compiled from official records in which all would be treated alike, regardless of subscription or the payment of a bonus; in other words, a directory published for information, not for profit.

THE ASSOCIATION JOURNAL.

The only remaining factor in the history and development of the Association which we shall consider at this time is the establishment of THE JOURNAL and its effect on the Association. Up to 1882, the proceedings of the Association were published in a volume of transactions which was distributed free to all members of the Association. The membership at that time was less than 2,000, and as the annual dues were \$3.00, the financial transactions of the Association amounted to from five to seven thousand dollars in a year, the greater part of which was spent in publishing and distributing the transactions. An examination of the treasurer's reports for the thirty-five years from 1847 to 1882, shows that there was, most of the time, a purely nominal surplus. At one time, however, the cost of publication of the transactions exceeded the amount of receipts from dues so that, in 1866, the treasurer reports as follows: "The difficulties which have been alluded to in these reports have resulted, as therein foretold, in the bankruptcy of the Association. The permanent members of the American Medical Association will not purchase the volume of transactions, although local agencies have labored in the most important cities in the country and circulars have been sent to individual members and publication made in the leading medical journals. The fact has been again and again demonstrated that the members of the American Medical Association do not consider the volume worth the cost of its production." (Trans., vol. xvii, p. 49.) At this time the treasurer also reported a deficit in the treasury of the Association of \$404.02.

THE ASSOCIATION IN DEBT.

The following year, 1867, Dr. D. H. Storer, of Massachusetts, "rose to a privileged question, the honor of the Association. It was in debt and he proposed to levy a tax of \$2.00 on each member present to liquidate the debt." (Trans., vol. xvii, p. 33.)

The members of the Association were inclined to be remiss in paying their dues. In fact, many of them refused to pay any dues whatever unless they attended an annual session, and, as it was necessary for a member to be three years in arrears before he lost his privileges of membership, it was only necessary for a permanent member to pay \$3.00 every three years, or an average of \$1.00 a year, in order to retain membership in the Association. The organization was consequently without funds, without any definite or permanent membership, without any home, without any officers who could afford to devote any time to looking after its affairs. In fact, it was practically nothing but an annual mass-meeting, made up of delegates from the various societies throughout the country, many of which had no mutual bond whatever between them. The amount of funds at the command of the Association were so limited as to make any practical work for the improvement of the profession or the public impossible. For instance, in 1868, the report of the treasurer showed a balance for the year of \$83.90. (Trans., vol. xix, p. 53.)

JOURNAL FIRST PROPOSED.

The matter of the establishment of a journal to be the property of the Association was proposed as far back as 1852, when Dr. J. B. Flint of Kentucky proposed to amend the Constitution so as to provide for the establishment and maintenance of a quarterly journal. (Trans., vol. v, p. 44.)

The matter was agitated at various meetings of the Association, but no definite action was taken until the session of 1881, at which Dr. Hodgen, President of the Association, warmly advocated the establishment of THE JOURNAL, following which the following resolutions were adopted:

WHEREAS, In the words of our president, it seems tolerably certain that if for the present bulky, little read and productive volumes of Transactions there could be an active, progressive weekly journal with a large income, such as would naturally come to it from its advertising sheet, there would be in such a change the earnest, rapid and improved growth in the influence and usefulness of the American Medical Association; therefore be it

Resolved, That the president appoint a committee of five members, whose duty it shall be to digest and report in detail, as early as possible a plan for the publication of THE JOURNAL, etc. (Trans., vol. xxxii, p. 479, 1881.)

