

Treatment, too, of the diarrhœa, which becomes a factor in the prognosis, should also receive attention. The use of mineral acids, bismuth and pepsin is well known, and also the use of Lactopeptine which has been commended by J. Lewis Smith, who attests its usefulness in these cases.

For several years we have used Lactopeptine in the indigestion of infants; in fact, it is much of a routine treatment, and the results have always been highly satisfactory. Infants need it when indigestion is more or less chronic, and it will do valiant service in correcting the difficulties of digestion here encountered. In addition to medical care, much attention must be given to the hygienic surroundings of the child, its bath, its outdoor life, its exercise, the water it drinks and the quality and quantity of food taken.—F. P. Norbury, M. D., in *Medical Fortnightly*.

## CHLORIDE METABOLISM IN PNEUMONIA AND ACUTE FEVERS.

HUTCHISON (*The Journal of Pathology and Bacteriology*, 1898, vol. v, p. 406; *American Journal of the Medical Sciences*) has made a careful clinical and pathological study of chloride metabolism in pneumonia and acute fevers. There is an exhaustive review of the literature, to which are added the results of the writer's personal work.

The following is the author's summary of clinical facts:

1. During an attack of croupous pneumonia the chlorides in the urine are greatly diminished or may even entirely disappear.
2. A comparison of the intake and output shows a true retention of chlorides within the body. The amount retained averages about two grammes of sodium chloride for each day of the disease.
3. The diminution lasts usually for one or two days after the crisis, and is succeeded by a sudden and excessive secretion, the amount of chlorides in the urine now rising considerably above that in the food.
4. The degree of the diminution varies considerably in different cases, but bears no relation to the degree of fever present, to the extent of lung involved, or to the presence or absence of albuminuria.
5. The chlorides are the only constituent of the urine which is diminished in pneumonia; the phosphates and sulphates tend, like the urea, to be increased.
6. Diminution of chlorides is not pathognomonic of pneumonia, but may occur in other acute fevers, notably in typhus and acute rheumatism, but is more constant in croup-