that which is held suspended or entangled among the hairs at its inferior extremity.

The utility of this contrivance will be felt by workmen in making the up-stroke with the exterior muscles of the hand, as is always done.

A house painter having been at work some hours with the common brush, experiences what is technically called the wrist-drop, through fatigue, and I conceive that the repeated occurrence of this distressing circumstance lays the foundation of that more permanent falling of the hand to which painters are liable.

It will also in some degree account for the return of the complaint after it has been relieved by medical treatment.

On this ground I think Mr. Woodman's invention one of considerable importance, for by throwing the weight of the paint to the upper extremity of the brush, *its gravity is made to assist the muscles of the fore-arm in drawing the alternate stroke upwards*: thus tending in the first instance to prevent exhaustion of their powers, and, in other cases, concurring with the use of medicine and other means, to their lasting recovery, whether their state, so like palsy, depends on mere fatigue, or arises from the deleterious properties of lead.

I am, Sir,

Your very obedient servant,

N. BINGHAM.

Piccadilly, Dec. 24, 1827.

MUSCULAR CONTRACTION CURED BY MOXA.

To the Editor of THE LANCET.

SIR,—Should you agree with me in considering the following case of sufficient interest to the medical world, I shall feel obliged by the insertion of it in your valuable publication as early as possible.

I have the honour to be, Sir,

Your most obedient servant,

PATRICK MACINTYRE.

Bury St. Edmunds, January 3, 1828.

Whilst on a visit to a friend in the summer of 1819, Miss P— sustained a violent fall on a gravel walk, and received a cut across the inner side of the carpus, just over the annular ligament. The wound was not properly attended to at first, and in a few days it became inflamed and irritable. Soon after it was healed, the fingers began to contract spasmodically, and shooting pains were felt along the course of the nerves of the arm. The wrist likewise became bent inwards. The affection gradually progressed in this way for several months; the mus-

cular rigidity becoming (if nosologists will allow the latitude I assume to the following terms) actually *tetanic*; and the neuralgia bearing close affinity to the exacerbations of *tic douloureux*. The arm shrank, and lost all sense of touch. Friction, stimulating embrocations, repeated blisters, &c. were respectively resorted to at this time, ineffectually. No diminution of the pain was obtained, and as little relaxation of the muscular rigidity, in so far as I have been made to understand.

Three years after the accident, the young lady sought the advice of those *clarissimi viri* in surgery, Sir Astley Cooper and Mr. Cline. The former recommended a splint and roller to keep the fingers and wrist extended. Mr. Cline advised hot salt water fomentations. Neither gave very flattering hopes of relief. Mr. Cline's remedy, which I believe was first tried for some time, seemed to be beneficial; under its application the fingers became moveable, though weak and almost useless. The painful affection of the nerves was little, if at all relieved. It ought to be stated here, that previously to this partial recovery, Miss P. experienced a fright, to which she mainly attributed the restoration of voluntary power. Be that as it may, the relief was but temporary. In a few months the fingers and wrist inclined to their former bent position. The fomentations were continued ineffectually. Sir Astley Cooper's plan was then resorted to, and continued for nearly a twelvemonth; but the difficulty of extending the hand and wrist being very great, and no ease or relaxation being obtained, that too was abandoned.

In June last I was consulted. The phalanges were contracted and doubled up close, and the carpus was twisted and drawn in upon the forearm. It was with great difficulty and excruciating pain to the patient, that the work of extension was accomplished. There was no possibility of keeping the fingers extended with a single splint and roller. The fingers soon clinched together, or burst the roller by the violence of the spasmodic action. Double splints were at this time of little more use. I soon began to agree with my patient and others who saw the case, that little was to be expected from the mere mechanical violence of extension; indeed I was convinced, that under such circumstances, as in displaced fractures, violence would rather frustrate than further relaxation. The *ratio symptomatum* was, however, here, as in all cases of the sort, sufficiently obscure; and the question requiring solution appeared to me to be, to *which* affection should I first turn my attention? If relief were afforded to the *neuralgies*, would that under the circumstances—the long standing of the case espe-

cially considered—assist in the removal of the rigidity, or *vice versa*? The moxa had been used successfully in separate muscular and neuralgic affections, and I resolved to try its efficacy in this double case.

