

half of the circumference. This was opened, the extravasated blood removed, the bowel emptied, and the incision closed. The child took food in a few hours. Convalescence was normal.

It is evident that the dead line in these cases is marked by delay. In this case we were fortunate to have the intuitive recognition upon the part of the mother that the peculiar, high-pitched, plaintive yet piercing cry, which as an indication of this condition has not received sufficient emphasis, indicated something seriously wrong. The fact that this cry is synchronous with the vermicular action of the bowel should also be noted. Vomiting is not necessarily a prominent factor, and the passage of bloody stools is a symptom usually too late in the history of the case to be of any value. A tumor can rarely be determined under anæsthesia. Umbilical and inguinal hernia are not to be overlooked.

Had the whole circumference of the bowel been involved I would have fastened it in the wound and drained it externally until we had determined whether there were sufficient recuperative power in the bowel or not. It would then be a question of restoration to the abdomen or resection, which would be done at a later date when the child had recovered from the shock, since the lower end of the ileum can be drained externally without seriously jeopardizing the nutrition. In cases in which adhesions and gangrene have set in various methods given in the surgical text-books may be tried, but the best method is to bring the whole gangrenous mass outside the abdomen, drain the bowel and wait until shock has passed off. By this means the poisonous retained matter within the bowel is gotten rid of with the least amount of manipulation, and the offending mass is where it can be observed.—*Surgery Gynecology and Obstetrics*, February, 1909.

OBSTETRICS AND DISEASES OF CHILDREN.

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FREQUENCY OF TUBERCULOSIS IN CHILDHOOD.

Clemens von Pirquet, *Jour. A. M. A.*, February 27th, 1909, claims that his cutaneous method has the advantage over injection of tuberculin that it does not produce any general symptoms; that it produces an entirely harmless inflammatory efflorescence on the skin; and that it can be carried out more quickly and more uniformly. The method of applying the tuberculin test is as follows:—

“The skin of the fore-arm is scrubbed with ether, then two drops of undiluted old tuberculin are dropped about four inches distant from