CASE 4.—Mr. A., aged 77, had had more or less epithelomatous trouble for fifteen years. Skin of face, neck and hands showed many scaly points and spots and scars of excisions, etc. When seen he had a fungating epithelioma of the left zygomatic malar arch and bone, growing to bones beneath. On the right maxillary ramus there was another large one. On the left lower eyelid there was a small hard epithelioma with erosion and crusting. Treatment was purely palliative. The case was incurable. Cases like the above and the one to follow are the more numerous in records.

CASE 5.—Dr. —, aged 53. Usual florid type. There was in a crusted lesion on the left cheek, a typical cutaneous horn, beneath—an epithelioma, surrounded by greasy scales. On the end of the nose there were waxy sebaceous accumulations, with flat epithelomatous development in a small colorless mole which had been present for years. Caustic potash treatment was given.

CASE 6.—Mr. —, aged 62. The prepuce was long and had never been retracted. There was a fungous epithelioma, cauliflower like, of the glans. Urine was passed through a crevice in the side of the mass. The inguinal glands were small, hard and hyperplastic. The patient refused to permit their removal. The penis was amputated; a one-inch stump was left. The man was well and at work at last report.

CASE 7.—Mrs. W., aged 40, had a discoid epithelioma on right side of tongue from tooth erosion, constantly kept up. It was thoroughly destroyed with Paquelin cautery. She was well at last report, three or four years later.

CASE 8.—Mr. S., aged 42. The jolt of a car caused him to bite the right side of an already tender tongue. In three months there was extensive involvement of side of tongue and glands of neck. The tongue lesion was not benefited by x-rays. The neck disease was benefited, but the patient died three months later of exhaustion and a hemorrhage from neck.

CASE 9.—Mr. G., aged 52, several months before consultation pinched his lip with pipe stem. A pin-head lesion followed which the patient often picked off. Each time it returned larger, finally ulcerating and became a typical epithelioma of the right half of the lower lip on the carmine border. There was early involvement of submaxillary glands. The case was aggravated by the patient's use of some caustic paste. When first seen over half of the lower lip down to the gum was destroyed; there was involvement of the right oral angle and massive metastasis to lymph glands. From the first he refused all operative treatment. He died in about twelve months from beginning of disease.

CASE 10.—A married woman, under 40, three months pregnant. There was a papillomatous cyst of right breast, becoming cancerous. The breast was amputated. Recovery.

CASE 11.—An old woman was seen in consultation. She had incurable carcinoma of the left zygo-malar-maxillary region which had developed in a sebaceous cyst of many years' standing.

CASE 12.—Mr. C., aged 69, had sarcoma of right shoulder girdle, which had developed three months previously in a dark mole over the right scapular spine. It grew rapidly in three or four weeks to the size of a small orange. It was excised by his attending physician, but recurred, and gradually involved the whole shoulder and the axilla. The patient died within six months.

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Criminal Abortion; Feticide; Prevention of Conception.—In a paper published in the *Texas Courier-Record of Medicine*, January and February, 1906, Dr. H. C. Ghent, Belton, Texas, discusses these questions and presents the opinions obtained from a number of prominent physicians from all parts of the country. The paper discusses this very vexed question thoroughly, but does not offer a solution of the problem. No phase of the subject is left untouched. The moral, physical, medical, mental and legal questions usually propounded in a discussion of abortion, the status of the fetus in utero, the reasons often assigned as justifying abortion, and the duty of the medical profession in checking the evil are discussed fully.

THE INJURIES OF INDEPENDENCE DAY. AND WHAT HAS BEEN ACCOMPLISHED IN BALTIMORE TOWARD LESSENING THEM. A FURTHER CONTRIBUTION TO THE SUBJECT.*

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BALTIMORE.

At the last Atlantic City session of this Association I presented a paper on the subject of the eye injuries of Independence Day, a paper which, I believe, was the pioneer communication on this subject before a body of medical men. Thanks to the admirable work of *THE JOURNAL* of the Association, I was able to gather much valuable information bearing on this subject. The very fact that three years ago on July 4 nearly five hundred persons were killed, twenty-five individuals were made totally blind, and ninety-five others lost an eye apiece indicates that there is something radically wrong and strongly suggestive of lawlessness in our American civilization. The subject has especially interested me, for every year I have had brought to my notice cases which illustrate forcibly the great folly of the popular way of celebrating our Independence Day.

