more lost one eye, 19 more lost a leg, arm or hand, and 13 more lost one or more fingers. The most prolific source of severe accidents, causing blindness, loss of hand, arm or other lacerated wounds was the giant cracker. Almost invariably the injury resulted from the picking up of the cracker or retaining it in the hand on the supposition that "it had gone." From a number of sources comes the observation that, while the spark continued to burn the central pith, the *outer part of the fuse ceased to burn*. Thus the spark had disappeared, giving the impression that it had gone out until an explosion resulting in the tearing or loss of an eye, finger, hand or arm, gave ample proof to the contrary. This is further shown by the experience of one lad who picked up the cracker and put it under water to make sure the spark was out, but still it exploded, tearing his hand badly.

Following the giant cracker, the toy cannon still nearly holds its old place as a means of destruction. Stray

of those who use them, the boys with knee pants. Then, overcharging the cane caused it to explode in many instances, the particles of iron doing considerable damage. One case of tetanus this year resulted from such an injury.

As to preventative measures, we learn from many sources that great pains were taken this year to be prepared to give antitoxin in all injuries of a penetrating nature. Health departments in some of our large cities distributed a supply of antitoxin to the various hospitals and dispensaries that it might be ready if needed. Local medical organizations met before the Fourth, discussed the treatment of tetanus, and passed resolutions in favor of legislation regulating or restricting the use of fireworks. Cities passed ordinances, some only against the toy pistol, others prohibiting the sale of firecrackers above a certain size. Others prohibited the use of fireworks on any other day than the Fourth, while one city, Baltimore, placed the ban on the use of fireworks of all descriptions. The results in Baltimore are certainly gratifying, there being only 6 accidents reported from that city, and these of a minor nature.

This year, however, many cities did not stop with the passing of ordinances; arrests for their violation were numerous, and therein is a hopeful sign. Only a few years ago an arrest for making a noise on the anniversary of the nation's independence would have been looked on as against the spirit of patriotism and declared an outrage. Nothing better shows the change in public sentiment than the fact that this year a great many arrests were made and by public approval. Undoubtedly the publication of the facts, showing the enormous cost in life and limb of this manner of celebrating the Fourth of July, has helped to bring about this change in sentiment. The vigorous action of medical organizations throughout the land has added impetus, and the press has taken the matter up to a remarkable degree and has made good use of our published data on the subject.

The work should go on, however, until properly enforced laws shall put an end to the annual slaughter and maiming of so many of our children and young people. It is certainly high time there was an end to it. To place a sharp-pointed knife or a bottle of poison in the hands of a babe would certainly be as sane an act as to place in the hands of children or others inexperienced in the dangers and handling of them, such destructive implements as blank cartridge pistols, cannon, powder and giant crackers have proved themselves to be.

We urge it on the members of the medical profession, and on the press of our country, to continue with us in this crusade for a safe and sane celebration of our nation's birthday. The work of the past few years has had its results. May the movement have accelerated speed!

TABLE 5.—TOTAL DEATHS AND ACCIDENTS BY STATES DURING THREE YEARS.

	1903.	1904.	1905.
Alabama	2	7	1
Arizona	1	....	4
Arkansas	....	....	3
California	100	138	142
Colorado	39	44	26
Connecticut	162	133	132
Delaware	1	5	14
Dist. of Columbia	2	10	24
Florida	1	2	2
Georgia	....	....	....
Idaho	4	4	3
Illinois	366	423	542
Indian Territory	1	....	....
Indiana	160	211	217
Iowa	168	137	328
Kansas	63	88	56
Kentucky	30	72	17
Louisiana	....	2	3
Maine	31	32	29
Maryland	21	22	13
Massachusetts	637	193	467
Michigan	144	157	288
Minnesota	157	102	174
Mississippi	....	....	....
Missouri	147	84	218
Montana	5	17	40
Nebraska	46	63	43
New Hampshire	37	23	9
New Jersey	228	204	350
New Mexico	....	4	5
New York	522	549	566
Nevada	....	1	2
North Carolina	....	....	1
North Dakota	10	8	29
Ohio	443	327	329
Oklahoma	....	3	7
Oregon	16	13	9
Pennsylvania	533	744	721
Rhode Island	64	30	11
South Carolina	....	....	....
South Dakota	4	10	15
Tennessee	4	1	5
Texas	2	2	4
Utah	23	22	25
Vermont	45	14	10
Virginia	....	11	5
Washington	21	25	15
West Virginia	19	16	34
Wisconsin	190	215	230
Wyoming	1	2	8
Total	4,449	4,169	5,176

bullets are entered in a column by themselves where heretofore they were entered in the column with "gun-shot" wounds. This will show how many people are injured through the careless use of firearms on the part of others, and show in what states laws against firearms are less strictly enforced. As before stated, 13 people were killed outright through this recklessness, and 126 others more or less seriously injured.

We have added a column for the canes and caps. Even these canes, which at first were heralded as a safe means of noise making, are not as harmless as at first supposed. The noise element is certainly a success, but the exploding cap often causes penetrating wounds of the ankles or legs—usually the most unprotected part

Clinical Reports

SUBCUTANEOUS EMPHYSEMA IN A CASE OF BRONCHOPNEUMONIA.

FRED S. SPEARMAN, M.D., C.M.

WHITING, IOWA.