The following year, in discussing this proposition, the committee, of which Dr. N. S. Davis was the chairman, reports that after investigating the matter, they are of the opinion that if 3,000 physicians should become members of the Association, paying \$5.00 per year for membership, which would entitle them to THE JOURNAL, such membership to be limited to members of county and state societies, that the resulting fund of \$15,000 would be sufficient to support the new JOURNAL. They therefore recommended that a journal, to be known as THE JOURNAL of the American Medical Association be issued. (Vol. xxxiii, p. 39, 1882.) This was accordingly done. Dr. N. S. Davis became the first editor of THE JOURNAL. The subsequent history and growth of the Association is known to practically all of the present membership. That the establishment of THE JOURNAL accomplished all the results expected of it is also well known. Its earnings have not only paid its known running expenses, but those of the Association as well, and there has also accumulated a surplus which has enabled the Association, besides gradually increasing the size and attractiveness of THE JOURNAL, to obtain a permanent home, a printing plant adequate for all the needs of the Association, and which now makes it possible, at this late day, to take up the plans and purposes of our professional forefathers and begin, actively and effectively, the work of raising the standard of medical education, investigating the preparation and composition of the drugs and pharmaceutical preparations furnished us, compiling and publishing an official register of the members of the profession, and of doing many things for the betterment of medicine that would not have been possible otherwise. That these movements will be of great value to the profession, both to those who are non-members as well as members of the organization, hardly admits of question. The physician of the future must be a better trained man than his predecessors have been. Both the public and the profession must be protected on the one hand against quacks and charlatans and on the other against frauds and impositions imposed on them for commercial purposes. These are the things for which the Association has been striving throughout the fifty-seven years of its existence, and which are now becoming, not theories, but actualities, which can be realized in the near future.

Clinical Notes

THE UMBILICAL CORD.

A METHOD OF DRESSING.*

A. L. BELT, M.D.

GILMORE CITY, IOWA.

When the first stage of labor is nearing completion it is my custom to procure a common glass tumbler, in which 1/2,000 or 1/3,000 solution of bichlorid of mercury with sterile water is prepared, and into this several pieces of sterile gauze and three strong braided silk ligatures are placed. A pair of shears and a compression forceps are then put in a sterilizer or basin on the stove to boil.

The second stage of labor completed, I tie the cord at two points about six inches from the child's body, cut between and pass the child to the nurse to wash while I care for the mother.

When ready to dress the cord, the hands being sterile, I wash the child's abdomen and the cord with a piece of gauze taken from the bichlorid solution previously prepared, carefully cleansing the base of the cord and the omphalic folds.

This done, I examine the cord for possible congenital hernia, and not having found it, or having reduced it if found, I place the compression forceps on the cord as nearly on a level with the margin of the umbilicus as feasible and make firm pressure for the space of a minute. Removing the forceps, with the third prepared ligature I now tie securely in the path of the forceps just removed. In this way pressure is so applied to the walls of the umbilical artery that there is no danger from hemorrhage "when the cord shrinks."

* Read before the Sioux Valley (Iowa) Medical Society, Jan. 18, 1906, at Sioux City, Iowa.

I next cut the cord one-half inch from the ligature with sterile shears, thus removing the end of the cord handled by the nurse in washing the child, and with one of the remaining pieces of bichlorid gauze press out all the contents of the cord possible above the ligature, by this method removing all the dead tissue possible. The stump is then covered with some good antiseptic powder.

Then I take an ordinary vaccination shield, fill it either with sterile cotton or dry sterile gauze, on which more of the same powder is dusted, and placing it over the cord, secure it in place with a couple of strips of adhesive plaster placed transversely and apply the band.

Already the attention and the admiration of every one in the room, even to the old grandmother, has been attracted by this dressing, and when I admonish them to allow the dressing to remain for six or eight days and then remove it I have no trouble in the carrying out of my orders, and they will promptly report to me if the dressing slips or comes off.

This dressing is particularly valuable in the country, for often we do not see either mother or child for six months or a year after confinement, and some form of a permanent antiseptic dressing is a very desirable thing.

In conclusion, the benefits of this method of cord dressing are: 1, absolute cleanliness; 2, simplicity of application; 3, permanency; 4, freedom from danger of hemorrhage either from (a) shrinkage of the cord or (b) the tearing or pulling of the cord when it becomes attached to band by drying of its exuded contents in the ordinary method of dressing; 5, the minimum danger of infection, (a) primary or (b) by the removal of the original dressing and the application of a new one by some unskilled attendant; 6, diminished danger of umbilical hernia.

REPORT OF A CASE OF FRACTURE OF THE ATLAS VERTEBRA, WITH COMPLETE RECOVERY OF PATIENT.*

ARTHUR HOLDING, M.D.

