

ple, and repeat atropia at evening. Bathe eyes with tepid lotions of milk and water.

25th.—No improvement. Slept little, and through yesterday had pain almost continuously. No appetite. Tinct. opii at night p. r. n.

26th.—Had a comfortable day, but severe pain last night, though he took laudanum in addition to his Dover's powder. Apply three leeches to right temple. Potass. iod. gr. v. *ter die*.

27th.—Patient had a rather more comfortable night, but is much depressed by dimness of vision and long-continued pain. The injection of the eyes is rather less, but the irides still look puffy and congested, and their color remains abnormal. Pupils are still contracted.

30th.—The eyes have rapidly improved, so that for two days he has had little pain or intolerance of light. The pupils have dilated to a moderate extent, but are slightly adherent at some points to the capsule of the lens. He has some vision.

Feb. 1.—The injection of the eyes slowly diminishes. Continue quin. and potass. iod. Good diet. Atropia to be used once in two days, to endeavor to detach the adhesions.

10th.—Is able to go out, with a shade to protect the eyes from bright light. Color and aspect of irides almost natural. Pupils nearly regular. Vision good for large objects. Continue potass. iod. only.

I ceased my visits on this date, seventeen days from the beginning of the attack. His vision became perfectly good in a short time. Two or three slight adhesions of the margin of the pupil were the only remaining evidences of past inflammation.

After an interval of six months, this boy had another attack ; but it was less severe, and under a similar treatment continued but ten days, though both eyes were affected.

(To be continued.)

ANTIMONY IN RIGIDITY OF THE OS UTERI.

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

MESSRS. EDITORS,—Much has been said of late relative to the use of antimony and lobelia in the treatment of rigidity of the os uteri. As a philanthropist, I feel it incumbent upon me to add my feeble testimony in its behalf ; and I know of no better way than through the medium of your very excellent Journal. In my humble judgment, there is no subject of more paramount importance now before the medical world. Doubtless many are familiar with the efficacy of this mode of treatment, but I am constrained to believe that a large portion of the profession in the South and Southwest are not alive to it. A succinct history of one case must suffice upon the present occasion.

May 14th, 1856.—I was called to a negress aged 22, of robust and plethoric habit. I arrived at 6 o'clock, P. M., and found her in labor with her second child. The pains had been regular, with

intervals of a few minutes, since 2 o'clock. The presentation was natural; os uteri dilated to the size of a dollar, rigid and of a cartilaginous consistency. In her former confinement, venesection was resorted to, to overcome a similar difficulty, and the necessity of it was strongly urged upon this occasion. My predilection for the lancet not being as great as that of some, I refused, and intimated that I should use the antimony. She objected; I succumbed and ordered an emetic of ipecac; after half an hour it only produced slight gastric uneasiness. I made another examination, and finding the parts unyielding, ordered the former prescription to be repeated. In ten minutes free emesis was produced, the pains came on more severe, and at shorter intervals, inspiring me with the hope that the labor would soon be at an end. I examined again, but it only served to dissipate my hopes. I then concluded that justice demanded that I should put into execution my former views. An enema was ordered, of three grains of tartarized antimony in a gill of tepid water, half to be given at once. I left the apartment, but was summoned in about ten minutes, and found the parts fully dilated, with strong expulsive pains. Five minutes more noted the advent of a stout, robust boy, weighing eleven pounds. Her recovery was speedy, no untoward symptoms manifesting themselves.

Burksville, Ky., Aug. 1st, 1856. R. M. ALEXANDER, M.D.

FOREIGN BODY IN THE AIR-PASSAGES.—DEATH IN EIGHT HOURS.

BY A. S. McLEAN.

[Communicated for the Boston Medical and Surgical Journal.]

On the 8th of January, 1855, a child, aged one year, eleven months, son of Mr. John Griffin, of this city, was made to cry, by having a dipper, containing some walnut kernels, snatched from him by his brother. Violent coughing and strangulation immediately ensued, accompanied with profuse frothy expectoration, the latter filling and flying from his mouth.

A neighbor, on coming in, said she thought a child was blowing a tin whistle, such was the sound conveyed to her room. The coughing and choking continued, more or less, as the mother informed me, for one hour. One of the women present said it must be croup, and hive syrup was freely given and full vomiting produced, but without relief. After all the usual domestic remedies for croup had been tried, at 11 o'clock I was summoned, the paroxysm having commenced about 8 o'clock of the same morning. I found the child sinking from suffocation, without cough, and when roused the voice was not suppressed as in croup. Dr. Vaille was called in consultation. An operation was not deemed best, and we persevered with emetics, sternutatories, and means to excite coughing, with stimulants and warmth to the surface, until a violent paroxysm of strangling came on, soon ending in death. This took place at 4 o'clock of the same day.