

A FORM OF POLYNEURITIS, PROBABLY ANALOGOUS TO OR IDENTICAL WITH BERIBERI, OCCURRING IN SEAFARING MEN IN NORTHERN LATITUDES.¹

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On the 21st of last October, a man, thirty-nine years old, the mate of a fishing-vessel that had just arrived from the Grand Banks, was referred to me by Dr. M. A. Morris, of Charlestown, and gave the following account of his condition: He was suffering from weakness in both arms and legs to such an extent that he could walk only with difficulty. His legs felt numb and prickly, and he had observed an actual loss of sensibility of the skin. This feeling of numbness extended up the legs and thighs and over the lower part of abdomen to the umbilicus. The arms were in a similar condition, but to a less degree. No affection of the face or eyes had been noticed. There was no pain anywhere, and no affection of the sphincters of the bladder or rectum. He said the legs were swelled, but not so much so as they had been a short time before, and that the calves and the inner surface of the thighs felt sore and lame. He reported that he had been well up to two weeks previously. The first symptom noticed was pain on the inner surface of the thighs, on the 7th of October. The next day he felt sick, and the swelling of the legs and thighs showed itself. He kept in his bunk for several days, feeling weak and depressed, with a steady diminution of strength in legs and feet. Since then he had improved only slightly. He had had no fever so far as he knew.

On examination, the patient was found to be pale, with a yellowish cast to the skin of the face. His gait was waddling; the legs were used like stumps, and the feet brought down flat on the ground, as if simply hinged at the ankle. He had considerable difficulty in getting his coat off and on. In going down stairs he was obliged to turn sideways and to bring both feet down upon each step. There was slight toe-drop; and marked swaying of the body when the patient stood with the eyes shut. There was no inco-ordination in the arms or hands. The grasp by the hand was feeble on both sides, more so on the left. Extension of the fingers and carpus was imperfect on both sides. The sensibility of the hand to touch was so nearly perfect that the patient could feel the lightest contact with my finger everywhere. The sensibility to contact in the feet and legs was but little below the average, but the character of sensation imparted was not quite normal. The prick of a pin was promptly and distinctly felt, and, indeed, the patient's answers suggested some degree of hyperæsthesia. A very light touch was also felt over the abdomen below the umbilicus, but as compared with the area above the umbilicus, the sensibility of the affected part was slightly impaired, or, at least, the contact gave rise to a feeling of a different kind in the two parts. A piece of metal of the temperature of the room was distinctly felt as cold wherever tested. The knee-jerk was absent on both sides, even during "reinforcement."

The calves of the legs were large and tender on both sides, distinctly more so than normal, by the patient's account, and there was pitting on pressure along the shins. The muscles over the inner surface of the thighs were also tender to deep pressure, and, to a slight degree, the muscular masses of the arms. No

enlargement of the spleen could be made out. Inquiry into the patient's previous history showed that he had been in all respects a temperate man. The pulse was 78, full and strong; temperature, 99° F. in the mouth.

To revert to the surroundings of the patient before the attack came on, it appeared that for nearly six months before his sickness he had been on a fishing vessel off the Grand Banks. The vessel had been very insufficiently provisioned, and the captain had insisted on protracting the trip, so that for some time the crew had had little else to eat except molasses, fried pork, and pancakes, and the water had been foul. Nine or ten other men beside the patient had been affected like himself, and most of them more severely. The first one was attacked two months before he was, namely, in August. Their legs were badly swelled, so that the pitting on pressure was frequently noticed. I learned further that some of these men had been treated at the Marine Hospital, and I was shortly afterward enabled through the kindness of the surgeon in charge, Dr. Fairfax Irwin, to learn something of their history and to examine one or two that remained. Dr. Irwin reported to me that on account of the œdema, the malnutrition, and in one or two more of the cases, the typical purpuric condition, he had made the diagnosis of scurvy, and it certainly seems highly probable that this affection accounted for a part of the symptoms.

Of the two patients remaining in the hospital, one was a typical example of multiple neuritis, presenting well marked wrist-drop and toe-drop, impairment of sensibility of the hands and feet, and more or less tenderness on deep pressure into the muscular masses of the arms and legs. He had been improving and soon afterward left the hospital.

