monly called cases of endometritis. But the endometritis results from the irritation of retained products. It ceases when the canal of exit is made patent by dilatation or straightening of the canal. A further result, in many cases, is hypertrophy of the body of the uterus; the result, as Dr. John Williams has remarked, of increased muscular action of the uterus.

Another symptom is *Menorrhagia*. In most instances, when not due to cancer, fibroid tumour, etc., menorrhagia is due to uterine flexions. First retention, then expansion, then increase of area of uterine cavity, then increased quantity of blood-clots, now and then from causing great pain without expulsion. Sometimes the clots break down: hence various subsequent leucorrhœa. Attention was directed to pouch formed by the flexed enlarged uterus, from which, in the upright position of the body, the fluid cannot readily escape. The flexed constricted uterine canal opposes also this escape. The fluid escapes in gushes. Thus dysmenorrhœa, leucorrhœa, and menorrhagia are, in very many cases, associated with flexions; and the effect, in such cases of treatment of the flexion element, is of itself sufficient proof of the correctness of the relationship indicated between the distortions and symptoms in question.

THE VALUE OF KOUMISS IN THE TREATMENT OF NAUSEA, VOMITING, AND INABILITY TO RETAIN OTHER FOOD ON THE STOMACH.*

By V. JAGIELSKI, M.D., M.R.C.P.L.,

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IN separating the general and more known effects of koumiss from those of my present paper, I propose to bring before you some of the more prominent features of the treatment by sparkling koumiss, the effects of which I have taken particular care to confirm by clinical investigation. When I began, eight years ago, to study and investigate the physiological effects of koumiss under normal conditions of health, as well as its therapeutical influence in an abnormal state of life, I hardly expected to find it such a powerful agency as I have since discovered it to be in treating successfully the most obstinate cases of nausea, retching, and vomiting.

One of the earliest of the complicated cases in which I ordered koumiss as a preventive against vomiting and inability to retain any food or medicine on the stomach was a patient of Mr. Walter Mason, whose then assistant, Mr. B. B. Floyer, invited me to consultation, as they both considered the state of Mrs. M. G. likely to prove fatal. Mr. Walter Mason has published this case very briefly in the *Lancet* of December 19th, 1874. "In this case," he says, "I believe life was saved by the koumiss." My own notes of this case, and those kindly forwarded to me by Mr. Floyer, show that this lady, Mrs. M. G., twenty-four years old, had had two children. During her third pregnancy, her appetite became very indifferent and her appearance greatly emaciated. Four days before her third confinement, whilst standing up in her room, she suddenly lost all power of keeping her body balanced, and fell by the side of her bed before she had time to call for assistance. She did not lose her consciousness, but was unable to express her feelings in words. Her answers to questions addressed to her followed very slowly; but, four days after this fit, her partial aphasia had disappeared, and she brought forth twins alive and healthy. She apparently soon recovered from the immediate shock of the labour, but wandered and talked during the night. The next day, she seemed to lose some power over her bladder, and passed urine but once during the twenty-four hours, and again so during the following two days. On the fourth day, signs of right hemiplegia existed, having come on during the night. Her face was drawn to the left; her tongue deviated to the right; her speech was thick and indistinct; and moreover she had much difficulty in finding words to express her ideas, and frequently used wrong ones. The right arm and leg were paralysed completely as regards motion, and almost so with respect to sensation. She was quite unable to micturate, although the bladder was distended, and obscured the position of the uterus, thus rendering necessary the use of the catheter twice a day. Her appetite was gone; and, when she had succeeded in taking some broth, milk, wine, and other stimulants or medicine, she could not retain them. She could not possibly keep anything down, whether warm or cold. At this stage, when both her medical attendants feared she would not recover, two more days having elapsed without any sign of improvement, I saw the patient on the sixth day after her confinement, when she was unable to answer

