both by fecal and urinary carriers. This effect is much more marked when the maximum "contact" of antiseptic with bacilli is brought about by combining the treatment with low diet and aperients in the case of "fecal" and diuretics in the case of "urinary" carriers.

4. The use of X-rays, especially in cases with gall-bladder symptoms, seems to have a definite beneficial result. The author speaks with diffidence, as his experience is limited to one such case; and it must be remembered that its history shows a long intermission in the passage of typhoid bacilli, a few months before the X-ray treatment was tried.

But the disappearance of bacilli from the stools on two occasions following the use of X-rays, and freedom from recurrence for considerable periods after the cessation of the treatment suggest that the case was really benefited by the X-rays; while the charts of the other two cases also point to improvement under this treatment.

5. Lastly, it seems possible that treatment by a vaccine, though unsuccessful when tried alone in the cases now under discussion, would have a better chance if combined, in the case of urinary carriers with diuretics, and in gall-bladder cases with X-ray treatment.

As has often been pointed out by Sir Almroth Wright, a vaccine is more likely to be efficient when the local conditions are so altered as to permit of the fullest possible contact between the bacteriotropic substances in the blood and the bacteria involved.—*Therapeutic Gazette.*

Club-foot in Infancy, Treatment of

It has been recognized that the crux of the problem of dealing with congenital club-foot lies in securing a satisfactory forcible overcorrection of the deformity. The technic of retention in this overcorrected position by means of plaster of Paris has also been perfected. The author lays stress on the fact, however, that mere retention in this position will not bring about a permanent cure. The most potent factor at our command for the cure of club-foot is the influence of weight-bearing upon the foot held in an overcorrected position. Since this factor is not available until the tenth to the twelfth month, it is unnecessary, the author contends, to maintain overcorrection by means of plaster of Paris until a period shortly before this. On account of the greater size of the foot, both the overcorrection and the retention