Some months after these cases were brought to my notice a patient presented himself at the Massachusetts General Hospital, presenting the symptoms of multiple neuritis in even a more severe form than either of the cases already described, and bringing a note from his physician, Dr. Stone, who asked for a diagnosis, and said that he had seen several other cases of the kind. He gave the following history: Was a seaman, twenty-one years old, single, in good circumstances, and with absolutely no history of constitutional disease. He had been well up to the 1st of July, 1889. At that time he was in a fishing vessel off Block Island, near Newport, R. I., having left his home in Wellfleet early in June. The vessel was well provisioned. The first symptom consisted in a sense of numbness in the feet, which began at the toes and spread rapidly upward, but never reached more than midway up the thigh. Soon afterward the fingers also began to be numb, and the sensation extended in the same manner. At the time of the illness he was feeling as strong and healthy as ever in his life. The weakness of the arms and legs began almost at the same time with the numbness.

Soon after these symptoms appeared, the legs, as well as the lower half of the thighs, began to swell, and became highly œdematous, pitting deeply on pressure. At the same time he began to have severe pain, mainly along the shin, accompanied by marked soreness on pressure. It is possible that this pain was due to the swelling, since the feet were not painful. There was no pain in the arms.

On the 26th of August, the patient began to suffer from dysentery of severe character, which lasted for two weeks and was followed by a severe diarrhœa, which continued for three months. He re-

¹ Read at the Annual Meeting of the Neurological Association, Philadelphia, June, 1890.

mained in bed all the time, having a very large number of movements daily, and, indeed, his legs became so weak that when he tried to stand he found it impossible to do so.

During a great part of his illness he was on shore, having left the ship after having been sick for a week or two. During the height of his illness he had several attacks of unconsciousness, lasting for an hour or so, accompanied by high fever, which was thought to be of malarial origin. For two or three weeks, just after the dysenteric attack, he was unable to control the sphincter of the bladder. At the time I saw him, he had improved considerably, both as regards the paralysis, which had been so great that all motion of the toes and feet was abolished, and the muscular wasting, which had been very marked.

The patient reported further that all the men aboard the ship, eight in number, were affected like himself to a greater or less degree, except that only one had the dysenteric symptoms. The paralysis was about equally great with them all, but did not in most cases last so long as with him. The other member of the crew who had dysentery, was attacked with it at about the same time with himself, and afterwards died.

The physical examination of the patient showed his condition to be characteristic of the so-called multiple neuritis, if not, indeed, that and something more. No motion was absolutely impossible, but a high degree of toe-drop was present, and the extensors of the carpus and fingers were much affected. He walked slowly, and only with the aid of a cane.

Examination of the sensibility showed that the sense of contact on the foot was slightly blunted to a little above the ankle. He was a good deal at a loss to localize the sensation, mistaking the sole of the foot for the dorsum, etc. The outer side and back of the foot seemed to be more affected than the sole. There was considerable delay in conduction. A piece of metal of the temperature of the room was sharply felt, even on the great toe. His sense of position seemed slightly impaired, so that he had difficulty in standing with the eyes closed, and he failed to state correctly the position of the toes. The foot felt cold to the touch. There was no static ataxia of the hand, and the sense of contact was apparently normal for the tips of the fingers. Two points were distinguished at about one millimetre. The electrical reactions for the muscles of the legs were much diminished.²

In October, 1881, Dr. F. C. Shattuck reported in the *Boston Medical and Surgical Journal* a series of cases evidently of the same character with those to which I have referred, and occurred under precisely similar conditions.

The patients were fifteen in number, and embraced all but four of the officers and crew of a fishing vessel, the *Nellie Swift*, that sailed from Provincetown for the Grand Banks on June 5, 1880. The first patient fell sick on August 1st, complaining of soreness in the calves of the legs and a dead feeling in the ankles, which was soon followed by swelling in those parts. The subsequent symptoms in this and the other cases consisted of extensive and severe anasarca, pain and

numbness. One of the patients died, having presented the above symptoms and, in addition, dyspnoea with effusion in the chest. The urine had been scanty and high-colored, free from albumen, but containing a few granular casts. An account of the autopsy was sent to Dr. Shattuck by Dr. J. M. Crocker, of Provincetown, under whose care the patient had been. Serum had been found in the pleura, pericardial and peritoneal cavities. The heart was flabby, but otherwise normal. The kidneys were normal in appearance and size. The spleen was unusually small. Dr. Crocker further reported that none of the cases had, so far as he knew, presented hemorrhages, or other symptoms of scurvy, beyond edema of the ankles; and, further, that the drinking-water which was used on the ship was thick and ropy.

