Since the publication of my own paper on this subject, I have seen a large number of children treated by Credé's method in the clinics of Vienna and elsewhere, and I cannot recall a single case of the disease where the application has been carefully and thoroughly made.

Leopold¹ reports from the Dresden Lying-in Hospital a series of 1000 cases thus treated, with three cases, or 0.3 per cent of ophthalmia neonatorum. In 522 additional cases, where the application was made each time by an assistant, the nurses having nothing to do with it, the percentage of blennorrhœa was reduced to 0.

Beumer and Peiper² report from the Klinik and Poli-Klinik of Greifswald, where the percentage of ophthalmia neonatorum has, during a period of twenty-four years, varied between 1.7 per cent and 30.8 per cent that "with the adoption of Credé's prophylactic treatment with nitrate of silver, the change was at once evident. There were, indeed, a few cases of the disease, but these were of such a light degree that they can hardly be called blennorrhœa, especially as they for the most part yielded at once to the treatment with sulphate of zinc, or Boracic acid, being cured in a few days."

The most recent report from our own country comes from Dr. Garrigues³ of New York, who found that of 351 children treated by this method in the Maternity Hospital, not one was affected with ophthalmia-blennorrhœa. The perfect results now obtained by Credé's method, make it obligatory in every lying-in institution to adopt this treatment. And, as the disease is also met with more or less frequently in private practice, no physician should consider his obstetrical armamentarium complete without a small bottle of a two-per-cent nitrate of silver solution. And in every case where there is a history of specific disease, or leucorrhœal or other discharge from the genitals during pregnancy, it should be the care of the accoucheur to see that the child's eyes are properly treated prophylactically. The *modus operandi* is so simple that it requires no experience or training in its carrying out. After the bath the child's eyes should be wiped with a bit of cotton or linen rag wet in clean water, every particle of smegma, etc., being thoroughly removed. The lids should then be carefully separated by the thumb and fore finger of the left hand, while with the right a single drop of the silver solution is allowed to fall from a glass rod into the middle of the cornea. With a clean bit of rag wet in water, the eyes are again wiped and dried. Further treatment there is none. It is well to see that the tip of the glass rod is smooth and rounded so that if coming in contact with the cornea, it can produce no injury.

COMBINED VERSION (BY INTERNAL AND EXTERNAL MANIPULATION) IN PLACENTA PRÆVIA, WITH REPORT OF A CASE.

BY J. N. HALL, M. D., (HARV.), STERLING, COLORADO.

The case following is reported as showing the value of the method of version by combined internal and external manipulation in placenta prævia in cases of emergency, where a consultation is impossible and all that is done must be done by the physician with the aid only of such assistants as may be found in any house.

¹ Arch. F. Gynækolgie. Bd. xxiv, p. 91. 1884.

² Arch. F. Gynækolgie. Bd. xxiii, y. 479. 1884.

³ American Journal Medical Sciences, October, 1884.

Mrs. J. P. G., married, twenty-four years old, fourth pregnancy. Last menstruation June 12th to 15th. On January 5th, hæmorrhage occurred, estimated at a pint and recurring on 12th, advice was sought. Although there was complete placenta prævia, temporizing measures were adopted until June 26th, two or three slight floodings occurring meanwhile. After a hæmorrhage of half a pint on that day, induction of labor was decided upon, the os being soft and admitting the finger easily. The nearest available medical assistance being one hundred miles distant, the operation was done with the assistance of the husband and two women of the house. Complete anæsthesia by ether being regarded as of doubtful expediency under these circumstances, the woman was allowed to inhale chloroform to the extent of becoming only partially unconscious. At 9.20 A. M., the forefinger was introduced into the os, and in about thirty minutes the placenta was detached upon the right, a foot seized, and, by assistance of the left hand externally, was brought down, two fingers only having been passed into the uterus. Traction on the foot checked all hæmorrhage, and, in ninety-five minutes from the beginning of the operation, a male child weighing five pounds was delivered. The fetal heart had been heard in right flank, 120 per minute, and a boy predicted.

Placenta immediately expelled by Credé's method, and total loss of blood in the labor estimated at a pint.

The after-treatment was the same as in ordinary labors, and mother and child did uninterruptedly well.

REPORT ON THE PROGRESS OF LARYNGOLOGY AND RHINOLOGY.

BY FRANKLIN H. HOOPER, M.D., BOSTON.

PHOTOGRAPHY OF THE LARYNX.

Among the progressive steps that have recently been taken in matters pertaining to this report, we must mention the perfection to which the art of photographing the human larynx has been brought, owing to the perseverance and skill of Dr. Thomas R. French, of Brooklyn, N. Y.

Dr. French read a paper on this subject at Copenhagen (International Medical Congress, August, 1884), and again, by invitation, last April before the College of Physicians, Philadelphia. We are indebted to the courtesy of the Committee on Publication of that society for the cuts accompanying this report.

In his paper the author states that he believes that photography of the larynx will prove of value. 1. By enabling us to obtain exact reproductions of the laryngeal image, thereby furnishing truthful illustrations for published reports of cases. 2. In the study of the physiology and the pathology of the larynx. 3. By enabling us to show photographs with the lantern for class-room instruction. The manner in which the larynx is photographed may be seen from this sketch (Fig. 1).

In the window is an instrument by means of which the sun's rays are concentrated. It consists of a hollow truncated cone of metal, ten inches long, in the large end of which is a double convex lens. In the small end is a plano-concave lens which intercepts the converging rays of the large lens and makes them parallel. The beam of light is caught upon the head-reflector, and reflected into the fauces of the subject.

In the examiner's right hand is seen the camera. Within the camera is a drop-shutter. This is governed