

enforced about three months; the maximum of daily temperature having been noted, 98.5° on August 9th, when yellow fever had begun in Brownsville; and it had fallen to 65.5° on November 14th, when it had altogether ceased at Brownsville.

At Pensacola the disease raged between September 8th. and October 26th; the greatest number of attacks in any one day having been 77, and of deaths 11. The last attack occurred on November 28th, and the last death on the 29th. The general opinion held in the United States is, that no infected place can be considered safe until a frost has set in, which was not seen in those instances.

It is important to know that at Brownsville the majority of inhabitants were of Mexican, and at Pensacola, of Negro race; which accounts in a degree for the mildness of the disease.

This concludes the general information combined in the report of the supervising surgeon-general. The history of the epidemics is very instructive in a pathological sense, but that may lie beyond the immediate scope of this notice; which has been merely to show, at this moment, when a Bill is before Parliament to devise means to diminish sacrifice of life amongst our merchant-seamen, how much it is possible to effect in the direction of curing their diseases.

### SUCCESSFUL REMOVAL OF TWO SOLID CIRCUMRENAL TUMOURS.

By SIR SPENCER WELLS, BART.,  
Surgeon to the Queen's Household.

ANY student of abdominal surgery in general, and especially of what is now termed the "surgery of the kidney," is certain to be interested in noticing two specimens which have lately been added to the Museum of the Royal College of Surgeons. The following description of these portions of two solid tumours which I removed last November from around the right and left kidneys of a lady, with part of the left kidney attached to one of the tumours, has been prepared by Mr. Eve. One tumour weighed 16½ lb., and the other 14½ lb.

"The portion of kidney torn away comprises more than one-third of the lower end of the organ. A calyx and papilla may be seen upon the torn surface; they afford conclusive evidence that the pelvis was opened. Within the calyx is a small mass of fat. A section of the kidney has a normal appearance. Surrounding the surface of the kidney is a tolerably firm, greasy, pale yellowish white substance, evidently consisting in great part of adipose and fibrous tissues. It is in close contact with the capsule of the kidney, but is only adherent to it over a surface about half an inch in length. The capsule can be easily separated from the kidney at this point, leaving the subjacent parenchyma perfectly smooth.

"The portion of the tumour from the opposite side was slightly more fibrous in texture, but otherwise similar in its naked-eye characters.

"In minute structure, both tumours consisted chiefly of adipose tissue. The fat-cells were large, and closely approximated. There were also many large tracts and bands of fibrillar connective tissue, consisting of a close interlacement of delicate fibrils, which gave it somewhat the appearance of mucous connective tissue, but stellate cells were absent. The blood-vessels were large and numerous, and around them were masses of small round, so-called 'indifferent' cells, which could be traced through transitions, by elongation, to the formation of fibres.

"The formation of fat was evidently secondary to the growth of fibrous tissue, the advance of the fat-cells into it being apparent; while the various stages in the transformation of the fixed connective tissue-corpules into fat-cells were distinctly seen. Sections, cut through the point where the tumour was adherent to the kidney, showed that numerous parallel fasciculi of fibrous tissue intervened between the kidney-substance (which was healthy) and the tumour.

"The anatomical relations of the tumours to the kidneys, and the microscopic examination, support the view that the tumours originated neither in the pelvis nor capsule of the kidney, but in the circumrenal connective tissue.

"Histologically, they were fibro-lipomata, and no grounds exist for believing them to be in any part sarcomatous, since the young cell-element exhibited a distinct tendency to form mature tissues, either fibrous or fatty. A complete immunity from further disease may, therefore, be anticipated, provided that the growths were completely removed."

