for involved limbs, mercurial purges and correcting dietetic errors in intestinal toxemia and appropriate treatment in syphilitic cases are called for.

The Prevention of Respiratory Disease in Early Life. — ROYAL STORRS HAYNES (*Arch. Pediat.*, 1916, xxxiii, 81) emphasizes the fact that respiratory diseases in early life have not been diminished as have intestinal diseases. The infectious cold is most vicious probably in its sequelæ and complications and in its attendant lowered vitality which encourages other diseased conditions. The first five years of life are particularly susceptible partly on account of the effects of rickets, measles, pertussis and adenoid growths. Also the narrowness of the respiratory passages plays an anatomical part. Lowering of resistance is the primary cause and is brought on usually by exposure to cold, fatigue, auto-intoxication, poisoning by food or chemicals. Among the factors to be overcome is the dust nuisance. Oiling and watering of streets tends to prevent outdoor dust. Vacuum cleaners, dustless dusters, wet-sweeping and the use of rugs instead of carpets is desirable. The smoke of large cities is an irritant and should be minimized as it markedly increases respiratory diseases. Crowding in houses, street cars, trains, theatres, etc., is a great factor and its elimination tends to control a large part of respiratory diseases. The regulation and control of measles and pertussis, especially the early recognition and isolation of cases, the isolation of susceptible contacts and increased control in the reporting of cases would cut down the respiratory conditions attending these diseases. Regulation of attendance at school of children with respiratory affections is important. There is no such thing as a "little cold." "Open air" schools and "open window" schools minimize respiratory conditions. Proper care of children in the home through hygiene and sanitary measures, to keep up the resistance of the child is the most important prophylactic measure. Personal hygiene and the factors of food, clothing, ventilation, sleep and bathing are all important. The proper hygiene of the mouth is important as bacteria grow well there. The destruction or exclusion of the infecting organism and the preservation of resistance of the individual especially are the most important factors.

Mitral Stenosis in Young Children. — MURRAY H. BASS (*Arch. Pediat.*, 1916, xxxiii, 107) describes two cases of mitral stenosis in children, one in a boy of ten years, with no etiologic factor except a normal case of measles, recognition of the condition at the sixth year, no symptoms referable to the heart and a negative Wassermann and von Pirquet. However there is marked stunting of growth and a mentality below normal. The other case, of a boy, seven and one-half years old, had cervical adenitis, has had scarlet fever mildly, showed a positive Wassermann, and was markedly under-developed and puny. The only signs of a cardiac condition were occasional attacks of cough and dyspnea. Antisyphilitic treatment caused an improvement in his general condition and appetite and his cervical adenitis, his weight and stature practically remaining the same during almost two years following. The lack of development shown in both these cases is due presumably to the cardiac disease. In mitral stenosis in children