The exercises are as follows, carried out with the patient lying supine on the table :—

1. *Head twisting.*—The head is slowly rotated as far as it will go to the right, then slowly to the front again, then slowly to the left, then slowly to the front, the patient counting audibly 1, 2, 3 during each movement. This is repeated six times.

2. *Head sideways bending.*—The head is laterally flexed slowly to the right, so as to bring the right ear close to the right shoulder, then slowly back to the median position, then slowly to the left, then slowly back again. During this exercise the patient looks up at the ceiling, and the back of the head rests on the table, in contrast to exercise No. 1, when he looks alternately over one shoulder and then over the other. As in the former exercise, the patient counts aloud during each movement, which is repeated six times.

At first these movements are performed passively by the surgeon; but the patient is encouraged to help actively, and by the fourth or fifth day can do them perfectly well by himself. When the child leaves the hospital after the stitches are out, the mother is shown what the exercises are, and is made to carry them out in the presence of the surgeon. It is explained to her why the exercises are ordered, and why she must continually correct the patient if he holds his head crookedly. The patient is not seen again.

It has been objected that the mothers of hospital patients are not sufficiently intelligent to carry out home treatment of their children. It will be found that the stupidity of the mother bears an inverse ratio to the care and patience of the surgeon. The four cases were as follows :

Case 1.—A. B., Reg. No. 3,371, aged 5 years. Difficult labour, instrumental; head presentation. Left torticollis, only noticed one year ago. Operation Sept. 11th, 1909. Left hospital Sept. 17th. Not heard of until April 13th, 1911, when the mother said he held his head perfectly straight, and was just the same in every way as his brother (see Case 3). The exercises were done for three months.

Case 2.—C. D., Reg. No. 3,664, aged 4 years. Normal labour. Left torticollis, first noticed when 11 months old. Operation Oct. 7th, 1909. Left hospital Oct. 13th, but came back to have stitches removed. Not seen until April 21st, 1911, when absolutely cured. The exercises were done for one year.

Case 3.—E. F. (brother of patient in Case 1), Reg. No. 3,842, aged 11 years. Breech presentation. Left torticollis, noticed when 7 or 8 years old. Face asymmetrical; left eye lower than right. Operation Oct. 19th, 1909. Left hospital Oct. 24th, but came back to have stitches removed. Not seen until April 13th, 1911, when absolutely cured. Face symmetrical. Exercises done for three months.

Case 4.—G. H., Reg. No. 3,885, aged 4 years. Difficult labour, instrumental. Right torticollis, noticed when 6 months old, when received by foster mother. Operation Oct. 22nd, 1909. Left hospital Nov. 11th. Not seen until April 13th, 1911, when absolutely cured. Exercises only done one week.

Thus, complete cure has been brought about in four cases without the aid of retentive apparatus; that is to say, in these four cases retentive apparatus was needless. Is it not needless, questions Mr. Roth, in all other cases which come within this scope ?

DIET IN TYPHOID.

The dieting of enteric fever cases was for years one of monotonous uniformity. Milk—milk—milk, and yet, despite every idiosyncrasy of digestion, still curds and whey. Dietetics is now rapidly taking front rank in medical treatment—and carefully and tentatively more generous diets are being prescribed for cases of typhoid.

In this connection Miss Mary A. Catton has an illuminating little Paper in this month's *Canadian Nurse*, in which she presents a very interesting table of the diet which apparently built up the strength of a case of enteric, complicated with severe hæmorrhage.

DIET IN TYPHOID.

The conservative plan of restricting the nourishment of typhoid patients to milk and broths seems to a great extent yet in favour, possibly due to the fact that by recognised test milk and broths have sustained with a minimum amount of risk. Milk in itself contains all the elements of principles of food in various proportions, sufficient to sustaining the vital forces of the body for a certain but variable time, according to the vitality of the patient previous to the attack, and the duration of the disease. Milk, however, notwithstanding the fact of its being a perfect food, nevertheless has its own shortcomings, which by actual test may be summed up as follows : (1) It is disliked by a large number of individuals; (2) when taken very often and regularly it becomes obnoxious to the patient; (3) if not sipped slowly it forms into large curds in the stomach and produces a feeling of fullness, extending to discomfort, and often induces vomiting; (4) it leaves considerable residue in the intestines, which may stimulate peristaltic action, give rise to flatus, and consequent distention and perforation. Nevertheless, in spite of all those adverse

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