I removed the two tumours at Tooting on November 13th, 1883, assisted by Mr. Meredith and Dr. Ridley Hilder. Bichloride of

methylene was given by Dr. Day. I had been very doubtful as to the precise character and origin of the tumours before operation, simply saying that there were two solid tumours, so movable that I did not think there could be any unusual difficulty in their removal. On making the incision usual in ovariectomy, a growth resembling an ordinary fatty tumour was seen to be covered by layers of loose serous membrane, just as in tumours covered by the broad ligaments of the uterus. This membranous capsule was divided, and the tumour easily shelled out from a large deep cavity in the left side of the pelvis and left loin. Attached to the deepest part of the tumour was a piece of dark red tissue, which I at first thought was a part of the spleen; but which afterwards proved to be about a third of the left kidney. The remaining portion of the kidney and the ureter were then seen at the bottom of the capsule. There was very little bleeding. The capsular cavity was carefully sponged, and the edges of the divided capsule were placed in apposition, but no sutures were used.

Another large tumour was then found similarly situated on the right side, and was removed in the same way; but the right kidney was neither injured nor seen. The only other difference in the proceeding on the two sides was, that the ascending colon led to no difficulty; while, on the left side, the descending colon was attached to the tumour anteriorly, and was pushed aside after dividing the serous capsule of the tumour. There was not much blood lost, only a few small vessels requiring ligature.

The patient recovered quite as well as after an ordinary ovariectomy. In quantity and appearance, the urine was quite normal. Dr. Hilder once or twice found some small clots of blood in the deposit, but, he said, "none as large as a pin's head." I saw her last month quite convalescent.

I need only add that the lady was forty-eight years of age; was married when twenty-one; had never been pregnant; had begun to suffer from abdominal trouble in 1874; and in 1878 was sufficiently large for pregnancy to be suspected. The enlargement had gradually increased. Ever since 1881, owing to prolapsus of the uterus, a ring pessary had been worn until the day of operation, and numbness and stiffness of the right leg had been troublesome. The catamenia had been regular, and the urine was always normal when examined.

### MIRYACHIT: A NEWLY DESCRIBED DISEASE OF THE NERVOUS SYSTEM AND ITS ANALOGUES.

Read before the New York Neurological Society.

By WILLIAM A. HAMMOND, M.D.,

Surgeon-General of the United States Army, Retired List; Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School and Hospital.

In a very interesting account of a journey from the Pacific Ocean through Asia to the United States, by Lieutenant B. H. Buckingham and Ensigns George C. Foulk and Walter McLean,<sup>1</sup> United States Navy, I find an affection of the nervous system described, which, on account of its remarkable characteristics, as well as by reason of certain known analogies, I think should be brought to the special notice of the medical profession. I quote from the work referred to the following account of this disease. The party is on the Ussuri River, not far from its junction with the Amur, in Eastern Siberia.

"While we were walking on the bank here, we observed our messmate, the captain of the general staff (of the Russian army) approach the steward of the boat suddenly, and, without any apparent reason or remark, clap his hands before his face; instantly the steward clapped his hands in the same manner, put on an angry look, and passed on. The incident was somewhat curious, as it involved a degree of familiarity with the steward hardly to have been expected. After this we observed a number of queer performances of the steward, and finally comprehended the situation. It seemed that he was afflicted with a peculiar mental or nervous disease, which forced him to imitate everything suddenly presented to his senses. Thus, when the captain slapped the paddle-box suddenly in the presence of the steward, the latter instantly gave it a similar thump; or if any noise were made suddenly, he seemed compelled against his will to imitate it instantly, and with remarkable accuracy. To annoy him, some of the passengers imitated pigs grunting, or called out absurd names; others clapped their hands and shouted, jumped, or threw their hats on the deck suddenly, and

<sup>1</sup> "Observations upon the Korean Coast Japanese, Japanese Korean Ports and Siberia, made during a journey from the Asiatic station to the United States through Siberia to Europe, June 3rd to September 8th, 1882." Published by the United States Navy Department, Washington, 1883, pp. 51.

