

recovered. During the next year, at two or three periods, she was troubled for a day or two with the black spectrum.

Six years ago another general obscuration of vision came on, and occasional additions of the black spectrum continued without increase for four years. During this time she could pick out large letters, but could not read.

Two years ago, in the course of one week, during which was great pain in head, she became as, at present, just able to discern day from night.

A portion of the pupil of the right eye is occupied by opaque capsule. The left is slightly everted, but otherwise presents no marks of disease. A heavy sensation over the brows.

Iris gray.

*Examination with the Ophthalmoscope.*—Left eye.—The whole field of retina very white. No blood-vessels discernible. An irregular series of patches of black coloring in a circular arrangement larger than the usual white spot indicating the place of entrance of optic nerve, encircles the place usually occupied by this spot.

Oct. 23, 1855.—Mr. S. C. of Boston, æt. 15, when seven years of age, had an inversion of his right eye, together with great imperfection of the vision of this eye.

Three years ago, the internal rectus muscle was divided subconjunctivally with good success as regards the position of the globe, but, as he thinks, with no result as to the vision.

Now, with this eye looking at the title-page of Boston Directory, 1854, he can merely distinguish the shade around the margin from the engravings upon it.

Iris hazel.

*Examination with the Ophthalmoscope.*—The general color of the field of the retina normal, or a very little paler than natural. The vessels very large and well defined, but instead of being directed above and below, their general direction is lateral. Once or twice I thought that I detected a slight appearance like the finest possible particles of soot upon the nasal side of the retina, but am not confident of it, except in the neighborhood of the white spot.

Dr. J. S. Skinner also examined the eye.

## ASPHYXIA IN A NEW-BORN INFANT.

[Communicated for the Boston Medical and Surgical Journal.]

ON reading Dr. Channing's interesting account of his "First Case of Midwifery," in your last Journal, July 3d, I was reminded of a case which occurred in my practice April 1st, 1856, and which is somewhat parallel to his.

Mrs. C—, of Lawrence, Mass., sent for me to attend her in her second confinement. Not being in my office when the messenger came, I did not see her until after she had been in active labor two hours, during which time the pains were almost continuous. I made

the usual examination at once, and found a loop of the funis protruding several inches from the labia. The head of the child was low in the pelvis; and while I was examining the cord to ascertain if it pulsated, another pain occurred, which brought the head through the vulva. A slight effort immediately completed the labor. From the time I entered her room to the delivery, was only a few moments. The child did not respire. I examined the cord and heart carefully, but could not feel or detect the slightest pulsation. The child was put at once in warm water, and after two or three minutes active inflation of the lungs, a feeble, very slow pulsation could be felt at the umbilicus. Continuing the inflation, the pulsations of the heart became quite perceptible to the eye. Artificial respiration was then suspended for a few minutes, but finding that the pulse ran down rapidly, I again resorted to, and maintained inflation, stopping only one or two minutes, occasionally, to ascertain if the child would make an effort to breathe. After *one hour and seven minutes*, the child made an extremely feeble effort to respire, producing only a slight gurgling in the fauces. It was fully ten minutes more before another attempt to breathe was made, yet it was stronger than the first. I then noticed the clock, which stood before me, and counted seven and a half minutes before the third respiration was taken. The fourth was a little over three minutes.

Stimulants, warm water, cold sprinkling, &c., were resorted to; but all that could be done only brought the child to breathe two or three times a minute for about an hour and a half, when it died. A slight blush came and went on its cheek several times during this age, for so it seemed to me.

The child was a fine, large, well-developed boy, and I know of no cause for this asphyxia, except the pressure upon the cord during labor. The loop of cord that preceded the head was congested and dark colored, showing that it must have been pressed upon for some time.

I did not notice how long the placenta was retained, but should say twenty or thirty minutes.

G. W. GARLAND, M.D.

*Lawrence, July 4th, 1856.*

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*A Large Salivary Calculus.*—Dr. P. D. Hughes, of Bryne, Tennessee, sends to us a remarkable calculus, measuring 1 4-10 inch in length, and 1 1-10 inch in its greatest circumference, and composed, undoubtedly, of phosphate of lime. He writes: "The negro man from whom it was obtained had been afflicted with disease of the throat for some ten years, and had been treated externally with cayenne and other stimulating gargles; and the other day, while searching with his fingers near the root of his tongue, caught hold of and extracted the specimen here sent you." It might have been derived from the tonsil or even the sublingual gland.—*Nashville Journal of Medicine and Surgery.*