As has been stated, the vessel was off the Grand Banks when the sickness broke out. During the previous winter, however, it had been engaged in the fruit trade in the West Indies, visiting Nassau among other places. The provisioning of the vessel had been practically the same as that of other vessels in the same trade. In a letter written a few months later, Dr. Shattuck also referred to the epidemic which broke out on a Brazilian man-of-war, said to have been improperly provisioned and in an unhygienic condition. Leaving Brazil, the ship sailed for Europe, touched at points in the Spanish Peninsula, and passed through the Suez Canal to Aden, where the disease, which was manifestly of the same character with that of the cases already reported, first broke out. The cases were treated in the Marine Hospital in San Francisco, and an account of them was published in the hospital reports. Dr. Shattuck concluded that the cases must be of the nature of beri-beri, and quotes Dr. Roosevelt as having described a series of cases which occurred on the *Henry S. Sanford*, which sailed from Hong Kong for New York, July 20, 1886. Of a crew of eighteen, twelve were attacked, and several cases were fatal. The outbreak of these epidemics on the last two vessels named is perhaps remarkable from the fact that it occurred so long after the vessels had left the southern ports where beri-beri is to some extent endemic. In one case the interval was three months, and in the other six months. I have a number of references to other cases where the same fact was observed. In the two sets of cases to which I first referred, however, even this explanation is wanting, unless it may be that one of the vessels was infected during the previous winter, and we are obliged to fall back on the conclusion that some infectious form of multiple neuritis occurs in northern latitudes, a view supported by the occasional occurrence of such cases as those described by Rosenheim, and published in the seventeenth volume of the *Archiv für Psychiatrie*, and the cases reported by myself at the meeting of this Society in 1888. Both were severe cases of acute generalized neuritis, running a rapid and fatal course, but without edema.

Wishing to learn whether other cases of this sort had been observed by physicians in the sea-board towns, I sent out a large number of circulars, and obtained fifteen answers: of which those from six physicians — William S. Birge, of Provincetown; S. F. Quimby, of Gloucester; G. B. Stevens, now of Roxbury; S. T. Davis, of Orleans; Benjamin D. Gifford, of Chatham; W. N. Stone, of Wellfleet; and E. E. Hawes, of Hyannis — are of decided interest.

² Vastus internus and rectus femoris: faradic reaction 6.5, normal 11-12. Sartorius reaction almost normal. All the muscles below the knee reacted to about the same strength of current as above. Galvanic reaction: no local contractions from weak or moderate currents. Currents of twenty milliamperes caused rather feeble reactions everywhere. — +-. The peroneal nerve reacted to five milliamperes at first, the tibialis anticus responding; but after one or two closures, the contractions died away, and could no longer be obtained.

Dr. Birge reported having seen seven cases, five from one vessel, and two from another, belonging to a fishing fleet which had returned from the Grand Banks. Two of the cases had proved fatal. The symptoms described were evidently of the same character with those in the cases reported by Dr. Shattuck and myself. One of the vessels may have been, however, the same with that from which my first patient had come.

Dr. Quimby had seen the master of a fishing schooner who had these same characteristic symptoms, pain and paralysis in the lower extremities being very marked. The symptoms had come on, as he thought, as a sequel to the influenza of the past winter; but, as I have been looking in vain for cases of typical generalized neuritis following the influenza, I think this explanation is not probable.

Dr. Stevens also called my attention to a case which he had reported in the *Boston Medical and Surgical Journal* of June 16, 1887, occurring in the mate of the bark *Charles G. Rice*, which arrived in Boston May 12th of the same year, from Manilla, after a passage of an hundred and twenty days. The symptoms were essentially diarrhoea, oedema, and (eventually) numbness of the legs without paralysis. The point of particular interest in this case is that the patient was well when he left the port of Manilla, and became ill about a month after that time.

Dr. Davis had seen "a lot of cases where men who had handled fish complained of numbness and great swelling of the hands, and great difficulty in using the extensors." He had considered these due to the irritating action of the fish on the hands. In view of the uniformity of the employment of all the men, this explanation should receive full weight, but the fact that a much larger number of cases seems, as far as we know, to have occurred in certain years than in others, it would seem that neither this nor any other local cause could be the only one at work.