the poor steward suddenly startled, would echo them all precisely, and sometimes several consecutively. Frequently he would expostulate, begging people not to startle him, and again would grow furiously angry, but even in the midst of his passion he would helplessly imitate some ridiculous shout or motion directed at him by his pitiless tormentors. Frequently he shut himself up in his pantry, which was without windows, and locked the door, but even there he could be heard answering the grunts, shouts or sounds on the bulkhead outside. He was a man of middle age, fine physique, rather intelligent in facial expression, and without the slightest indication in appearance of his disability. As we ascended the bank to go on board the steamer, some one gave a loud shout and threw his cap on the ground. Looking about for the steward, for the shout was evidently made for his benefit, we saw him violently throw his cap with a shout into a chicken-coop into which he was about to put the result of his foraging expedition among the houses of the stanitzas.

"We afterwards witnessed an incident which illustrated the extent of his disability. The captain of the steamer, running up to him, suddenly clapping his hands at the same time, accidentally slipped, and fell hard on the deck. Without having been touched by the captain, the steward instantly clapped his hands and shouted, and then, in helpless imitation, he, too, fell as hard and almost precisely in the same manner and position as the captain. In speaking of the steward's disease, the captain of the general staff stated that it was not uncommon in Siberia; that he had seen a number of cases of it, and that it was commonest about Yakutsk, where the winter cold is extreme. Both sexes were subject to it, but men much less than women. It was known to Russians by the name of *Miryachit*."

So far as I am aware—and I have looked carefully through several books of travel in Siberia—no account of this curious disease has been hitherto published.

The description given by the naval officers at once, however, brings to mind the remarks made by the late Dr. G. M. Beard before the meeting of the American Neurological Association in 1880, relative to the "Jumpers" or "Jumping Frenchmen" of Maine and northern New Hampshire (*Journal of Nervous and Mental Disease*, vol. vii, 1880, p. 487).

In June 1880, Dr. Beard visited Moosehead Lake, found the "Jumpers," and experimented with them. He found that whatever order was given them was at once obeyed. Thus one of the Jumpers who was sitting in a chair with a knife in his hand, was told to throw it, and he threw it quickly, so that it stuck in a house opposite; at the same time, he repeated the order to throw it with a cry of alarm, not unlike that of hysteria or epilepsy. He also threw away his pipe, which he was filling with tobacco, when he was clapped upon the shoulder. Two Jumpers standing near each other were told to strike, and they struck each other very forcibly. One Jumper, when standing by a window, was suddenly commanded by a person on the other side to jump, and he jumped up half a foot from the floor, repeating the order. When the commands are uttered in a quick, loud voice, the Jumper repeats the order. When told to strike, he strikes; when told to throw, he throws whatever he may happen to have in his hand. Dr. Beard tried this power of repetition with the first part of the first line of Virgil's *Æneid*, and the first part of the first line of Homer's *Iliad*, and out-of-the-way words of the English language with which the Jumper could not have been familiar, and he repeated or echoed the sound of the words as they came to him in a quick, sharp voice; at the same time, he jumped, or struck, or threw, or raised his shoulders, or made some other violent muscular motion. They could not help repeating the word or sound that came from the person that ordered them, any more than they could help striking, dropping, throwing, jumping, or starting; all of these phenomena were, indeed, but parts of the general condition known as Jumping. It was not necessary that the sound should come from a human being; any sudden or unexpected noise, as the explosion of a gun or pistol, the falling of a window, or the slamming of a door, provided it was unexpected and loud enough, would cause these Jumpers to exhibit some one or all of these phenomena. One of these Jumpers came very near cutting his throat while shaving on hearing a door slam. They have been known to strike their fists against a red-hot stove, to jump into the fire and into water. They could not help striking their best friend, if near them, when ordered. The noise of a steam-whistle was especially obnoxious to them. One of these Jumpers, when taking some bromide of sodium in a tumbler, was told to throw it, and he dashed the tumbler on the floor. It was dangerous to startle them in any way when they had an axe or a knife in their hands. All of the Jumpers agreed that it tired them to be jumped, and they dreaded it, but they were constantly annoyed by their companions.

