

bowels with iodoform gauze. On examination I found the gut was not injured, but the omentum was torn. I found a large superficial laceration irregular in outline of the abdomen in the right iliac region. The wound through the abdominal muscles and peritoneum was not more than one to one and one quarter inches long, to expose the aperture to the abdominal cavity I had to extend the superficial wound about two inches. I first washed the exposed intestines and abdominal walls in 1% carbolic solution, removing all clots and stains. The intestines to the touch felt cold, applied several relays of towels wrung out in the hot carbolized solution, and after satisfying myself that there was no internal injury to the bowels, attempted to return the protruding intestines which I succeeded in doing by taxis over a towel after having the body raised in Trendelenburg's position. After the intestines had been returned to the abdominal cavity the tear in the omentum began to ooze, to obviate this I ligated with a double cat-gut suture, the omentum above the tear removing the portion (about 3 inches) of omentum close to the ligature, returned the stump of omentum, put in three cat gut sutures including muscles and peritoneum, thus closing the deep opening. Sutured the skin flap with cat-gut and dressed with iodoform gauze. I used a few strands of cat-gut for drainage under the skin flap. The subsequent history was uneventful. No shock and no rise of temperature followed the operation. I noticed the edges of superficial wound where extended healed by first intention, while the rest of the wound did not heal so kindly.

I report this case to illustrate the utility of prompt surgical procedure in cases of severe injuries. I might detail the histories of a number of cases in my practice during ten years to make this point more cogent, but I feel sure that every surgeon's practice is fertile in such cases.

## A RETROSPECT OF PEDIATRICS.

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The "Treatment of diphtheria by Antitoxin" is the title of a most interesting paper by Dr. Welch, recently published in the Johns Hopkins Bulletin. It is difficult to do justice to this contribution in our limited space, but we will give as briefly as possible an extract from it.

Dr. Welch says: "I shall endeavour in this paper, after a brief historical introduction, to present some of the more important general considerations bearing upon the treatment of diphtheria by antitoxic serum, together with statistics of results already reported.

In July 1889, Babès and Lepp in an article entitled "*Recherches sur la vaccination anti-rabiques*," published results of experiments undertaken to solve the question whether the fluids and cells of animals which have been rendered by vaccination immune have not become vaccines and capable of protecting other organisms. From these experiments, the authors concluded that "one must admit the possibility of vaccinating with the fluids and cells of animals which have been rendered refractory to the disease."

He next refers to the publication made by Behring and Kitasato in 1890, in which the immunizing and curative property of the blood and blood serum of artificially immunized animals was demonstrated for tetanus only, but the application of the same principle to diphtheria was indicated in the same article, and in a second paper by Behring in the following number of the journal, in which the article was published.

At the Seventh International Congress of Hygienic and Demography, held in London in 1891, Behring made the first public announcement of the demonstration of the power of the blood serum of animals artificially immunized against diphtheria to protect and cure susceptible animals.