otherwise than by shaking or bending her head. I found her pale emaciated to the highest degree; her skin dry and hot; her pulse 120, very weak, and her heart-sounds equally so; her breathing being scarcely perceptible. There was pain nowhere, but great restlessness, with delirium; the right hemiplegia was unchanged; the urine drawn off by the catheter was very offensive and thick; the bowels had been costive for three days, and remained so, although seven injections had been made into the bowel of sixteen ounces each. The only circumstance which I considered favourable, and which did not leave me without hope for some change for the better, was the constant and free flow of the lochia, which by smell and appearance were normal. I advised full koumiss, No. 2, to be given every two hours; one wineglassful cold from the ice. She immediately kept it in the stomach, and took one pint during the night. In the morning, reaction appeared, followed by perspiration, which was carefully kept up by proper covering. We were then on the 17th day of November; on the 18th, the urine was more copious and became clearer; and, in thirty-six hours after the first glass of sparkling koumiss, she passed urine naturally, which was much clearer and without any ammoniacal odour. I did not order any more enema, or any aperient, because experience had taught me that, if once the koumiss be absorbed, it leaves very little fecal matter, which, of course, gives no indication to interfere with the bowels. The delirium changed into good sound sleep during the second night. She began to ask for the koumiss herself, and seemed every day to like it more. Her doses of koumiss were increased every twelve hours, so that the patient took on the second day a wineglassful every half-hour; and for her breakfast, dinner, and tea, I allowed her one wineglassful, always cold and well shaken. On the third day, the pulse was fuller, and only 90 per minute; her breathing was better; the skin moist; the eyes were brighter; and some slight movements of the arm and leg were possible. On the fourth day, I ordered the first dose of koumiss No. 2 to be mixed to the extent of half with fresh un-boiled milk: my usual and effectual way of bringing on motions in very exhausted patients. This was repeated on the fifth day, and the first spontaneous motion appeared on November 23rd. The patient lived all this time exclusively on koumiss, which was now taken *ad libitum*. As regards her paralysed limbs, the use of the leg returned in about one week after commencing the koumiss; and a few days subsequently to this she was able to move the right arm better. Her voice had regained its natural character, and she answered questions without hesitation. After three weeks, the paralysis disappeared thoroughly, and the patient was considered convalescent. The twins were living and doing well.

I have gone into the particulars of this case, because it shows by its complication the possibility of bringing yet a very exhausted patient around a most dangerous cliff, when apparently there is no remedy left to fall back upon, and the skill, energy, and perseverance of the most hopeful practitioner are most severely taxed. The very easily digestible and rapidly assimilable features of koumiss give in this case also proof of its highly nourishing properties, and show that we may with safety depend upon it as an exclusive food and drink; for it not only renews and maintains the strength of the body during feeble health, but it increases, at the point of greatest exhaustion, the body-weight. Of course, in cases of vomiting, these properties are, although important, yet *secondary*, because our first endeavour is not so much to nourish, but at once to allay the really dangerous and constant vomiting. That this latter end, too, is very readily attained by the koumiss is, I think, shown beyond all dispute by the above mentioned case.

The same valuable property of the sparkling koumiss in nausea and vomiting I had an opportunity of seeing confirmed soon after this case in a lady, Mrs. S., aged 20, during the fifth month of her first pregnancy, when she began to feel first heavy and giddy in her head, then constipated, then flushed in her face—noticing a decline of appetite—until all at once one morning she brought up a considerable quantity of blood, which was preceded by coughing and retching. From this time, she became nervous, restless, lost her appetite entirely, felt sick at the view of food, and became hysterical; her arms were becoming thinner, and she felt some pain in her left anterior subclavian and sub-sternal region. But—what interests us here more than all other particulars—she began, in consequence of taking for a long time iced champagne and brandy and soda-water alternately with cream and fruit-ices, jellies, etc., to be so sickly, that convulsions, together with the efforts of empty vomiting, became a real danger to her in her motherly state. At this point, I was consulted, and prescribed with confidence, first one wineglassful of the B. or medium koumiss No. 2, iced and well shaken, to be taken every half-hour until I saw her again. On my return at about 6 o'clock P.M., I was told that the vomiting and nausea had ceased after the second glass of the koumiss, and that she had had a nap after her dinner at two o'clock, which consisted of the

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very great luxury of half a tumblerful of sparkling koumiss. After this, she felt the circulation in her extremities revived; the veins were more visibly filled; and there was an appearance of a healthy moisture on the skin, which I particularly recommended her to favour. To be short, her improvement was surprising. On the fourth day, she was able to walk about, and her chest-symptoms disappeared within a week; her appetite returned; she partook in a fortnight of all kinds of solid food, but continued up to her confinement to drink the koumiss A 1 as her exclusive beverage, which I advised her to do, in order to relieve her constipation and to strengthen both mother and embryo. The result was a splendid baby, followed in another twenty months by an equally healthy sister; the mother becoming stout, and enjoying her family happiness undisturbed.