Dr. Gifford had seen one patient, a sea-captain, with symptoms that might, perhaps, be of this character.

Dr. Stone has sent me the notes of five cases, of which at least three may have been of this class. The diagnosis, is, however, not certain, and in some of the cases other well-known causes of general neuritis were present.

The first of the five patients was a man of forty years; a seaman, of temperate habits, and free from constitutional diseases, so far as is known. The symptoms had consisted in progressive numbness of the legs, reaching to the knees, and toe-drop, the whole increasing to its maximum in a few weeks. He improved to a certain point, but never entirely regained the use of the extensors of the foot. This case occurred two years ago.

The next patient was a man of forty-five years, who had followed the sea until the last five years, since when his occupation has been that of a sail-maker, his place of business being on the beach, where he was exposed to wet and damp. Three years ago he was attacked with what appeared to be sciatica, which first attacked one leg, but soon extended to the other, and lasted for a number of months. From this he recovered, but a year ago it returned, and remained for some three months. A short time ago he was again attacked with severe pain in the limbs and feet, and the hands became badly swollen. The swelling subsided after a time in the

hands, but attacked the feet, and at present is spread over the whole length of both legs. The pain is still very severe.

The next case was that of a man of thirty-five; of previously good health, temperate habits, and free from constitutional diseases; he had always followed the sea. His symptoms had consisted in acute onset of pain in both legs, and in general, in the distribution of the sciatic nerve. This pain was worse in the afternoon and evening, as a rule. It subsided in the course of a week or two, but for three months more his muscles were so weak he was unable to walk even with crutches. Four or five months later he could go about with difficulty; and before the end of a year he was able to go to sea again, though still, at the end of nine years, showing some awkwardness in his gait, and using the feet as if they were of wood.

The fourth case was a man of sixty-three. It was a typical case of multiple neuritis, but is not reported here at length, because the habits of the patient suggested that alcohol was the cause of his sickness.

The fifth case was that of a man fifty-five years old; always in good health and a member of the life-saving service crew, his duty being to patrol the beach at night. The beach, when not frozen, was sandy, making the walking difficult. A year ago he came to Dr. Stone, complaining that while walking his toes felt as if there was sand in his shoes, and that this feeling had increased of late. He had noticed that on going down a sharp decline the knees were apt to give way, so that he would fall. Of late the numbness had extended to the calves of the legs, and he had recently had pain through the abdomen to the back, and down the thighs.

Dr. Stone was kind enough to give these notes from his memory, but I thought it better to put them in on account of the obscurity concerning the etiology of this class of cases, thinking they might throw some light upon it.

Dr. Hawes, of Hyannis, writes: "About seven months ago I had a fisherman (I am hospital surgeon of this port) come to me with an ulcer on his leg. I treated it, and he went again to his vessel. He said, 'A few weeks ago I was taken lame, hardly able to stand erect, and I feared I should be paralyzed.' It seems, as he rallied from that, the sore formed. I judged it might be rheumatism, and so can say no more about it. But since receiving your letter I have thought it might be the beri-beri that the man tried to explain, and that the sore might have been an ulcer following the above-named trouble."

To sum up, it would seem that, in 1881, and again in 1889, there were epidemics of this disease, whatever name it may deserve, occurring among the crews of vessels fishing along our northern shores, and that sporadic cases of the kind are occasionally met with.

The cases that I have seen or heard of number fifteen or twenty, and embrace the greater part of the crews of five vessels, three of them from the Grand Banks, and one from off Block Island. This aggregate does not include Dr. Shattuck's cases nor those described in the letters.

I have received a letter, within a few days, from one of the patients whose case I have reported, saying that he still suffers from numbness of the feet and toe-drop, although it is now about — years since he was first attacked, and saying, further, that another of the crew is still quite sick. It is possible that, either primarily or secondarily, the spinal cord

was affected, as well as the peripheral nerves. He further notes that his vessel was a mackerel fisherman, while those off the Grand Banks were cod fishermen.

The possibility of infection from the fish should be considered, and the letter from Dr. Davis is interesting in this connection.

This patient also says that the vessel on which he and his crew were employed had not at any time been engaged in the Southern trade, so that this possible cause of infection, which was present for Dr. Shattuck's cases, may be set aside, so far as this group is concerned.

