

which I advocate. I discuss the conditions under which they are proper, the defects and advantages which appear to me to be inseparable from them. I then describe my own for the given cases. I report the cases treated, with the results. Practitioners will thus have under their eyes the necessary facts, to appreciate the matter, both comparative and absolute; and they can form their opinion, as I have formed mine, by reasoning on the facts given.

CASE OF ŒDEMATOUS LARYNGITIS—DEATH—AUTOPSY.

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CATHARINE MARTIN, Irish, æt. about 20, of robust constitution, arrived in Boston 5mo. 10th, 1848, and came to this city the following day. She was attacked with ship fever, and admitted to the City Hospital on the 19th, where she went through the usual course of sickness, though the case was not particularly severe. There was considerable delirium, with some manifestation of local complications about the lungs. On the 9th of 6th mo., while still laboring under some mental aberration, she eloped from the Hospital and walked a mile or more, when she was found and sent to the City Asylum. Here convalescence went on favorably up to the 19th, when she appeared very well, with the exception of a slight cough, and a considerable swelling on the left side of the neck, behind and below the angle of the jaw, which was now in the suppurative stage, and which seemed to have its origin in a lymphatic gland. On the morning of this day she was about the yard, and made no complaint until afternoon, when she experienced a difficulty in breathing, which continued to increase until evening, when it became more urgent. Some simple applications were now made by the nurse, who did not think the case of sufficient importance to send for the attending physician. She retired at an early hour with the other inmates, and remained pretty quiet until about 10 o'clock, when she aroused those near her by her tones of distress. The nurse was immediately sent for, but on reaching the room about five minutes after, she found her already dead.

Autopsy.—I made an examination of the body fifteen hours after death, assisted by Dr. Clifford, who was then in attendance at the Asylum. The throat was the only part examined. The abscess on the side of the neck contained two or three ounces of pus, but it did not seem to have made any injurious pressure upon the larynx. The larynx, with a portion of the root of the tongue and trachea, was now removed, when the cause of death was at once apparent. Both edges of the glottis were affected by œdematous swellings, as was also the epiglottis. The glosso-epiglottic frænum and pouches on either side were considerably swollen. The swelling about the glottis extended into the cavity of the larynx, and spread to the surrounding walls of the pharynx. On further dissecting the larynx, a small abscess was found situated about the posterior part of the cricoid cartilage, a little to the right

of the mesial line. The cartilage was denuded of its coverings, both internally and externally, to a considerable extent. A part of its substance was also destroyed, leaving a notch about four lines deep in its upper edge, and involving about three fourths of the arytenoid facette of that side. There was still pus in the cavity, though a part of it had been discharged through the opening directly into the larynx large enough to admit a small crow-quill. The right arytenoid cartilage was entirely destroyed, with the exception of a small part which gives attachment to the lateral and posterior crico-arytenoid muscles—thus leaving no cartilaginous attachment for the right extremity of the arytenoideus muscle on the vocal ligaments of that side.

STRUCTURE OF PESSARIES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The accompanying pessary has gradually assumed its present form, after many efforts less successful. As unpretending as it may appear, it has nevertheless cost no little time and labor. It has grown out of the necessity of having *some* kind of a pessary, or instrument, for the support of the prolapsed uterus, different from any hitherto employed. The common *round* or *oval* perforated pessary of wood, or glass, as is well known, increases the evil it is designed to remedy. The vagina has not only to support the uterus, but the awkward and ill-contrived instrument itself. Its extreme *hardness* is another matter to be considered in its employment, and a sufficient reason why it should never be resorted to. The last objection may be urged against the “stem pessary,” as well as its total want of *adaptability* to the *parts*. It can be worn with no sort of comfort, it being a body perfectly *unyielding* and *non-elastic*. Another objection, in relation to the common “stem pessary,” extremely troublesome and annoying to a lady, is the necessary removal of appendages, or straps, in attending to the inevitable calls of nature. An objection of this kind cannot be urged against the *pessary* now offered, as calls of necessity can be complied with, without removing *any* of the appendages. This, I believe, cannot be said of any other pessary. The shield upon it is useful in many respects. First, it allows the wearer to urinate without rendering herself uncomfortable by saturating the appendages. Secondly, it affords a convenient point at which to attach the *anterior* straps or suspender. Thirdly, in case of a *fall*, or any accident by which the instrument may receive a *blow*, it will most effectually prevent it from being driven forcibly upwards, as it rests upon the *mons veneris* and upon the labia. At the anterior *inferior* portion of the pessary, *two* suspenders or straps are attached, neither of which cover the *anus*, but diverging from the point of attachment, pass backward, upward and outward, and are buckled above the hips, or a little posterior to them, to the belt about the waist, while the suspender in front is fastened just over, or in the region of the umbilicus. This instrument has been used by many ladies of the first respectability with complete success. In every instance, it has answered the purpose for which it was