From this description it will at once, I think, be perceived that

there are striking analogies between "*Miryachit*" and this disorder of the "Jumping Frenchmen" of Maine. Indeed, it appears to me that if the two affections were carefully studied, it would be found that they were identical, or that at any rate the phenomena of the one could readily be developed into those of the other. It is not stated that the subjects of "*Miryachit*" do what they are told to do. They require an example to reach their brains through the sense of sight or that of hearing; whereas the "Jumpers" do not apparently perform an act which is executed before them, but they require a command. It seems, however, that a "Jumper" starts whenever any sudden noise reaches his ears.

In both classes of cases a suggestion of some kind is required, and then the act takes place independently of the will.

There is another analogous condition known by the Germans as *Schlafmukenheit*, and to English and American neurologists as somnolentia or sleep-drunkenness. In this state an individual, on being suddenly awakened, commits some incongruous act of violence, oftentimes a murder. Sometimes this appears to be excited by a dream, but in others no such cause could be discovered.

Thus, a sentry fell asleep during his watch, and, being suddenly aroused by the officer in command, attacked the latter with his sword, and would have killed him but for the interposition of the bystanders. The result of the medical examination was that the act was involuntary, being the result of a violent confusion of mind consequent upon the sudden awaking from a profound sleep. Other cases are cited by Wharton and Stillé in their work on *Medical Jurisprudence* by Hoffbauer, and by myself in *Sleep and Its Derangements*.

The following cases, among others, have occurred in my own experience.

A gentleman was roused one night by his wife, who heard the street-door bell ring. He got up, and without paying attention to what she said, dragged the sheets from the bed, tore them hurriedly into strips, and proceeded to tie the pieces together. She finally succeeded in bringing him to himself, when he said he had thought the house was on fire, and he was providing means for their escape. He did not recollect having had any dream of the kind, but was under the impression that the idea had occurred to him at the instant of his awaking.

Another was suddenly awakened from a sound sleep by the slamming of a window-shutter by the wind. He sprang instantly from his bed, and, seizing a chair that was near, hurled it with all his strength against the window. The noise of the breaking of glass fully awakened him. He explained that he imagined some one was trying to get into the room, and had let his pistol fall on the floor, thereby producing the noise which had startled him.

In another case a man dreamed that he heard a voice telling him to jump out of the window. He at once arose, threw open the sash, and jumped to the ground below; fortunately only a distance of about ten feet, so that he was not injured beyond having a violent shock. Such a case as this appears to me to be very similar to those described by Dr. Beard in all its essential respects.

A few years ago I had a gentleman under my charge who would attempt to execute, while he was asleep, any order given to him by a person whispering into his ear. Thus, if told in this way to shout, he shouted as loud as he could; if ordered to get up, he at once jumped from the bed; if directed to repeat certain words, he said them, and so on.

I am not able to give any certain explanation of the phenomena of "*Miryachit*," or of the "Jumpers," or of certain of these cases of sleep-drunkenness, which seem to be of like character. But they all appear to be due to the fact that a motor impulse is excited by perceptions without the necessary concurrence of the volition of the individual to cause the discharge. They are, therefore, analogous to reflex actions and especially to certain epileptic paroxysms due to reflex irritations. It would seem as though the nerve-cells were very much in the condition of a package of dynamite or nitro-glycerine, in which a very slight impression is competent to effect a discharge of nerve-force. They differ, however, from the epileptic paroxysms, in the fact that the discharge is consonant with the perception—which is in these cases an irritation—and is hence an apparently logical act; whereas, in epilepsy, the discharge is more violent, is illogical, and does not cease with the cessation of the irritation. Certainly the whole subject is of sufficient importance to demand the careful study of competent observers.

The death-rate of the "Royal Borough" of Windsor was last year only 13.5 per 1,000. Of the total number of 167 deaths, 15 were attributed to zymotic diseases.