A SUCCESSFUL CASE OF URETERO-LITHOTOMY FOR AN IMPACTED CALCULUS.¹

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THE following case is interesting, first from the fact, that so small a calculus should lodge for so long a time in the ureter without progressing toward the bladder; secondly, on account of the serious constitutional disturbance that it caused; and lastly, from the success that attended its removal.

The patient, rather a slight man of forty, was under the care of Dr. S. W. Driver, of Cambridge, and was seen on the 22d of April, 1890, in consultation with him, and with Dr. J. T. G. Nichols and Dr. Walter Ela.

Six years before, he had been under the care of Dr. Driver for an inflammation of the bowels, which was mainly located in the right side, and was probably connected with the appendix. Since that time he had enjoyed good health with the exception of occasional attacks of colic, for which he sometimes consulted the doctor, and which seemed to be due to disturbances of digestion.

For the past three months his bowels had been somewhat loose, and during this time he had had seven or eight sharp attacks of pain which came suddenly and passed away suddenly, and were all referred to the left side, in the front of the abdomen, at a point just above the middle of Poupart's ligament. This pain did not run down the thigh nor into the scrotum, although retraction of the testicle was noticed in some of the paroxysms.

None of these attacks were severe enough to demand medical aid until April 16th. On that day he was seized with a sharp, sudden pain, like that in the previous attacks, but much more severe, and enduring persistently, not passing off as the others had done. He was then seen by Dr. Driver, who found him suffering from very severe paroxysmal pain. The abdomen was soft and flaccid, not tender, except slightly in the left hypogastrium, at the point where the pain was especially felt. Subsequently, a very sensitive spot was found in the back, midway between the crest of the ilium and the lower rib. This last spot of tenderness was constant, not disappearing during the intermissions, and the pain on pressure was very acute.

He was treated with full doses of opium, together with the frequent administration of ether when the paroxysms were especially severe. In this way he

passed five days, suffering pain most of the time, though with occasional intermissions of considerable length.

Examination of his urine showed it to contain a few hyaline and granular casts, and on April 20th considerable pus was found in it.

On April 21st, he had for the first time, some fever, the temperature going to about 101° F., and the pulse being above 100. Except for this he had a good day, with but little pain.

Early in the morning of April 22d an unusually sharp attack of pain began, and this lasted until we saw him, at one o'clock; the only relief obtainable being by the persistent inhalation of ether. The moment that he began to be conscious, the crying out from the pain was constant.

On this day he began to vomit, and his pulse was weak and frequent.

At the time of consultation the urine was perfectly clear. He was partially under the influence of ether when examined, so that his sensations could not be accurately determined, but it was quite evident that the point of extremest tenderness was in the lumbar region, midway between the ribs and pelvis. There was also a slightly increased sense of resistance felt over the renal region, but it was thought that this was very probably due to muscular rigidity.

Although there had been no movement of the bowels since the beginning of the attack, the absence of sensitiveness or distention in the abdomen made it pretty clear that the intestines were not responsible for the present illness. On the other hand, the character and location of the pain, with the tenderness in the lumbar region, pointed to the kidney as the probable source of trouble; and even in the absence of disturbances of micturition, and of the characteristic pain shooting into the testicle, it was thought that a calculus in the ureter was probably the correct explanation of the symptoms. The varying condition of the urine, now containing pus and again clear, made it seem that a certain amount of urine leaked around the calculus, and the presence of casts in the urine showed that the kidney was already suffering from the obstruction.

In view of the rise of pulse and temperature, and the distinct and rapid loss of strength under the severe pain and the appearance of vomiting, it seemed wise to attempt to remedy the condition by an operation. The possibility that there might already be an inflammation, with pus forming around the site of the calculus, made the operation seem the more desirable.

The patient was accordingly etherized, and an incision was made along the outer edge of the quadratus lumborum muscle, from the lower edge of the twelfth rib to the crest of the ilium. The space between the rib and the pelvis was very narrow, even after the trunk was bent strongly over pillows.

The kidney was found to lie very high under the ribs so that only its extreme lower end could be brought into view. A needle carried through the kidney, in the direction of the pelvis, met with no resistance and encountered no calcareous matter. An exploration was then made along the course of the ureter, as nearly as that could be determined, and in the deep part of the wound about two inches below the kidney, a small hard mass was felt, and on examination it was found to be lying in the ureter. With a blunt hook the ureter was drawn forward into view,

¹ Read before the Boston Society for Medical Improvement, May 12, 1890.