

volved the conjunctivæ and the buccal mucous membranes. The slaty color extended all over the face, neck and thorax, fading out at the waist line, and involved the entire skin of the upper extremities. The patient's general nutrition was fairly good, although the family said she had lost some weight. The pupillary reflexes were normal; the knee jerks were somewhat exaggerated. There was some hyperesthesia of the extremities. The pulse was full, regular, and of rather increased tension. Respiration was normal, and lung findings were negative. The heart tones were pure.

Treatment.—The nitrate of silver preparation was ordered stopped. The treatment was directed to the general condition and consisted of tonics, nutritious mixed diet, fresh air, exercise and eliminatives. The patient's general health is good. For the neuralgic pains I have given cannabis indica and sodium bromid with good results. Since the withdrawal of the silver the pigmentation has remained practically unchanged. I have given no treatment for the conditions, as I know of none.

Inquiry of the druggist from whom the pills had been procured showed that the prescription called for nitrate of silver, fifteen grains, divided into seventy doses, which would make about one-fifth of a grain to a dose. The prescription had been refilled many times, so that it is impossible to estimate how much of the metal had been ingested. This cleared up the diagnosis of the condition, making it an unmistakable case of argyria.

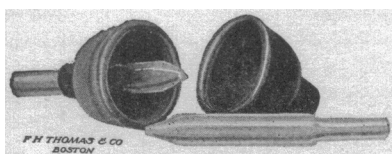
MODIFICATION OF THE REESE URETHRAL IRRIGATOR.

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The instrument shown in the cut is modeled after the Reese urethral irrigator. Having broken several glass irrigators, it occurred to me that as the glass cup was the part most often broken, a detachable, soft-rubber cup would in a great measure lessen the liability to breakage. The instrument consists of a glass urethral irrigator, and a soft-rubber, detachable cup. The accompanying cut requires no explanation.



The advantages claimed for this modification are that it is less easily broken, is less expensive than one made wholly of glass, and the thickened rim of the cup prevents any spattering from the irrigation fluid. The cost is about one-half that of the glass irrigator.

A PACKET OF ASEPTIC MATERIALS FOR THE CARE OF THE NAVEL AND THE EYES OF THE NEW-BORN CHILD.*

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The eyes and the navel are the two principal infection atria in the new-born child and the conscientious obstetrician realizes his responsibility by attending to these parts personally, instead of leaving them to the care of a nurse. At least 10 per cent. of the blindness of the world is caused by ophthalmia neonatorum, which might be prevented by the use of Credé's method of disinfection of the eyes.

After the eyes have been attended to, the physician cleanses the abdomen and cord as thoroughly as possible and covers them with an aseptic dressing. In thus scrupulously dis-

charging his duties, the physician has the satisfaction of knowing that he is improving statistics with regard to the occurrence of omphalitis, tetanus and ophthalmia neonatorum.

With the assistance of Messrs. Seabury & Johnson—whom I wish to thank for their faithful attention to the details furnished them—I have designed a packet of sterilized materials for the care of the infant's eyes and navel which I believe will not only be a convenience to those who already exercise proper care in this matter, but will also be in a sense an educative factor for those who do not conform in this respect to modern methods.

It seems appropriate to include the materials for the treatment of the eyes with the navel dressings since, as a rule, the eyes require attention before the cord, and to have all articles needed in the care of the child placed compactly in an airtight container. This is certainly better than to carry the several articles in the obstetric bag; and especially is it a more certain way of providing for the silver solution.

This packet is designed to be ordered by the physician, with other requisites, to be obtained by the patient before her confinement, and is small enough to be conveniently carried in the obstetric bag for use in unexpected cases.

So far as I know, no other packet provides the materials for Credé's method and the sterile powder, which are both desirable in a packet of this kind; especially the powder, as it is impossible to obtain such powder in many places, though it should be obtainable at every drug store.

A slip of directions is enclosed in each packet, chiefly for the use of the nurse when the physician is too busily engaged with the mother to look after the child himself, and instructions are printed on the cover that the seal is not to be broken until so ordered by the physician.

Every dressing in the packet is sealed separately, so that it need not be exposed to the air until required for use.

CONTENTS OF PACKET.

The packet contains the following articles:

1. Two pledgets of sterile gauze for cleansing the eyes with boiled water.
2. One glass tube containing enough silver nitrate to make 2 c.c. of a 2 per cent. solution, on the addition of boiled water up to a mark on the side of the tube.
3. One glass tube containing enough boric acid to make 10 c.c. of a 4 per cent. solution, on the addition of boiled water up to a mark on the side of the tube, this solution to be used repeatedly in all cases for several days to prevent the irritation and mild conjunctivitis which might occur in any infant's eyes.
4. One glass dropper for making and using these solutions.
5. Two bichlorid of mercury tablets for making solution for disinfecting the cord and abdomen when that is indicated.
6. Three braided silk ligatures, 12 inches long, sterilized and sealed separately.
7. Two small glass tubes of sterilized umbilical powder designed to be bland, deodorant and mildly antiseptic; the formula for which is as follows: Boric acid, one part; bismuth subnitrate, 50 parts, and talc to make 100 parts.
8. One perforated gauze compress for first dressing; the cord is drawn through the perforation after being washed and having umbilical powder dusted freely around its base.
9. Another gauze compress, not perforated, which is laid over cord and first compress after the cord including the cut end has been dusted over with the remaining powder from the first tube.
10. A white flannel binder with necessary safety pins, to hold the above dressing in place. This dressing to remain if no complication arises, until the cord separates, when it is to be removed, the umbilicus cleansed again if necessary, and dusted over freely with the umbilical powder contained in the second tube.
11. A compress for second dressing, about two inches square by one-third of an inch thick, applied over the umbilicus.
12. Another binder which is also supplied with safety pins, and which holds the second dressing in place.

Of course the dressings may be applied in a somewhat different manner if so desired.

No priority is claimed for the recommendation of the dressings contained in this packet, but merely for their presence and arrangement in the packet.

Every dressing in the packet is absolutely sterile.

* Read before the Humboldt (Tenn.) Medical Society, July 17, 1906.