For example, on July 4, 5 and 6, 1888, there were sixteen cases of eye injury treated at the Presbyterian Eye and Ear Hospital, and on the same days of 1897 there were fourteen cases treated, and in the intervening years there was an average of six cases for every Independence Day. Now and again there has been an outbreak of what might almost be called an epidemic of this class of injuries. For instance, on July 4, 1898, we had a record of fourteen cases at the Johns Hopkins Hospital. In 1899 there were sixteen cases treated at the Presbyterian Hospital, and in 1901 thirteen cases. It should be remembered, too, that a certain number of cases are treated in other hospitals in the city, and then, again, a certain number are treated by other physicians in their private offices. This number would, no doubt, be multiplied many times if the record of every case could be reached. On July 4, 5 and 6 eighty-four cases of this character were observed at the New York Eye and Ear Hospital, a year later forty-two were treated, and in 1905 twenty-two were treated. In 1904 there were sixty-nine cases treated in the leading eye hospitals of New York City. I have collected nearly 500 cases of eye injury, more or less serious in character, caused by the explosion of fireworks, and all these occurred within the last few years. Two hundred and fifty were seen in Baltimore. This may seem a large proportion for Baltimore, but my records go back further in the case of Baltimore than they do in the case of either New York or Philadelphia.

Of these cases, 357 were children and 100 were 21 years and over. There were 3 cases where the child was 3 years old, five cases where the age was 4, seven cases where the age was 5, one case where the child was 2½ years old, and an infant of 3 months. I have gathered enough information to show that some variety of fire-cracker was usually responsible for the injury, particularly for the very serious ones. Sky rocks and Roman candles, however, were not found to be blameless. The chief injury was one in which at the same time the lids, conjunctiva and cornea were peppered with grains of powder which was usually found imbedded in these parts, and this injury we all know entails considerable suffering and frequently leaves permanent scars. Of these there were 269. In forty cases the injury was

* Read in the Section on Ophthalmology of the American Medical Association, at the Fifty-seventh Annual Session, June, 1906.

so serious as to make it necessary to take out the eye in seven instances for fear of sympathetic disturbance, while in the remaining thirty-three cases the vision was permanently impaired either by traumatic cataract or by inflammatory changes in the deeper structures.

I am sure there is an ordinance in nearly all of our large cities which prohibits the harmful and pernicious practice of setting off fireworks in the streets. Apart from the danger to person, the danger from conflagration is very evident. In Baltimore there are usually from twenty to thirty fires on July 4, and I believe all of our cities pass through this sort of experience on Independence Day. Last year, on July 4, there were in New York City, 7 deaths, 151 injuries of various kinds and \$12,500 damage to property, all due to the explosion of fireworks. In Boston there were 75 injuries, 1 death, and \$7,000 damage to property. In Philadelphia there were 3 deaths and several hundred injuries. In St. Louis there were 2 deaths and nearly 200 injuries. In Chicago there were 132 injuries and 1 death. According to the *Chicago Tribune*, for the whole country there were 59 deaths, 3,169 injuries, and \$311,217 worth of property lost. What has been done to bring about a change of affairs in Baltimore? Briefly, it may be said, first, that it is very difficult to accomplish anything in a movement of this kind without the aid of public sentiment. Generally speaking, the press has been in favor of stamping out the nuisance, but, with the exception of the *Sun*, no paper has expressed itself vigorously on the side of law and order. There is a fine of \$2.00 for selling fireworks and of \$5.00 for setting them off in the streets. I laid all of the statistics before some of the *Sun* people, and especially the statistics of those injuries which occurred here in Baltimore and which I had collected from the various hospitals. These things were all embodied in several articles in this paper, which, as is generally known, is one of the strongest newspapers in the country. In this way public sentiment was molded. It was shown that our objections rested on the most solid sort of foundation. Letters to this paper appeared from various sources, but the spirit of reform predominated throughout, with the exception of some discordant notes. Along with these statistics the records of fires on the Fourth were also published. It was shown that the average number of alarms for the year was about four a day, while on the Fourth the alarms ran up to twenty-five and thirty. This means that the fire department was strung up to the highest tension throughout Independence Day.

Next, I laid the whole matter before Mr. George R. Willis, President of the Board of Police Commissioners, who called together the captains of all the districts in the city and gave them the most stringent orders to enforce the law. A certain number of men in citizen's clothes were specially detailed to watch out for those who either sold or set off fireworks. The police have generally looked on this law in rather a frivolous way, but with the knowledge that the public was in favor of suppressing the nuisance and with definite orders from their superiors they exhibited not a little zeal in arresting violators of the law. And it may be well to state here that the position which the police department intended to take in this matter was mentioned in the *Sun* several weeks before the Fourth, not only to emphasize the fact that our way of celebrating the Fourth of July is contrary to law and order, but also to give sufficient warning to the smaller shopkeepers not to lay in supplies of fireworks which they were forbidden by law to sell.