ALBANY, N. Y.

Patient.—Male, aged 68, was referred to the Roentgen ray laboratory of the Albany Hospital by Dr. W. G. MacDonald, Albany, N. Y. Previous occupations, detective, soldier in Confederate army. Present occupation, broker.

Family History.—Father, mother, two brothers and two sisters died of tuberculosis.

Past History.—He uses stimulants. Three years ago he was hit on the head with a brick; the blow rendered him unconscious for a few minutes, but beyond the swelling of the scalp, it did not injure him.

Present Illness.—Nov. 16, 1905, when near the top of a flight of stairs composed of eight steps, while turning to one side to allow some ladies to pass in descending the stairs, he remembers losing his balance and beginning to fall backward; he made a futile grasp at the banister, but fell, landing at the bottom on the back of his head, neck and shoulders. He was under the influence of liquor at the time of the accident. He received several cuts in his scalp over the vertex of the skull. None of them extended to the skull. The patient was placed in bed, and was evidently not thought in a serious condition, as no physician was summoned until two days afterward. At that time the patient was conscious, acted as though recovering from intoxication, complained of stiffness of the neck as well as considerable pain, which was eased by hot packs, and did not require morphin. On the sixth day after the accident slight delirium developed, the pain and stiffness of the neck increased, and Dec. 4, 1905, he was removed to the Albany Hospital. On admission to the hospital, he could not move his head or neck and complained of feeling as though the back of his head had been cut off and hot irons were being applied to the edges of the wound. With the back of his neck on hot-water bags and lying flat on his back he was comfortable, but as soon as he raised his head or tried to sit up the burning sensations returned in his occiput.

Examination.—Posteriorly in the median line the spinous

processes could be palpated as high as the fifth cervical; above this point there was an area of muscular spasm, thoroughly masking all bony prominences to a point one inch below the external occipital protuberance. This area of induration or muscular spasm extended laterally as far as the sternomastoid muscles and suggested the sensation frequently felt over deep-seated inflammatory processes. The transverse processes of the vertebræ could not be mapped out without using more violence than was permissible considering the nature of the case. The trachea was freely movable; the tongue protruded in the median line; the pupil reacted directly and concentrically to light and accommodation. He could not distinguish the ticking of a watch held two inches from the ear. He stated that he was deaf before the accident. On palpating the posterior wall of the pharynx with the finger, on a level with the hard palate there could be felt a distinct hard protuberance beneath the mucous membrane, with an estimated elevation of one-fourth inch and with broad sloping sides. Gentle pressure on this eminence elicited no tenderness or fluctuation.

Over the right parietal region he failed to distinguish heat from cold, saying that a test-tube containing hot water felt cold; otherwise there was no impairment of tactile, temperature and painful sensation in the head or neck. He has an impediment of speech, which he states developed forty years ago. There was no difficulty in swallowing, articulating or breathing. He could rotate, flex and extend the head and neck.

Treatment.—This consisted of elevation of the head of the bed with extension applied to the head with weight and pulley, the neck resting on hot-water bags. One month after admission to the hospital the weights were removed and the patient was allowed to sit up. His improvement was steady and uneventful.

Result.—On Jan. 15, 1906, he was discharged as recovered. He has a slight forward tilt of the head, a slight induration of the soft parts over the first, second and third vertebræ (cervical), and all motions of the head are slightly restricted in all directions. Otherwise he is completely cured. He walks as well as ever and is able to carry on his business as well as he could before the injury. He has had no burning sensation in the occipital region since Jan. 15, 1906.

New Instrument

COMBINED NEEDLE-HOLDER AND SCISSORS.

HENRY FLACK GRAHAM, M.D.

BROOKLYN, N. Y.

The accompanying illustration shows a combined needle-

holder and scissors, which I am informed is a new combination. It is intended for office, accident ward and ambulance work, especially, but can be used with advantage in certain conditions in the operating-room. It is the same size as the Abbe needle-holder.

* Presented before the Albany County Medical Society, Feb. 12, 1906.