order to secure the necessary drainage. The patient is then placed in bed and at the end of twenty-four hours the operation is again repeated. For the primary packing anæsthesia is generally necessary on account of the dilatation of the cervical canal, although this can be obviated by the use of a four per cent. solution of cocaine. For the subsequent operations no anæsthetic or dilatation is required as the canal is usually patulous enough. If, in any case, the vascular type of endometritis is suspected, the uterus should be first curetted and then packed, although this is not necessary, as good results have been obtained without the preliminary curetting. Prof. Polk then commented on the intractability of endometritis to all previous modes of treatment, and stated that in his experience twelve packings had generally sufficed to secure a complete cure and in some instances the happy result had been secured in six seances. As yet this method is on trial, but very favorable reports have been stated by many other gynecoligists.

Report of October meeting of the section for Diseases of Children, of the New York Academy of Medicine: After the usual preliminary business had been dispensed with, Dr. Jacobi presented two cases of syphilitic cirrhosis of the liver. In the one evidences of the lesion were well marked as ascites, fluctuation, etc., and on percussion the liver was found to be much diseased in size. One of these cases had been presented to the society one year ago, and under the treatment of iodide of potash had been completely cured, as the liver is now of normal size. The same treatment is to be pursued in case No. 2, and a like favorable result is to be anticipated. Dr. Jacobi then presented a case of congenital syphilis in a child twelve days old, with marked enlargement of the epiphyses of the bones due to syphilitic ostitis, and also occlusion of the external ear. Treatment suggested was the iodide of potash, as already under its influence a marked diminution in the size of the epiphysis had occurred, and the question was raised as to the cause of the occlusion. Dr. Jacobi advanced the view that it was due to syphilitic ostitis and hyperplasia, and not to a defect in development. In the discussion which followed as to the best method of treatment of congenital syphilis, Prof. Smith was in favor of the continuation of small doses of the bichloride of mercury with the iodide of potash, while Prof. Jacobi, and the majority of the Academy advocated the exclusive use of iodide of potash. Prof. Winters then presented a case of a fine healthy male child, age five years, who six months ago had lobar pneumonia and made an excellent recovery, but four months ago slight deafness was noticed, and from that time the boy has gradually lost his power of speech and now suffers complete aphasia. An interesting discussion then took place as to the cause of the aphasia. Dr. Tweed suggested meningitis as being a frequent complication of pneumonia, this had now become chronic and pressing upon the speech centre resulted in aphasia. Profs. Jacobi and Winters opposed this view, as no history of meningitis could be obtained, and the ears had been examined by an otologist, and the hearing found defective on both sides. They inclined to the view that as no other symptoms of chronic meningitis could be elicited, that the aphasia was simply due to the otological defect, the boy being unable to hear the words, thus had no power to reproduce them. Dr. Warner then presented a case of congenital syphilis with Hutchinson's teeth well marked. Dr. Heubner now read a paper on "Intubation of the larynx for diptheritic laryngitis," by means of O'Dwyer's tubes. His report included personal experience in ninety-two cases. In all cases of diphtheria he recommeded the use of minute doses of bichloride of mercury $\frac{1}{100}$ of a grain every half hour (from this dose he had observed no toxic effects), combined with the use of steam inhalations internally and warm fomentations externally. He believed by these means that the spread of the diptheritic inflammation could be more effectually checked than by any other therapeutical resource at our command. When the larynx was involved he advocated intubation by the intermittent method. This plan embraces the use of a smaller tube than is recommended by O'Dwyer's scale. After the introduction of the tube it is coughed up in a number of hours and with it comes a croupous cast of the larynx. The child can now be fed and stimulated if necessary, and then the tube re-introduced. The time that the tube remains in situ is generally five or six hours, and in some cases it may not be required to be introduced again. The advantages he claims are that the child can be fed and stimulated when it is coughed up, and the expulsion of