Clinical Department.

RESULTS OF THE IMMUNIZATION OF FIFTY CHILDREN AT ST. MARY'S INFANT ASYLUM WITH THE ANTITOXIN OF DIPHTHERIA.

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DURING the latter part of February and March, 1898, an epidemic of diphtheria occurred at St. Mary's Infant Asylum, the origin of which was obscure.

It was decided, therefore, to immunize all the children in the house, and that no child should be admitted without receiving an immunizing dose of the serum.

The oldest child immunized was five years, the youngest one day. The serum was obtained from the Harvard Medical School, each bottle containing 10 c. c. of 1,000 units' strength. The largest immunizing dose given was 5 c. c. to the child of five years, the smallest $\frac{1}{2}$ c. c. to the baby of one day. Children of six months to one year were given 4 c. c., those under six months 3 c. c. The injections were all given in the right axillary line. Most of the injections were made on March 22d to 24th; after this, each new child was immunized as it came in.

The older children were not affected in the least by the injections, playing as usual as soon as the dressing had been applied. The infants, on the contrary, were restless and cried for a considerable time after the injections. The temperature of three infants reached 101° five hours after the injections; the next morning two were at normal, and the third 99.5° . On the morning following the injections the younger children in the upper ward all had slight coughs; this was not noticed in the older children injected. The cough passed away in two or three days.

Urticaria occurred in 14 cases out of the 50 injected; it proved a late manifestation, occurring from nine days to two weeks after injection. A punctate erythema of brief duration occurred in two cases out of the 50 injected. In one case there was soreness and pain in the right knee-joint; this passed off in two days.

From February 15th to March 22d, 18 cases of diphtheria had occurred. From March 22d, the date the injections were begun, for a period of nearly three weeks, no cases of diphtheria occurred. At the end of this time the children were not immunized again. Cases of diphtheria began immediately to occur, and continued until all the children in the house were immunized again.

Medical Progress.

RECENT PROGRESS IN GENITO-URINARY SURGERY.

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SURGERY OF THE KIDNEY.

In the *Lancet* of April 17th and the two succeeding numbers, are to be found the abstracts of three Hunterian lectures upon the above subject by Henry Morris, which are instructive and interesting. They begin with a short sketch of the history of this branch of surgery, in which the author traces the gradual evolution of the various renal operations, the establish-

ment of nephrotomy, nephrectomy, and nephrolithotomy. The origin of nephropexy, partial excisions of the kidney, and the recent progress in the surgery of the ureter, are similarly outlined. The growth of the conservative tendency in renal surgery and its dependence upon the success of ureteral operations are shown. The writer predicts and urges a still further restriction of the practice of nephrectomy.

In the second lecture (*Lancet*, April 23d), renal calculus is dealt with in detail; it contains also an instructive study based upon observation of 44 cases of conditions simulating renal calculus and submitted to exploratory operation, which showed the absence of calculus, and in the large majority of cases revealed other conditions which explained the symptoms. Among these were movable kidney, a greatly congested kidney (the venous blood being retained because of the distortion of the veins at the hilum, or caused by pressure upon the vessels by tough perinephric cellular tissue), ureteritis, tuberculous disease, perirenal adhesions, suppurative cysts, renal and perirenal tumor. In a few cases the exploration showed no satisfactory cause for the symptoms; and these cases in the absence of more definite knowledge, one is obliged to designate as instances of nephralgia. Attention is called to instances of nephralgia which have been attributed to malarial poisoning, and of hematuria from the same source which have been described by Kirkham and Tiffany respectively. The latter part of the lecture deals with the subjects of unsuspected, quiescent, and migratory calculi, and ends with a number of conclusions, amongst which the following views are expressed:

The application of nephrolithotomy should be extended, and nephrotomy and nephrectomy restricted.

The theory that stone in one kidney, whether that kidney is painful or not, transmits pain to the opposite kidney is wholly unproved. Exploratory operations should always be made on the painful kidney in cases in which there is one-sided pain only.

Unsuspected renal calculi are very dangerous to their possessors, and when by systematic urinary examinations their presence is strongly suspected, operation for their removal should be promptly undertaken regardless of the absence of pain; and the same rule should be observed with regard to quiescent calculus.

The teaching that renal calculus with mild symptoms of recent date is to be treated expectantly, should be discarded. When its presence is strongly suspected, it should be searched for by exploratory operation, and, if found, removed.

The writer describes the technique of the operation for exploring the kidney and ureter. The incision ordinarily used by him begins an inch above and in front of the anterior superior iliac spine, and extends outwards and backwards to the outer edge of the erector spinæ muscle, about a finger's breadth below the last rib. The incision is lengthened more or less according to varying conditions, for example, the skin incision may be prolonged from the upper end of the cut, a short vertical incision may be carried upward from the upper end of the incision over the back of the twelfth rib, which is useful in facilitating the excision of the rib if required. More room may also be gained by incising slightly the outer edges of the quadratus lumborum. If more space is required anteriorly for exposing the course of the ureter, stopping hemorrhage, etc., the lower end of the incision may be pro-