigating the ship until he reached New York, toward the last of November. Since then he has been slowly improving, but is not yet well enough to resume his occupation. He is a temperate man, and of great bodily vigor, but when I saw him, March 20th, there was slight œdema of the legs with impaired sensation and muscular weakness. A slight patellar reflex could be obtained. Weakness in the arms was also noticeable. The urine was normal and, apart from a somewhat rapid pulse, a general examination was negative. On the arrival of the ship in New York, five of the crew entered a hospital with the same symptoms as had been presented by the officers, and three died.

Captain R. has of late been somewhat disposed to attribute the illness to canned string-beans, of which the officers eat freely, and which were sometimes of bad color. After the death of the mates he ordered the steward to give the beans to the crew. It seems, however, perfectly clear that the disease was a multiple neuritis, and that form of this affection which is called beri-beri in India, kakke in Japan. This conclusion seems to be placed beyond reasonable doubt by the outbreak on the *Henry S. Sanford*. Captain R. also told me that he heard of similar cases on a ship arriving in New York about the same time from the Philippine Islands.

It seems to me important that wide publicity should be given to these cases, so that physicians at our seaport towns may be on the lookout for them and promptly recognize their nature. It may well be that cases have occurred from time to time for years. It is only of recent years that the existence of such an affection as multiple peripheral neuritis has been known.

It is of special interest to note that the disease first appeared on the *Henry S. Sanford* and Captain R.'s ship, nearly three months after leaving port. The disease is endemic in portions, at all events, of Brazil, but the first case on the Brazilian man-of-war, to which allusion has already been made, occurred in Aden six months after the ship left Rio. The voyage was from Rio to Lisbon, thence through the Mediterranean, the Suez Canal, and the Red Sea. Between Aden and San Francisco there were a great many cases and eighteen were treated in the Marine Hospital at the latter city. The sanitary condition of the ship was reported as dreadful. Competent observers have studied the disease during life and after death, but I believe a Brazilian physician is the only one of these who considers it bacillary. The experience of these three vessels suggests that conditions favorable for the development of the disease may exist on the ocean as well as on land.

A CASE OF HÆMOSPERMATISM.¹

BY F. B. HARRINGTON, M.D.

In January, 1885, Mr. J. A., twenty-five years of age, a teacher in one of our institutions of higher education, a single man of good physique and of excellent habits, came for advice because of a slight enlargement of the epididymis of the right side. It caused slight pain after long standing or walking. The patient had never had gonorrhœa. The immediate cause of this epididymitis seemed to have been a long cold walk with insufficient clothing. Cold applications and a suspensory bandage soon brought relief to his trouble.

It transpired during the course of the questioning that there occasionally occurred a nocturnal emission which was reddish in color, and that the red color was also sometimes seen after straining at stool, and on one occasion after a cold sea-bath. There was no complaint of a frequent occurrence of these stained discharges, but they had caused the patient some anxiety.

About seven years ago the patient first noticed this discoloration of the semen. There occurred intervals during which there was no staining, and at no time were the losses frequent, occurring on the average once a month. Nothing about the patient or his condition suggested spermatorrhœa.

After the meatus had been snipped, a No. 29 French sound was passed with ease into the bladder, and caused no pain. There was no sensitiveness in the region of the prostate. Rectal examination showed no enlargement or tenderness of the prostate nor of the seminal vesicles. There was no pain on passage of urine or of semen, nor did movements of the bowels cause any distress. The patient had been accustomed to horseback exercise, but it never caused him any distress.

He was requested to bring any specimens which it was possible to save. During the course of several months the following specimens were obtained. Two pieces of cotton cloth stained a reddish-brown, cut from the night clothes, and a few drops of the fluid which were passed while straining at stool. This fluid

¹ Reported at a Meeting of the Surgical Section of the Suffolk District Medical Society on January 5, 1887.

was sent to Dr. Gannett, from whom I received the following report:

"March 12, 1886. The small specimen of fluid sent me on the 10th, shows, microscopically, numerous spermatozoa; a few red blood-corpuscles; a few granular nuclei; granules. It certainly deserves the name of a bloody seminal fluid."

The seminal fluid may be discolored in several ways.

An admixture of pus changes its color from gray to white or cream color. An admixture of blood may change the color to a bright red, an orange, a light brown, a dark brown, or a dark red. A dark blue color¹ is occasionally seen, but its origin is not clearly understood.

The origin of the blood is generally believed to be in the seminal vesicles. An admixture may take place with blood from an inflamed urethra, but such a case would not be one of true hæmospermatisms. There are several causes for the appearance of the blood.

