

TREATMENT OF RIGIDITY OF THE OS UTERI.

[Communicated for the Boston Med. and Surg. Journal.]

I READ an interesting article in your Journal of May 15th, relating to the use of lobelia and antimony in rigidity of the os uteri and perinæum. It occurred to me that the doses were truly "heroic." For the past eight years, I have used, principally, two agents for accomplishing the same object, viz., opium and antimony, with entire success, where the os uteri was rigid or not dilatable, after waiting a reasonable time, and preceded by a cup of strong catnip tea, repeated a few times at intervals of half an hour.

The manner of using the antimony is as follows: R. Ant. tart., one half a grain; water, one ounce; mix. Give a teaspoonful every fifteen minutes until nausea occurs, or sweating, or relaxation of the os. Usually all these events follow in rapid succession, after using from three to five doses. In robust subjects, the antimony is preferred; otherwise the opium in some of its forms, though the latter is not so speedy in its action.

Perhaps in obstinate cases, like those in the article referred to, this treatment might not avail. But so long as half a grain of antimony answers my purpose, and four and a half grains can be *saved*, I shall probably continue my present plan, reserving heroic treatment for formidable cases.

IRA PERRY.

West Medway, Mass., May 27th, 1856.

OPHTHALMIA IN THE BUFFALO ALMS-HOUSE.

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No disease is, or ever has been, so continually present in our County Alms-House, as ophthalmia. During the year ending Oct. 1, 1855, I had recorded 121 cases. It was mostly confined to children, of whom there were from 80 to 90 in the Asylum. Out of the whole number of cases, not more than thirty occurred in adults. It was generally either chronic or purulent. The first was specific inflammation of the sclerotica, which, although very severe, seldom, if ever, degenerated into the purulent. The second, by far the severest, most painful, and calamitous, was nevertheless the least obdurate, of easier treatment, and of less duration, than the first.

A few cases of gonorrhœal ophthalmia were admitted during the year. This form of the disease, so far as my observation goes, differs only from purulent ophthalmia in the degree of its severity. Cases contracted from this form, do not differ in the slightest from the ordinary purulent or Egyptian ophthalmia.

I believe that in nearly all large charity institutions, where children are congregated together, this malady is likely to occur. It has never been permanently eradicated from the Buffalo Alms-House,