

negative within two to seven days after starting treatment. In the 2 nasal cases it was ineffective. This method should not be employed except in the late stage of convalescence and it is best to confine it to chronic carriers. It offers the best form of treatment but entails some degree of discomfort. Among the previous investigators no complications were noted except Lorenz and Ravenel who mention coryza, very mild laryngitis, and nasal furuncles occurring among their cases.

Acute Acid Intoxication in Children.—THOMAS C. McLEAVE (*Jour. Amer. Med. Assoc.*, 1913, lxi, 1764) reviews the theories of production of acid intoxication and gives the symptoms and treatment. This condition may occur in children aged from eight months to ten years. It may usher in an acute infectious disease or the attacks may be recurrent. Some chronic focus of infection is probably always present, such as an inflamed appendix or more commonly diseased tonsils or adenoids. The toxins from whatever source cause a condition in the liver function which produces faulty metabolism of carbohydrates and especially of fats and proteins. As a result, toxic bodies such as acetone and diacetic acid appear in large quantities in the urine and acetone is markedly noticeable on the breath. The nervous element is undoubtedly a factor in producing the condition, and a catarrhal condition of the nasopharynx is usually present. Characteristic symptoms are anorexia, coated tongue, a bluish pallid ring around the mouth and eyes with flushing of the cheeks, coryza with variable cough, pallor, sunken eyes, dry and cracked lips, foul breath with odor of acetone, vomiting of large amounts of fluid, rapid emaciation, scanty urine, constipation, and moderate fever. The duration of the attack is from two to seven days but deaths from this cause are very rare. The treatment consists of eliminating any possible focus of infection, a dietary low in fats with ample amounts of carbohydrate. Citrus, fruit juices, and grape-juices are also valuable. Fatigue and undue excitement should be avoided. Sodium bicarbonate in one to two dram doses weekly, and periodic emptying of the large bowel tend to abort the attacks. During the attack sodium bicarbonate can be given in 60-grain doses every three or four hours by mouth or rectum. Sugar must be given, preferably dextrose, in 4 per cent. solution with alkali, either by mouth or rectum. Both the sodium bicarbonate and the dextrose can be given in solution intravenously if the case is urgent. Saline infusions are given for the drying-out of the tissues, and opium, chloral, and the bromides control the nervous manifestations.

Some Unusual Phases of Child Hygiene.—MARY SUTTON MACY (*Archiv f. Pediatrics*, 1913, xxx, 848) points out the importance of protecting the child (from infancy to adolescence) from the ill effects of psychic trauma, which are not by any means all sexual. The epidemic of Freudism in this country threatens to restrict the term "psychic trauma" in its meaning to the sexual character. Macy mentions a large number of cases in children from ten to eighteen years initiated by a psychic trauma, which closely simulated a beginning Basedow's disease. In none of these cases has the initial shock been in any way sexual. She also mentions 30 cases of chorea having a history of psychic trauma, in no way sexual, as the point of origin