

fect case, although the excitement of the operation caused much struggling and spasm of the glottis.

Saw her again at 10, P.M., with Dr. Phipps. He had been there a short time, and before he arrived the tube had become misplaced. The opening was closing fast, and the dyspnœa considerable. Respiration sixteen in the minute; the inspiration the most difficult and noisy, the expiration comparatively easy. When most difficult, she could, by coughing, expectorate a mass of bloody mucus, with relief. The trouble was so evidently spasmodic, that we concluded to give her rest if possible. She was seen by one or both of us between that time and 9 o'clock on the 8th, three times.

8th, 9, A.M.—Pulse 88. Can speak aloud without much effort. Wound nearly closed. A little air passes it upon forcible coughing.

9th.—Saw her at 4½, A.M. Found her breathing with great difficulty. Sibilant râles in chest. Face quite livid. Pulse 120. Gave her a nauseating dose of ipecac, which relieved her, and at 10, A.M., she was quite comfortable, breathing easily and without noise. Dr. Phipps had given her the same a few hours before. The last difficulty was doubtless caused by the fire becoming low, and the steam she had been inhaling from the commencement having been, in consequence, cut off. The only medicines had been given during the last forty-eight hours, being simply belladonna and opium, for the purpose of controlling the spasm of the glottis.

In taking charge of Jewish patients, physicians should remember that their religion forbids them to light fires upon the Sabbath, and therefore see that some one else has charge of the apparatus at such times, if steam be necessary.

For a few days from the above date she got a mixture containing sanguinaria and opium, but no further dyspnœa has occurred.

#### TINCTURA VERATRI VIRIDIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Wishing to observe the effect of the above remedy, I made use of it recently in a case of acute bronchitis in a child.

A single case, interrupted as this proved to be, would, undoubtedly, be of very little avail in enabling one to form an opinion with regard to any important principle; yet as it suggested some precautions by which future experiments might be made more satisfactory, and as it fully demonstrated the efficiency of the remedy as an arterial sedative, I thought that you might see fit to give it a place in your Journal.

The patient was a child two and a half years of age, of Irish parents. On the 4th inst. it had cough, with frequent pulse and respiration, and coated tongue. A purgative was given on the evening of the same day, and operated freely the next morning.

On the 6th, at 9 o'clock, A.M., the pulse and respiration were still accelerated, and the skin was hot. The child had been restless the previous night, with frequent cough. I mixed sixteen drops of the Tincture of Veratrum Viride, presented by the Middlesex East District Society, with one and a half ounces of water, and directed one teaspoonful and a half to be given at that time, and one teaspoonful once in two hours thereafter. At four o'clock, the father requested me to see the child, saying that it had vomited after the last dose, and he thought there was a change for the worse. Being engaged, I directed him to omit the medicine, and visited the patient at 6 o'clock, P.M., two hours afterward. At that time, I found that there had indeed been a change, but that it was a favorable one. The pulse was much less frequent, as well as the respiration, the former being only 60. The muscles were relaxed, and the child appeared languid, at first glance suggesting the appearance produced by full doses of tartarized antimony. There was not, however, the coolness and moisture of skin nor the prostration produced by antimony, and the control of the circulation was more perfect. The child was quiet and disinclined to move, but, upon being offered some water, showed that he had sufficient energy. I endeavored to relieve the anxiety of the parents, as it afterward seemed, without success.

Without my knowledge, they immediately called the aid of a practitioner who is justly celebrated amongst the Hibernians, and who is generally very prompt with a diagnosis. He hesitated at first, but very soon pronounced it "a large pile or bile on the liver," and said that if it was not purged off very soon it would go into the "*black jaundice*." This was entirely satisfactory to the parents; not so to myself, as it interfered in some degree with my observation. I have inferred from it, however, that a smaller dose than I gave, would be sufficient for a child of that age. Instead of giving two drops at first, and four-thirds of a drop every two hours, I should give one drop at first, and two-thirds every two hours, watching the effect. The child is convalescent to-day.

*Brookline, June 7th, 1858.*

S. SALISBURY.

#### CASE OF HÆMORRHAGE IN AN INFANT.

BY N. C. STEVENS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

APRIL 20th, 1858, 10 o'clock, P.M., attended Mrs. —, in her fourth confinement. After an easy labor of about three hours, she gave birth to a robust female child—perfect in all its developments—weighing ten pounds.

The funis was rather longer than usual, measuring 34 inches, and was wound around the neck several times.

During the first two days this child appeared in perfect health