An expression of opinion from the state's attorney to the effect that he intends to prosecute such cases will be at least one way of informing the magistrates that the law is to be regarded seriously. Magistrates have been known to dismiss youthful offenders with a slight reprimand. I think it well, too, that the names of the offenders and the fines imposed be published in the newspapers. For obvious reason this will have a wholesome effect.

The Fourth of July, 1904, showed thirty-five accidents, two of these being eye injuries. At the Presbyterian Eye and Ear Hospital there was not an injury of this character, for the first time in twenty years. The other thirty-three injuries were burns in various parts of the body, and of this latter class there had been, the year before, between one and two hundred. Last year the matter was revived in the same way, and the result was, that in Baltimore, a city of 560,000 inhabitants, there were only six injuries, three of these being eye injuries.

What, then, can a medical man do to cleanse his community of this nuisance?

1. Arouse public sentiment in your favor, and this you can surely do by telling your fellow citizens what the records of their own hospitals and of their own fire department show, to say nothing of records from numberless private sources. This should be done through the columns of an influential paper which is thoroughly in sympathy with the movement. You can do this just as effectively as though you were urging your fellow citizens to take steps to rid the city of a scourge of yellow fever or of cholera.

2. Lay your statistics before the president of the board of police commissioners. After all he is the vitalizing force, the mainspring of the police department. Orders from a man like George R. Willis would be very stimulating to the conscientiousness of a policeman.

3. Lay the matter also before the state's attorney and have him publish his views in the paper to show that those arrested will be treated according to the law and not be dismissed with a feeble reprimand from magistrates.

In this quiet way I believe much can be accomplished by ophthalmologists in every city. I do not believe that the time is yet ripe for national legislation. We will have to educate public sentiment still further on this question and get them used to quiet and sensible Independence Days, and in due season laws may be passed which will prevent the sale of fireworks, even in the so-called "original package."

DISCUSSION.

DR. G. C. SAVAGE, Nashville, Tenn., said that what applies to the Fourth of July in Baltimore applies to the Christmas holiday in his part of the country. There was a time when he had no holiday on Christmas. Before he left home he asked some of his confères as to their experience in this matter in the past six or seven years. Before that time they said they commenced preparing instruments a day before, knowing they would be kept busy on that day with accident cases. Now they have rest. He used to be called on frequently between midnight and morning to attend these Christmas cases of injury. A law that applies to one holiday should apply to every holiday. Law in Nashville on this subject has resulted in his being able to have his holiday. No fireworks are allowed on the streets on any holiday. There was a time when men and boys would line up, one side against the other, and shoot roman candles in war-like fashion, but that condition of affairs does not exist now. The best way to keep a snake from biting is to cut its head off: to prevent injuries there should be no importation of fireworks into this country.

DR. LUCIEN HOWE, Buffalo, N. Y., said that to propose to

stop all kinds of fireworks will cause a great deal of opposition. He thought that if a firecracker of a certain length, say three inches or less, is allowed, there will be much more probability of accomplishing something.

Dr. ROBERT L. RANDOLPH, Baltimore, declared that he is not in favor of making any concessions. Anything in the shape of fireworks, in his opinion, should be prohibited, except by special permit from the mayor. In such case they should be set off by trained hands and not allowed in the city limits. Any concession as regards the length of the fireworks permitted, as suggested by Dr. Howe, would be a mistake, in his opinion, for under such a clause it is easy to see how all kinds of irregularities would creep in and the spirit of the law would be violated.

DISLOCATION OF THE OUTER END OF THE CLAVICLE.*

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BOSTON.

In order to emphasize the anatomic lesion in this dislocation and its bearing on treatment, I make this brief report.

A dislocation of the acromioclavicular joint usually means that the outer end of the clavicle is displaced upward and slightly outward. This dislocation is not very uncommon. It occasions varying degrees of deformity and certain disabling symptoms may be produced by it. Ordinarily it is a dislocation which is readily treated by pads and simple retentive apparatus. At times, however, it is impossible either to reduce the dislocation completely or to hold it reduced. Occasionally the deformity is so great as to be very noticeable.