Vibert² says that slight capillary hæmorrhages in the vesiculæ seminales are of frequent occurrence among the continent and among old men. The cause is here an over-distension and irritation of the vesicles.

Many authors (Lallemand, Ricord, Velpeau, Fournier, Gosselin, etc.), speak of bloody seminal fluid occurring after gonorrhœa. An extension of the inflammation to the seminal vesicles is a rare occurrence.³

Such inflammation is usually unilateral, affecting but one of the vesicles. By the rectum a hard or fluctuating mass can be felt, having the location and the general contour of the vesicle, but larger in size. There is pain on pressure and a constant dull pain which is increased by defecation, by micturition, by coitus, and emission.

Some authors claim that the blood comes from the epididymis or from the testicle, but it seems to be proven that the seminal vesicles are the usual source.⁴

A third cause, generally recognized by all writers upon this subject, is excessive coitus or masturbation. That such excess should lead to congestion and irritation is not surprising.

The character of the patient and his statements, lead me to believe that the cause of the blood in this case is over-distension of the vesicles. It may be possible that the discharge occurring at times after straining at stool, due probably to distension of the vesicles and to weakness of the ejaculatory duct, may have resulted from horse-back exercise.

The patient has been given fluid extract of ergot, and apparently with good results. The anxiety in the patient's mind has been allayed. He has been told that marriage instead of being contra-indicated, would probably be followed by a cessation of the symptom.

When we consider the moral effect upon patients of such bloody discharges, it is a little surprising that more has not been written upon the subject in our text-books.

Prognosis and treatment. In the continent and among old men, the condition, hæmospermatisms, is of little consequence. Marriage will probably be followed by a disappearance of the symptom in the former. The use of ergot seems to be followed by benefit in this case, and may be tried in all of this class.

In the second class, in which the blood comes from the inflamed vesicles, the symptom is liable to continue

as long as the inflammation lasts. Chronic inflammation of the vesiculæ seminales is of indefinite duration. To cause a disappearance of the symptoms which we are considering, we must cure the inflammatory condition.

In the third class, are those cases which result from excessive coitus or masturbation. Here to remove the cause is to effect a cure.

Reports of Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. SURGICAL SECTION.

G. H. MONKS, M.D., SECRETARY.

MEETING January 5, 1887. DR. J. C. WARREN in the chair.

DR. GEORGE W. GAY reported a

CASE OF CHRONIC CYSTITIS IN THE FEMALE RELIEVED BY AN UNUSUAL OPERATION.

A widow, forty-eight years of age, had suffered more or less from cystitis for fifteen years, before coming under Dr. Gay's care. The symptoms were frequent and painful micturition; mucus, pus and phosphatic gravel in urine. There was very little pain in the region of the kidneys and ureters throughout the disease.

The treatment of the patient was varied and, as is frequently the case, the result was unsatisfactory to a great degree, until a resort was made to an operation described below. In the first place a trial was made with irrigation, a stream of warm water, medicated or not as seemed best, was allowed to flow slowly through the bladder for four, six, or even eight hours a day for six weeks. The symptoms improved temporarily under this treatment, but it finally caused so much pain, that it had to be abandoned. The urethra and meatus were then forcibly dilated sufficiently to admit the forefinger. The relief following this procedure lasted only two or three weeks. An artificial vesico-vaginal fistula was then made with Paquelin's cautery, but it was impossible to keep it open for any length of time, even after removing a section of the tissues about the fistula. Anything placed in the opening to keep it dilated soon became encrusted with the triple phosphates, and caused so much irritation, that it had to be removed. The parts were too sensitive to allow the patient to dilate the fistula with her finger, as is sometimes done. Finally the symptoms became so distressing, that opium failed to give any relief. The patient had chills, emaciation, delirium, and vomiting, and dissolution seemed near at hand, when as a last effort the following operation was performed: With a pair of strong scissors heated to a black heat all the tissues between the vagina below, and the bladder and urethra above were divided from the meatus to the cervix uteri, thereby laying open into one large cavity the vagina, bladder and urethra. The hæmorrhage was unimportant. The object of this operation was to prevent the urine from collecting and remaining for any length of time anywhere between the kidneys and the meatus. This object was fairly well attained. The parts were very sore and painful for three or four weeks, but after that time she began to improve, and finally became able to ride, to go shopping, and on the whole, she enjoyed herself a good

¹ O. Guelliot. *Annales des Maladies des Organes Génito-Urinaires.*

² Nouveau Dict. der Méd. et de Chir.

³ Van Buren and Keyes.

⁴ O. Guelliot. *Annales de Dermat. et de Syph.* 1883, p. 204.