Shortly afterwards, in the same neighbourhood, I was one afternoon suddenly called to Mr. A. T., a lawyer, seventy-eight years old, a Polish exile of 1831. He had suffered since 1854 from chronic bronchitis, with excavations in both lungs. In November 1872, he suddenly had an attack of his old complaint, with additional pneumonia of the inferior right lobe, which brought him within six days into a hopeless condition. Besides a temperature of 103 deg. Fahr., an intermittent pulse of 112, and respirations 32 to the minute, he showed a constant tremor in his hands and body; his eyes were injected; he was wild, and had constant low delirium. The expectorations were copious—nearly a pint in twenty-four hours—nummular, and streaked with blood. The urine was dark, thick, and very scanty; and the skin dry. He had no sleep; the tongue was thickly coated; the lips and gums were covered with black crusts; and he had been thoroughly unable to retain anything in the stomach for the last twenty-four hours. I saw him on the sixth day of his illness, when I, merely as a trial—this time with hardly any hope for his recovery—immediately sent for some old A or full koumiss, No. 3, waiting and remaining by his bedside until the arrival of the bottles. I gave him myself the first wineglassful, ice-cold. In a few minutes, he made signs to have some more. I gave him another glassful in ten minutes, and so on for about three hours, when all vomiting was stopped. He continued to take the koumiss during the whole evening and the first part of the night. On my return in the morning, I found this old gentleman quite changed; he had had a good sleep for six hours. In another twenty-four hours, his trembling subsided; his urine became clearer and increased in quantity; his spitting diminished, and was without any blood-streaks after thirty-six hours. Resolution in the attacked lobe soon took place, and in another eight days I found him, at my visit, writing at his table.

In this case, as in others, the koumiss entirely stopped the vomiting, nourished the exhausted body, and checked the excessive expectoration in a surprisingly short time. I could bring before you similar cases from my own practice by the dozen, if I did not fear to impose upon your kind patience and your valuable time; but I hope that these three cases may give you a clear proof of the value of koumiss as a restorative in severe diseases accompanied by emaciation and exhaustion, in which nausea and vomiting are scarcely amenable to the influence of drugs. I have since been able to cure with koumiss cases the favourable end of which would almost make me believe I had made an error in my diagnosis. For instance, a widow, Mrs. S. G., fifty-five years old, who, through the death of her very bad-tempered husband and the nursing during his long-lasting disease, became so ill that, when I first saw her, I believed her suffering from carcinoma pylori. I felt quite convinced that I could feel a tumour with three fingers of my hand beneath the very thin abdominal walls. It corresponded in position to the very place of the pylorus, which normally is situated in the right sternal line below the apex of the ensiform process, lying entirely behind the quadrate lobe of the liver, so that it can only be palpated, when it has descended abnormally, as in this case, below the border of the liver. On palpation, this tumour was painful, and empty vomiting was brought on; but the vomited matter did not contain any blood and no suspicious cells. It came on in about half an hour or an hour after ingestion of food. After a repeated but unsuccessful trial with trisnitate of bismuth, hydrocyanic acid, and other drugs, I put the patient on full koumiss No. 2, because her strength was rapidly falling off through her constant inability to retain any food on the stomach. Instead, therefore, of ranging over the drugs to which experience and tradition attribute the power of allaying vomiting, but which, when used, would probably have been as unsuccessful as my attempts to arrest sea-sickness by the same means, I gave her stomach as complete a repose as it appeared to me possible and desirable under these circumstances; but there was no time for experiments with drugs. Food and stimulants were wanted, and both she got, in her first glass of koumiss, which, as was expected, she did not reject after the third glassful. I scarcely could gauge to a nicety how small a quantity would prevent inanition, and