It seems probable from the observation and experience of Krecke, Poirier, Rieffel and Sheldon,¹ 1, that the acromioclavicular ligaments are torn in all cases; 2, that the conoid ligament is sometimes torn in incomplete dislocations; 3, that the conoid ligament is always torn in complete cases; 4, that the conoid and trapezoid ligaments are usually torn in the complete cases.

I record the two following cases and the results of a few experiments on the cadaver:

CASE 1.—A male, aged 24, after having had a fall from a ladder in the gymnasium, presented a dislocation of the left acromioclavicular joint. The dislocation persisted despite the usual treatment with pads, adhesive plaster and bandages. The dislocation was only partially reducible. The deformity was marked. There was about three-fourths of an inch separation between the clavicle and the acromion; that is, between the articular surfaces. There was no especial loss of function.

Operation was sought because of the deformity. About six weeks after the accident a suture of the acromioclavicular joint was made. The material used was linen and catgut. The patient was kept in bed on his back for ten days following the operation. The result was perfect. There remained no deformity and the movement and usefulness of the joint was restored.

CASE 2.—A schoolboy, some 18 years old, was thrown while playing football and dislocated the right acromioclavicular joint. The dislocation could be partially reduced by pressure. An attempt was made to hold the reduction by pads, adhesive plaster and bandages. This attempt was of no avail. The dislocation persisted and was very marked. There was about one inch separation between the articular surfaces of the acromion and the clavicle. There was moderate disability; namely, pain on abducting the arm.

Operation was sought because of the very great deformity

and because of the pain. The two bones were sutured by means of aluminum bronze wire. The boy was kept on his back some days following the operation. Subsequently the wire was removed. The arm was used earlier than was wise and the result of the operation was not perfect. The deformity was diminished, but the general result could be classed as poor.

Through the kindness of Dr. Warren, demonstrator of anatomy, I have been able to make three experiments on the shoulders of the cadaver. In each instance the clavicle was fixed in a vise and the blow was directed from above and behind.

In one subject there resulted a fracture of the coracoid and spinous processes of the scapula, together with a slight dislocation of the acromioclavicular joint. There was in this instance no rupture of the coracoclavicular ligaments. In each of the other two experiments only a slight dislocation could be effected by a blow from above after division of the superior and inferior acromioclavicular ligaments, but when the conoid and trapezoid ligaments were divided the dislocation became at once very evident and complete.

CONCLUDING REMARKS.

From these observations and from the evidence afforded by some 15 operations on the living recorded in literature and the experimental work which has been previously done, it seems to me that the conclusion of Poirier and Sheldon are amply justified.

The indications for operative interference are, therefore, comparatively simple, namely, irreducibility and a failure to maintain reduction. The dislocation is irreducible because of the interposition of the torn capsule or of the ruptured trapezius muscle. *The maintenance of reduction is impossible, because of the rupture of the coracoclavicular ligaments.* At operation, therefore, the indications are to remove any interposed parts and so to suture the torn ligaments as to restore the relation of the parts to their normal condition.

I would formulate the treatment of a specific case somewhat as follows: If the dislocation is one of moderate degree, it should be treated by simple retentive apparatus. If the dislocation is extreme, in which case it is probable that the coracoclavicular ligaments are torn, a suture of the parts is indicated. If the retentive apparatus does not hold cases of the first class, then suture should be employed.

Various methods of suture have been used; by wire, by silk and by absorbable material. Different forms of pin have been employed. The placing of the suture seems to me to be of some importance in view of my own experience with one of the cases recorded.

An efficient method of suture may be employed to supplement the usual joint suture.

In order to secure a firmer hold on the outer end of the clavicle a suture should be placed so as to make traction on the clavicle from below in the direction of the coracoacromial ligament. The suture should be passed through the clavicle and the coracoacromial ligament.

The treatment of this dislocation with the patient on the back will, of course, remove the weight of the upper extremity and so assist very materially in the proper healing of the parts.

DISCUSSION.

Dr. W. L. COUSINS, Portland, Me., said that in his practice during the past twelve years he has seen about twelve of these fractures, but in no case has it been necessary to resort to the operation described by Dr. Scudder. It has been possible to keep the fractured bone in place either by strapping the arm or by using counter pressure with sand bags. Dr. Cousins ap-

* Read in the Section on Surgery and Anatomy of the American Medical Association, at the Fifty-seventh Annual Session, June, 1906.

1. Sheldon, J. G.: "A Careful Review of the Literature of Dislocation of the Outer End of the Clavicle," *Annals of Surgery*, September, 1903.