The occurrence of hæmatemesis or melæna would corroborate your belief that a tumor in the right hypochondrium was hepatic—in the left, was splenic.

Even when you are satisfied as to the organ affected, there comes another question, scarcely, in some cases, less difficult than the first—What is the *nature* of the tumor?

Suppose, for the sake of illustration, that our inquiry relates to the liver. If the tumor be large, smooth, roundish, of slow growth, and the general health is not materially deranged, it is, most likely, an *hydatid* tumor. If along the edge and upon the surface of the augmented liver, you can feel large inequalities and projections, and if the complexion and general state of the patient are expressive of failing health, the enlargement is, in all probability, *cancerous*: and if there be other traces of carcinoma in the system, this conclusion becomes almost certain. Small, hard irregularities betoken the *hobnail* liver, which is sooner or later accompanied by ascites. When, without pain or jaundice, the liver of a phthisical patient transgresses its natural boundary, it is, in all probability, a *fatty* liver.

By applying a similar method of investigation to other ventral enlargements, you may frequently hit the right scent, and trace the mischief to its true source. To treat the subject in detail would require a volume. I may refer you to a series of papers by Dr. Bright, in the Guy Hospital Reports; where you will find a host of examples, and much valuable information, concerning the most common and the most important kinds of “abdominal tumors and intumescence.”—*Watson's Lectures*.

USE OF MOXA IN RHEUMATISM.

BY JOHN LENEY.

THE laboring classes in Ireland, from exposure and insufficient clothing, are very subject to local rheumatism. Rheumatic fever is a disease comparatively rare among them. Those forms of most frequent and distressing occurrence are lumbago, rheumatism of the deltoid muscles, and sciatica. In obstinate cases of local rheumatism I invariably apply moxa; there is no application so immediately successful, or which creates less inconvenience to the patient, especially if he be a laborer. At dispensary my ordinary treatment for lumbago is castor oil and turpentine draught, as follows: R. Olei ricini, ℥ j.; terebinth. syrapi, aa ℥ iij.; aq. menth. piperit. ℥ j. M. Ft. haustus.

The turpentine epithem on flannel to the loins, kept on from twenty minutes to one hour, or until, in fact, the patient exclaims loudly for its removal; it often brings out very minute vesicles, and the cuticle desquamates. Also ten or fifteen grains of Dover's powder at bed-time, the feet and legs being bathed in warm water.

In rheumatism of the deltoid muscles, and sciatica, apply moxa by all means, as blisters and tartar-emetic ointment disable the patient, and render him incapable of working. The laboring classes cannot afford to be confined to the house, whereas after the application of moxa the

patient may return to his work at once. I shall instance a few aggravated cases in which it proved successful.

James Pender, *ætat.* 56 years, got sciatica from standing in water, the principal part of a day, washing sheep. He had been confined to the house, nay, to the bed, for six weeks, and had used a variety of means—stupes, blisters, warm plasters, &c., without deriving the smallest benefit. I applied moxa in three places; first, at the origin of the nerve, each application three inches distant, and following the course of the nerve down the limb. This man had eighteen applications. From the first burning the disease descended, so that I had to continue it down the limb to the ankle. Several of the burns continued open for some time. One particularly down the calf of the leg discharged pus for three weeks. This man has been ever since (now five years) at labor without having had any return of the disease.

Judy Cavanagh, *æt.* 57 years, confined to bed six weeks from sciatica of right limb: was burned in four places, on those parts in the course of the nerve which she indicated as most painful. She was immediately cured. That was three years ago. Last winter she had the disease in the left limb, was confined to bed, and suffered excruciating pain. The moxa again relieved her, being applied in seven places. She had not any internal medicine during either attack.

Bridget Doyle, *æt.* 48 years, living at a distance of three miles, being informed of her sister's recovery, was brought to the dispensary on a car, and carried in, being unable to put the limb under her; had been confined to bed for fifteen weeks. This woman was burned in three places; and so immediate was her recovery, that she walked home with her husband in two days after. He, laboring under rheumatism of the deltoid muscle of the right arm, which rendered him incapable of working (having been employed in threshing corn), was burned in two or three places, which enabled him to return to his work the following day.

A stout, able-bodied young man, who had undergone a variety of treatment, was blooded, blistered, purged, used sudorifics, and finally had tartar-emetic ointment rubbed in throughout the whole limb, from which he had no relief; from this unlimited application of tartar-emetic ointment, a mass of tubercular swellings remained in the skin, so thick that it was difficult to procure places for the application of moxa; he was burned in three places, and became immediately well, now two years since. He has had no return. I selected the foregoing cases to shew its permanent benefit.

June 15th, 1842.—Jane Gaskin, *æt.* 14 years, has had sciatica of the left limb for five weeks, and been confined to the house from pain and inability to move the limb (the limb is smaller than the opposite). Moxa applied in three places, from the ischium to popliteal space; lost all pain immediately, and was able to return at once to her ordinary avocations. This girl had been blistered, used tartar-emetic ointment, aperients, &c., without any benefit; has had no return of pain up to this day (June 30th).

My experience would lead me to say that if there be not an immediate relief obtained on the first or second application, the case will be

tedious, or pass down the limb, as in Pender's case. I am at present treating a case exactly like Pender's, in which the pain has left the parts first burned, and is now taking the course of the posterior tibial nerve.

The way in which I make moxa, and apply it, is the following :—In a strong solution of nitrate of potass, soak a piece of lint, then dry it, cut off pieces the size of the thumb-nail, fasten them at one extremity over the seat of pain by a little adhesive plaster, set fire to the opposite extremity, then blow on it strongly with a blow-pipe. The pain during the operation is very severe, causing an immediate puckering of the cuticle. Those cases did best, in which, under its influence, a general perspiration broke out.

Had I not mislaid my note-book, I should have been able to have detailed these cases more accurately, and given some cases of affections of the knee and spine in which it proved successful. For the last six years I have been using moxa with undeviating success, and cannot instance a case in which it failed. When first proposed, the idea of being burned was such that it prevented many submitting to it; but now that they have had demonstrative proof of its efficacy, they gladly submit, preferring it much to the application of blisters.—*London Med. Gazette.*

DESTRUCTION OF THE RIGHT KIDNEY AND BLADDER—EXTENSIVE DISEASE OF THE LUNGS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following case, which came under my observation, my not be uninteresting to some of your numerous readers. The patient came under my charge about four months since; and I have been unable to learn much of her previous history. At the post-mortem examination no medical gentleman was present but myself, and the time which I could devote to the case was so limited, that no organ was examined but those in which *first* and *external* appearances bore marks of disease.

If the case (defective as it is in many particulars) will subserve the interests of medical science, please insert it in your Journal.

South Reading, July 28th, 1842.

J. D. MANSFIELD, M.D.

Mrs. Tyler became a patient of mine some time last December. On inquiry she says that she has been sickly from childhood, but no severe marks of disease showed themselves till since her marriage, which took place in the year 1832. Since that time the salt rheum, which had always troubled her, became so severe that it entirely precluded her attention to her domestic affairs. About four years since had a violent attack of the rheumatic fever, which left her with a forward and lateral curvature of the body. Since then has complained of severe pain in the lumbar and dorsal regions of the spine, and particularly in the region of the right kidney. Was treated by some of the most skilful physicians of Salem (where she then resided) for a disease of the kidney and spine. About that time removed to this place; has been better at times; able to ride on horseback and attend to some of the duties of the family. Pains in the lumbar region still continue, and are so severe at times as to