at how long intervals I might administer the koumiss, bearing in mind that vomiting implies the total loss to the system of all food, solid or liquid; and that the act itself exhausts rapidly muscular and nervous power and tissues by which it is effected. I preferred the retention of a very small but frequently administered quantity of liquid food, advancing soon to larger quantities without provoking any return of the sickness. The patient progressed steadily, although slowly, and went in May to Eastbourne for change of air. The tumour, which I had felt distinctly for several weeks, diminished, and finally disappeared altogether. I scarcely think a carcinomatous tumour would disappear; yet the colour of the patient became healthy, and her good spirits, as before her unhappy marriage, also returned.

The Rev. Th. L., a stout and tall gentleman, suffering from a severe attack of hæmorrhage of the lungs, which continued for nine weeks without interruption, had been under treatment during all the time without any success. On being consulted by his medical attendant, I found his sputa with points and patches of blood; and, in consequence of a very styptic treatment, with perchloride of iron, kino, ergot, etc., used against his hæmoptysis, he presented now a jaundiced appearance, had a dry skin, a very tender and enlarged liver, great costiveness, very dark urine, a thickly coated tongue, foul breath and taste in his mouth, with constant nausea; his spirits were very depressed, and he was unable to take any food; his weakness was very great, and he could obtain no sleep. The exclusive koumiss treatment which I advised, and which consisted in koumiss B. No. 1, quite fresh, encouraged his motions, acted as a diuretic, diaphoretic, and soporific; and in three days his appetite increased to such an extent, that he would not listen to my advice to remain for at least eight or ten days on an exclusive koumiss diet, but sent his brother quite early in the morning to my house to ask me seriously whether I would not allow him to eat a rump-steak, as he had an indescribable and irresistible appetite for it, and his medical attendant had referred him to my strict orders; of course, the answer I gave his brother was very unsatisfactory to the patient; and at my next visit he told me he considered my refusal very cruel; but I found it necessary to caution him and his family against all similar foolishness. His hæmoptysis, however, soon ceased, and his appetite remained good; he was soon so well, that he contemplated a speedy return to his clerical duties.

J. S., a picture-dealer, thirty-five years old, affected with pleuropneumonia of the right side, and complaining of very great pain in front of the chest, had, on the day I first saw him, not eaten anything for the last four days, as he was suffering from constant nausea and rejecting everything except some brandy and soda-water, of which, however, very little remained on the stomach. I considered his case hopeless; but, under the circumstances, I thought the sparkling koumiss No. 2 to be the best adapted to him, and in fact it stopped nausea and vomiting and was entirely retained by the stomach from the very first dose up to his convalescence.

Miss M. M., sixty-six years old, was suffering from an acute febrile attack of her chronic bronchitis with pleuritis exudativa dextra, doubly painful through the efforts to vomit up whatever she took; her tongue was coated, white, and trembling; she had great dyspnoea, and was not able to speak four words at a time. When I first saw her on October 2nd, 1875, she had been unable to take anything during the last ten days, with the exception of a little beef-tea and brandy. She had a sensation, when I tried to make her sit up in bed for examination, as if her heart were falling forwards and would burst her chest. As she was so weak and exhausted by pain, cough, expectoration, vomiting, and inanition, I ordered her the koumiss A. 2; it was kept by the stomach and agreed with the patient exceedingly well; her recovery, however, was slow, although sure.

E. B., seventy-four years old, coach-trimmer, suffering from mitral incompetency and general anasarca after rheumatic fever, became all at once, in October 1874, incapable of retaining any food or medicine in the stomach; the koumiss, after a few doses, arrested the vomiting and supplied all the nourishment wanted till he could venture to return to his usual diet.

One more case I may perhaps be allowed to add shortly out of my own practice, as it was a facsimile to a previous case of diabetes mellitus, with thorough exhaustion and vomiting, which I had observed and treated with koumiss in 1870 in one of the wards of the Middlesex Hospital with Dr. Murchison's kind permission.

