and a few weeks later developed a rather severe iritis. For the privilege of reporting this case I am indebted to Dr. George T. Jackson.
616 Madison Avenue

AN OPERATING-TABLE

D. TOD GILLIAM, M.D.
COLUMBUS, O.

The special features of this table are:

1. An extension rod which slides in and out at the foot of the table.
2. The leg-holders, which fit into the posts and which can be set at any height by means of a set-screw.
3. A revolving instrument tray which is attached to the leg-holder can be raised or lowered at will.
4. The body-lift, plain, or provided with movable side brackets to fix the kidney during operation and to keep the patient from rolling.
5. The shoulder-supports, small, neat and movable. They are hinged at the sides of the table and can be adjusted immediately for use or turned under the table out of the way.
6. A support for rectal treatment or for maintaining the knee-chest posture. This is effected by a strap extending from one leg-holder to the other at a proper height; the patient kneels on the shelf covered by a blanket, his body thrown forward over the strap.

An improved operating-table.

7. The shield between the anesthetist and operator, which fits snugly around the end of the table when not in use, and which can be raised to the vertical or any desired angle and fixed by a set-screw when needed.

The extension rod at the end of the table has many uses:

1. In vaginal or rectal operation a towel thrown over it protects the sutures from contact with the drop.
2. Drawn out a little further it makes a foot-rest for the patient in examination or treatment.
3. It holds a douche-pan in vaginal or rectal operations.
4. Pulled out so as to allow the legs to be lowered through it and strapped to the drop, the same douche-pan, placed between the end of the extension rod and the patient's knees, acts as a receptacle for soiled sponges in abdominal operations.
5. By placing the shelf from under the table on it and adjusting the extension rod to the length of the patient, a full-length table is obtained exactly fitted to his stature.

Every attachment is an integral part of the table and always at hand, there being no pieces to lay aside and gather up when needed. Also there are no hinged leaves or other unstable parts to the table.

50 North Fourth Street.

A PROTECTOR FOR USE IN THE CUTANEOUS TEST FOR TUBERCULOSIS

R. L. SUTTON, M.D.
KANSAS CITY, MO.

In applying the cutaneous test for tuberculosis, the scarified surfaces, unless covered, are subjected to irritation and possible infection from without.

Protection usually is secured by the use of a soft, smooth dressing, as a linen or silk handkerchief, applied as a bandage directly over the wound. While this method serves very well in many instances, it is open to some objections. The cloth comes closely in contact

Protector for use in the cutaneous tuberculosis test.

with the excoriated surfaces and is liable to irritate, causing misleading inflammation; the dressing is difficult to keep in place, especially on the forearm (the part commonly selected); and the progress of the reaction can not be observed without removing the bandage.

I have found an oblong felt protector, like the one shown in the accompanying illustration, of considerable value. It is made on the same principle as the widely used vaccination pads, and the openings are covered with thin, transparent celluloid. The dressing is firmly held by four short, transverse strips of adhesive plaster.

518 Commerce Building.

Special Article

SEVENTH ANNUAL SUMMARY OF FOURTH OF JULY INJURIES

For the seventh consecutive year we are presenting statistics of injuries received during the celebration of the Fourth of July, with particular reference to tetanus resulting from these injuries. Considerable effort has been made to secure reliable data, and all serious cases have been carefully investigated, so that, so far as the figures go, dependence may be placed on them. We have received thousands of letters from physicians in all parts of the country, reporting cases which otherwise could not have been included in the statistics. There are doubtless thousands of other cases not reported, although chiefly minor injuries. Our thanks are due for the many careful reports which have made these statistics more complete and the figures more reliable. The data are presented in the same manner as heretofore, in order that comparison may be made.

MORE CASES OF TETANUS

There were 150 tetanus cases this year, almost double the record of last year, when 76 cases were reported. This is the largest number since 1903, when there were 415 cases. It is significant to note that the number of blank cartridge wounds correspondingly increased from 816 last year to 1,095 this year, and that the states having the largest numbers of blank cartridge injuries have