The moxa was accordingly applied in the usual and now generally understood form, over the carpus and along the forearm, every second or third day. Sometimes it was held near and long enough to produce vesications and subsequent ulcerations, which were washed with a solution of sulphate of copper; but for the most part these effects were avoided. After six weeks' continuance of this mysterious agent, the violence of the pain sensibly subsided; and the periodical attacks (for, like tetanus, the pain was periodical, although at last, the periods of ease were "few and far between") became less frequent. The antagonist (extensor) muscles, whose power had been so long subdued, now exercised some influence. In two months the fingers were moveable, and sensible to the touch. The pain commensurably decreased, and now allowed sleep in the night, which had for a long time been a stranger to the unfortunate and suffering young lady. By a steady perseverance in the moxa, she began to use her fingers in a month more; and, at the expiration of the fourth month, could use her needle, and knife and fork. The splint and roller, which were recommenced when the contracting muscles became more pliant, have been discarded for the last six weeks. Miss P. has been from under my care for about a month, and I understand is daily gaining strength in the hand and arm, the latter of which is now of the same calibre as its fellow. The pain is entirely gone. I ought perhaps to mention, in justice to another mysterious agent, that after the phalanges became flexible, and when the spasmodic pains supervened with violence, which they frequently did, the insertion of an acupuncture needle always produced instantaneous relief. The moxa, however, was always sufficient to produce the same favourable effect.

ST. BARTHOLOMEW'S HOSPITAL.

STRANGULATED EXOMPHALOS IN THE EIGHTH MONTH OF PREGNANCY.

ELIZABETH WRIGHT, æt. 31, was admitted into this Hospital on the first of October, 1827. She is a thin woman, has borne seven children, and is now in the 7th or 8th month of her eighth pregnancy. She states that there has been a swelling at the navel from her infancy, and that she has

always worn a bandage till her present pregnancy. During her former pregnancies, the part has invariably swelled and become painful between the fourth and fifth month; purgatives have always removed these symptoms until the present occasion, when they entirely failed. On Sunday, Sept. 30, she was attacked with severe pain in the umbilical region, and with vomiting, for which she took pills and castor oil without relief. At the time of her admission there was a large irregular soft swelling at the umbilicus, about two inches in diameter, not very tender, and being obviously a rupture, containing principally omentum. The abdomen was neither tense nor painful; the pulse was frequent and hard, the woman was thirsty and feverish, and she vomited occasionally. Castor oil was given, and rejected; injections were administered, and returned unmixd with feculent matter; 30 leeches were applied to the abdomen, and the taxis tried ineffectually. Mr. Lawrence, who saw the patient at this time, found the swelling very soft, and free from pain, and the abdomen nearly in the same state. Had these points been alone considered, strangulation would not have been suspected; however, the constipation and vomiting showed that the course of the intestinal contents was obstructed, and a portion of intestine might easily be concealed under the soft mass of omentum composing the bulk of the swelling. Mr. Lawrence, therefore, determined to operate immediately, considering the state of pregnancy rather as an additional reason for, than as an objection to, the operation. When the sac had been laid open by a perpendicular incision, carried over the middle of the tumour, a large portion of omentum and a small portion of discoloured intestine were exposed to view. The intestine being returned, and a part of the omentum removed, one or two small arteries were tied, and the wound was brought together with sutures and adhesive straps; her bowels were moved four or five times after the operation, and she slept at intervals during the night. Towards the morning she complained of pain in the umbilical region; there was a little inflammation around the wound, which occasioned tenderness of the parts. The tongue was coated, and the pulse full and frequent; venesection to sixteen ounces; twenty leeches to the abdomen; a drachm of sulphate of magnesia in mint water every three hours.

Oct. 3. She passed a restless night, and is more feverish to-day. Venesection to sixteen ounces; twenty leeches to the abdomen; a drachm of Epsom salt, in the effervescing draught, every three hours; bread poultice to the wound, which appears healthy.