Mrs. T. L., thirty-two years old, mother of five children, believed by her medical attendant, and in consequence by herself and her husband, to be consumptive, for she had pain in her chest, slight cough, and lost flesh very rapidly. At my first examination, however, I could exclude any disease of her lungs; but from her tongue I immediately suspected diabetes mellitus. Her exceptional thirst, her dry skin, her unusual excretion of urine (five pints and a half per day), together

with her exhaustion and emaciation to a skeleton, made the diagnosis more than probable, but the specific gravity of the urine (1040) and the chemical analysis confirmed it thoroughly. There appeared scarcely anything to be done for this patient, who constantly felt nausea, and vomited after everything she took; but, of course, the results of my first case, in 1870, made it my duty to resort at once to the D. or diabetic koumiss of Messrs. Chapman and Co. of London; so it stopped the vomiting, brought on appetite, sleep, and strength, diminished the specific gravity of the urine to 1034. Within ten days, the patient was up again, and in a fortnight she came with her husband and sister to my house. Shortly afterwards, she went into the country to her sister, where she remained for some time. A few months later, however, her husband called upon me and told me that she had died of peritonitis.

In concluding this paper, I think it may prove interesting to some of you to peruse also some cases reported by other professional brethren upon the same subject on which I have had the honour of addressing you. I, therefore, refer you to those cases in the *Lancet* of December 12th, 1874, by Dr. A. S. Myrtle of Harrogate, who gives four cases treated by koumiss: one of *marasmus* in the adult with unchecked vomiting—successful; one of *pyæmia* with sickness and unchecked vomiting—successful; one of *phthisis* (advanced) with ulceration of mucous membrane, diarrhoea, and hectic—successful; one of *rheumatic fever* with gastric irritability of a most formidable nature—also successful; and in the *Lancet* of January 9th, 1875, by Mr. Carter Wigg of Southminster, Essex, of an equally interesting case of *heart-disease* and *albuminuria* with constant sickness, retching, and vomiting—likewise successful.

From the above cases, you may fairly judge the effects of sparkling koumiss, and I heartily recommend it for your use in such and similar cases. There is no doubt that remedies of this kind, more especially in the expectant mode of treatment, have the advantage over some medicines in being harmless at the worst; they occasion no anxiety to the physician, and are not only not to be reserved for cases in *extremis*, when all hope of recovery by other means has vanished, but are especially the more rational means with which to commence the early and primary treatment.

OSTEO-SARCOMA OF THE FEMUR AND LUNG.*

By F. A. HEATH, M.R.C.S.,
Surgeon to the Royal Infirmary, Manchester.

Primary Osteo-Sarcoma of the Femur: Amputation of the Thigh: No Return in the Stump, nor in Glands of Groin. Secondary Osteo-Sarcoma of the Lung: Death.—The following case, though presenting no novelty, is interesting in its surgical aspect, as tending to confirm the opinion laid down by the late Sir William Fergusson, in his lectures on the Progress of Surgery before the Royal College of Surgeons: that large malignant growths, springing from the long bones, do not, after amputation, if the whole of the diseased structures be removed, return in the stump, but at some distant part; and that, therefore, it is not necessary to amputate above the knee in the case of the tibia, or at the hip-joint in case of the femur.

R. A., aged 19, was admitted into the Royal Infirmary in 1875, with a large tumour connected with the right femur. At a consultation of the medical and surgical staff, some difference of opinion was expressed as to whether amputation at the hip-joint should be performed, or whether it would be sufficient to amputate at the upper third of the thigh. The latter operation was decided upon, and was performed on June 4th, 1875. The patient recovered, and was discharged as cured.

The examination of the tumour was as follows. The lower portion of the thigh was converted into an immense globular mass, beginning just below the knee and extending two-thirds up the thigh. This large mass had a circumference of forty-six inches measured transversely, and thirty-six inches measured in the vertical plane, and, after detaching the foot and leg, the tumour weighed twenty-seven pounds. On making a longitudinal section, it was found that it was a tumour springing from the periosteum of the lower two-thirds of the femur, and surrounding it equally on all sides. It had absorbed all the soft structures, and was just covered by their atrophied remains and the dense glistening skin. The microscopic examination showed the tumour to belong to the class of osteo-sarcomata.

