

dressings are more satisfactorily made at this time than in the first few months of life. Because of the greater age of the child, the correction as above suggested is much less objectionable to the parents. The period elapsing until the time for forcible correction has arrived is not to be spent inactively, however, but is to be utilized for increasing the flexibility of the foot by manipulations, accomplishing a partial correction of the varus by means of a splint. The daily removal of the splint gives opportunity both for massage of the limb and active muscular effort on the part of the child. It is believed that by this means the residual atrophy of the leg muscles is held to a minimum. The whole period of treatment under this plan is not longer than under the older plan. One anesthesia will, as a rule, suffice, whereas, under the older plan, several such administrations were usually required.

Tenotomy of the tendo Achillis for the correction of equinus should on no account be made until the other elements of the deformity have been disposed of. The equinus can be easily corrected at any time by tenotomy and proper after-treatment. The constant pull of the tendon upon the heel favors the development of the posterior process of the os calcis; early tenotomy does the reverse. It is also of great advantage as a counter-pull in making the overcorrection of the varus deformity. The equinus element may therefore be ignored in the infantile club-foot until the time for the final correction under anesthesia.—A. H. Freiberg, in *Ohio State Medical Journal*.

Auto-Serumtherapy in Pleural Effusion

Dodal (*Wien. med. Woch.*) has treated 17 cases in a Vienna military hospital by the method introduced in 1907 by Gilbert of Geneva and Fede of Naples. One c.cm. of a pleural effusion is withdrawn by a hypodermic syringe and immediately injected under the skin of the back. This procedure is repeated as often as required, though a single injection may suffice. It is usually followed by diuresis and rapid absorption of the fluid, whether serous or hæmorrhagic. The method has been tried extensively in Senator's wards in Berlin. The cases treated included examples of sero-fibrinous, hæmorrhagic, and incipient purulent pleural effusions, ascites, hydrothorax, ascites with hydrothorax, and hydrothorax with both ascites and pericarditis. The conclusions arrived at were that the treatment was usually useless in ascites and hydrothorax, only two cases of which improved. But