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.