In September, rather more than three months after the operation, hearing that my patient was dying, I went to her home in the country and persuaded her to come again into the infirmary, where she was admitted, on September 25th, in a very exhausted state. The body

temperature seemed much below the normal; the extremities were cold, and the body covered by cold clammy perspirations. She was suffering from intense dyspnoea, and was unable to assume the recumbent posture. She was perfectly conscious, complained of no pain, and had up to the last few days enjoyed a remarkably good appetite. The face and upper extremities were intensely cyanotic and oedematous. The superficial veins of the head, neck, and arms formed prominent large tortuous cords, and the thorax was of an enormous size, with distinct bulging of the right side. The whole of the right side of the chest-wall, both in front and behind, was absolutely dull on percussion, and its dulness extended over to the left side to a line vertical through the left nipple; the left supra- and infra-clavicular and supra- and infra-scapular regions gave normal percussion and sound. On auscultation, no breath-sound could be heard on the right side; while on the left, both in front and behind, harsh vesicular breathing, with loud sonorous rhonchi, were audible. The respirations were 45 per minute. The heart's impulse was felt in the left axillary line, in the fifth intercostal space; the apex-beat was feeble; the sounds of the heart were normal, but weak and irregular; the pulse 110, thin, and easily compressible.

The girl died on October 1st, and, at the *post mortem* examination, on removing the sternum, the right lung was found extending across the anterior mediastinum, displacing the heart and compressing the left lung into a small space by the side of the spinal column. The right lung had assumed truly gigantic proportions, weighing fifteen pounds, and resembling more a solid body; the left lung and heart forming, as it were, a mere appendix. The microscopic examination showed it to have exactly the same structure as the tumour of the femur, which I need not describe; but I may mention that some beautiful sections were kindly made for me by Dr. Dreschfeld, Lecturer on Pathology to Owens College, and may be seen in the Microscopic Section in the Museum. The left lung weighed sixteen ounces; it contained, in the lower lobe, three small nodules of the same nature as the tumour in the right lung. The rest of the organs were healthy. Neither the inguinal, femoral, axillary, nor mediastinal glands were in the least enlarged.

One other case occurred in my practice, where I amputated at the hip-joint for a very large tumour of a similar nature (the whole limb, after removal, weighing nearly forty pounds). The man recovered, but died some months afterwards, with no return in the stump; and your President, I have no doubt, can recall to mind other cases. We have, therefore, I think, sufficient evidence before us to show that we must amputate wide of the disease; but still, as far as possible, from the great centre of the body; and, consequently, with a necessarily diminished risk.

A CONTRIBUTION TO THE CONTROVERSY RESPECTING CHEIRO-POMPHOLYX AND DYSIDROSIS.

By JOHN TWEEDY, F.R.C.S.,
Late Assistant Medical Officer in the Skin Department of University College Hospital; etc.

ALTHOUGH I may, perhaps, after Dr. Tilbury Fox and Mr. Jonathan Hutchinson, claim to have most personal interest in the controversy respecting dysidrosis and cheiro-pompholyx, I have not hitherto thought it necessary to take a public part in it; but recent events seem to demand that I should break silence, and to lay before the profession some facts which, I trust, will assist to clear up some of the matters in dispute.

I regret that Dr. Thin's contribution to the BRITISH MEDICAL JOURNAL of December 1st compels me to refer to the question of priority; but I shall do so as briefly as possible, as I am most concerned to record my own experience of the nature and seat of the disease which Dr. Fox has described under the name dysidrosis.

For more than five years, from the beginning of 1870, I regularly attended the Skin Department of University College Hospital, and for nearly four of these years, I held the post of Assistant Medical Officer therein. With few exceptions, I saw all the patients who attended during that time, numbering at least five thousand different individuals; but at no period in those years did it appear that Dr. Fox was a perfect stranger to the disease which, in the year 1872, he decided to call dysidrosis. I became acquainted with it at the commencement of attendance in the skin department, and was not long in discovering that, although not described in books, it was by no means rare. Under these circumstances, I feel justified in concluding that Dr. Fox had recognised the peculiarities of the disease sufficiently to point them out to his pupils even before the year 1870; how long before, it is not my business to inquire.

* Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Manchester, August 1877.