

slow in its operation, and it cannot well be used again until the pustules arising from it have healed. The nitro-muriatic acid liniment, however, produces the effect almost instantaneously, and can be employed on any extent of surface without those inconveniences; for although it gives rise, at the time to a profuse determination of blood to the skin, yet this gradually subsides, and it can be re-applied (if it has not been improperly used) as often as we may consider necessary."

P.S. In the first of the forms published in our contemporary, a mechanical separation of the ingredients takes place on standing. The second formula is better adapted for use; but, unless a greater proportion than one half of the muriatic acid be used, the effect on the skin is inconsiderable. We have used the liniment on several occasions. It is a counter-irritant of easy application, and not very painful in its effects. We do not believe that it is at all similar to that which St. John Long employs. It may be found a useful remedy.

LX.

EXPEDITIOUS MODE OF APPLYING MOXA. By M. Potet.

THE author of this paper, in Broussais' Journal, proposes, and has put in practice, a substitute for the moxa, which he affirms to be less painful and more expeditious than the Chinese procedure. It is neither more nor less than laying a train of common gunpowder on the part, or rather on a plate under the part, and blowing it up by a match. The process is quick as lightning, and the extent as well as depth of the eschar may be regulated by the quantity of gunpowder employed. Four cases are related in illustration. The first was a case of hemiplegia in an aged female. M. Potet laid a train of gunpowder on a plate under the paralyzed leg, about an inch broad at one end, and gradually diminishing to a point at the other. The limb was held about six inches above the train when fired. The patient seemed electrified, and drew the paralytic leg out

of the assistant's hands. The power of motion also returned in the arm, and her mouth returned to its natural position. The reporter was not a little surprised at this event. The scorched part was merely dressed with cabbage leaves—suppuration became copious and continued a month, by which time motion was re-established in the paralytic side, and continues so till the present time, three years after the burning. The hemiplegia had been of a month's standing before the above remedy was employed.

The second case was one of paralysis of the right arm, of six months' duration. The gunpowder moxa was applied from the wrist to the elbow. Motion was instantaneously restored. The suppuration was very trifling. Case three was a female who was seized with complete hemiplegia on the 2d of April, 1830. M. Potet applied the explosive moxa from the wrist to the elbow. Motion was immediately restored, as was also speech, which had been considerably affected. She only kept her bed a few days, but the suppuration continued for nearly a month. So much muscular power continued in the affected side that she was able to pursue her domestic avocation, which was spinning.

The last case was that of a man who was grievously afflicted with sciatica of both the lower extremities, and who had been given up by a quack after all his money had been drained. A superficial moxa was applied twice from the right ankle up to the top of the thigh. He proposed to apply a third one, but was refused. On the third day this man could walk with the aid of a stick; and by the end of a fortnight he was able to take to his work.

Should the fulminating moxa be found as useful as the less alarming Asiatic process, it will certainly be much more manageable. But we fear that there is something so repugnant to the feelings of patients in this remedy, that it will never come into general use, however beneficial in itself. The fatal accidents, too, which have resulted from the counter-irritations of St. John Long, will prove an obstacle

to the judicious and necessary employment of such measures, for many years to come. The abuse of a remedy will always curtail its use; and the recent exposure of quackeries will prove a considerable check on legitimate and scientific remedies.

LXI.

ON PROLAPSUS UTERI. By BARON LARREY.

THE venerable Baron has not confined his attention solely to diseases and wounds of soldiers. His talents have been often directed to the alleviation of those maladies which afflict civil life.

Prolapsus uteri, to a greater or less extent, is not uncommon among women who have a shallow pelvis, and who have borne many children. One of the most frequent causes of this complaint is the dangerous traction of the funis, after delivery of the fœtus, by ignorant midwives. The complaint is more common in France than in England on this account. The prolapsus exists in various degrees. When the uterus comes to the external orifice of the vagina—when the subject is of a relaxed fibre, and an advanced age—there is no other resource but to return the organ to its place, and to endeavour to support it there by means of a pessary. But if the subject be young, and the organ does not fall lower than the inferior orifice of the pelvis, great hopes may be entertained of a cure—and of the prevention of scirrhus of the uterus, which, he thinks, is often the result of the prolapsus. This complaint, he conceives, is owing to two causes—one is, an asthenic engorgement of the pærietes of the organ—the other, an elongation or relaxation of the ligaments, produced in the manner above alluded to, or by large utero-fœtations. The remedial measures embrace cupping the loins, the groins, and other places as near as possible to the seat of the engorgement. When the local depletion is effected, Baron Larrey applies the Moxa, two at a time, to the parts

above-mentioned. He remarks that we need not fear to reiterate the applications from time to time, assisting the measure by the horizontal posture, elevation of the pelvis, and flexion of the lower extremities—to which may be added cold and astringent applications and injections, laxative lavements, and mild nutritious diet. By two, three, or four months of this treatment, he has succeeded in completely curing prolapsus uteri. We shall introduce one or two cases in illustration.

Case 1. Mad. de V—, aged 27 years, consulted the Baron for a prolapsus uteri of the third degree, which had succeeded a second accouchement, where great and unnecessary traction of the placenta had been employed. She could not bear the pessary. The means above-mentioned were put in use, and in 84 days the cure was complete. The horizontal posture was, of course, maintained during that time. Baron Larrey employed similar measures in a great number of other cases, and with the same result.

Case 2. Madame de C—, aged 27 years, tall, and of exquisite sensibility, after a laborious fourth accouchement, became affected with a prolapsus uteri, where the organ appeared visible at the os externum. She consulted an accoucheur, who ordered her to wear a pessary. The introduction of this instrument was difficult and painful—and its remaining there was excessively annoying, preventing the passage of urine and stools, except with great pain. After six weeks' perseverance in this plan, she consulted Baron Larrey, who proposed the removal of the pessary, and the adoption of the means already described. She complied with his proposal, and in six months, the cure was so complete that this young lady could take long and fatiguing journeys on foot, without any inconvenience.