Instances in which this condition is as widespread over the body as in the following case are not of frequent occurrence; another interesting point in this case was the rapid initial development of the emphysema. Nothnagel regards subcutaneous emphysema as a very grave complication in bronchopneumonia.

Patient.—J. B., aged 16 months, with the exception of a slight cold last winter, had always been healthy.

Family History.—Both parents are living and in good health. An older brother and sister were recovering from the whooping cough. Father's mother died of phthisis.

Present Illness.—I first saw the patient on June 4. The parents informed me that she had been suffering from whooping cough for about five weeks, but a day or two before I was called she developed a high fever with vomiting, and the cough altered in character.

Examination.—This showed fine crepitant râles, general throughout both lungs, respirations about 70 to the minute, pulse 160, temperature 102.6 in the axilla. Cough was hard and tight, expiration grunting, and nervous symptoms marked, such as clutching at the bed clothes and restlessness. The face was of a dusky hue; in short, all the symptoms of a severe bronchopneumonia were present.

Course of the Disease.—For the next three days there was little change in the general condition. The râles, however, became more liquid as secretion developed. There was considerable meteorism, and the rectum would become partially prolapsed when the child coughed.

On the afternoon of June 8 a slight swelling appeared on the

dropping by lysis until, by June 17, it had reached normal. It occurred to me that possibly the escape of the air into the tissues had a favorable effect by relieving intrapulmonary pressure. By June 27 the emphysema had entirely disappeared, being last noticed on top of the head, and when I last saw the little girl, July 4, she had apparently recovered her usual health.

Treatment.—This was along the lines commonly employed in bronchopneumonia. The emunctories were kept active by means of frequent sponging with tepid water, calomel and enemata for the bowels, and plenty of water to drink. Diet consisted of milk and light broths. The chest was kept protected by a cotton batting jacket. A saline mixture containing iodid and citrate of potash with aromatic spirits of ammonia was administered to promote bronchial secretion and keep it free. The child vomited very easily, the attacks of coughing frequently producing emesis, so that it was rarely necessary to employ emetic measures in order to get rid of mucus.

The photograph was taken after the emphysema had commenced to subside, but shows clearly the puffy appearance of the eyelids, and also in part the swelling over the upper chest in front and behind.

left side of the neck, low down. That same evening, during a severe coughing spell, the swelling suddenly increased in size and spread in a few moments' time up the side of the face and on to the left temple and upper eye lid, completely closing the eye. By the following morning the upper part of the chest before and behind was involved, and the day after the entire scalp and right side of the face so that the right eye was also closed. During the ensuing three days the tumefaction extended over the remaining portion of the chest, as far down posteriorly as the sacrum, and down both arms.

Over the portions where the swelling was most marked the skin was tense and shiny, the swelling was elastic and non-resistant to pressure, crackled under the finger and was tender. The crackling resembled the sound made by squeezing a rag saturated with soap suds. I diagnosed the condition as subcutaneous emphysema resulting from a ruptured bronchus.

Whether it was a mere coincidence or not, with the appearance of the emphysema the general condition greatly improved, the nervous symptoms disappeared so that the child rested easily, grunting expiration soon nearly ceased, expectoration became profuse and easy, and the face showed a much better color. Pulse and temperature were also lowered, the latter

CARBOLIC ACID BURN.

EFFECTUAL, ALTHOUGH LATE, USE OF ALCOHOL.

T. J. SWISHER, M.D.

RAWLINS, WYO.

A young lady employed in a drug store started home from work in the evening, taking with her a number of small parcels to deliver to patrons of the store who lived in her neighborhood. Among these parcels was an ounce bottle filled with 95 per cent. carbolic acid. In some way the bottle was broken, pouring the contents over both hands. As it was dark, she did not at first know what the bottle had contained, and only after the hands began to burn did she take the trouble to wipe off the excess of acid with her handkerchief. After reaching home, she applied a dressing of vaselin and it was not until over an hour after the burn occurred that I saw her. At this time the white eschar covered the entire palmar surfaces of both hands as well as the palmar and interdigital surfaces of all the fingers. Sensation over this surface was entirely absent and the fingers could not be voluntarily flexed. The hands were at once cleansed of the vaselin and put into an alcohol bath, with constant rubbing. After ten minutes the color began to return, a tingling sensation developed and the fingers could be voluntarily flexed. The alcohol bath was continued for twenty minutes and all evidence of the burn had then disappeared except a slight tingling and stiffness of the fingers which persisted for several hours, but which almost entirely disappeared by the following day. Aside from a little cracking of the skin over the finger tips and an unpleasant dryness which persisted for a week, the recovery was complete and immediate.

To me the interesting feature of the case was the length of the interval between the receipt of the burn and the application of the alcohol.

Believing this to be a topic worthy of discussion, I would like to hear from others with special reference to the length of time that may elapse before alcohol loses its power as a local antidote for this acid.

Diazo Reaction in Tropical Diseases.—A. Austregesilo of Rio Janeiro has been studying this subject since 1900. He found the diazo reaction almost constantly present in bubonic plague. Certain drugs modify the reaction, and as the disease progresses to a fatal termination the reaction generally fails. Anti plague serum does not affect it. In yellow fever and in malaria the tests were invariably negative. In beri-beri the reaction was always negative, as well as in leprosy, in scurvy and ankylostomiasis. In typhoid fever and in tuberculosis his findings were the same as those reported by others elsewhere. In smallpox the reaction was always present. His report is published in the *Revista Med.-Cir. do Brazil*, xiii, No. 3.