

4. Medical treatment should be continued for six to twenty-four months. Favorable results should not be promised unless the patient is under the absolute control of a physician, so that treatment by rest, diet, bathing, physical therapy, and so forth may be carried out with precision and continuity.

5. Surgical intervention requires the same rigid and prolonged after-treatment to give permanent results.

Finally, Musser's conviction is that the surgeon does too much and the internist too little in the treatment of goitre.

THE BLOOD PRESSURE IN SCARLET FEVER.

J. D. Rolleston, in the *British Jour. of Children's Diseases*, Oct., 1912, gives the following summary at the conclusion of an article on this subject:

1. In a series of cases of scarlet fever the blood-pressure was found to be subnormal in 25 per cent., the extent and duration of the depression being as a rule in direct relation to the severity of the initial attack.

2. In the great majority the highest readings were found in the first week; there was also a predominance of the lowest readings in the same week, but in a large minority the lowest readings were found in the second week. The normal tension was usually re-established by the fourth week.

3. In the majority of cases the blood-pressure was lower in convalescence than in the acute stage.

4. In 48.4 per cent. of the convalescent cases the readings in the recumbent and erect positions were the same, or the recumbent was higher than the vertical record until convalescence was firmly established (hypotension of effort).

5. With the exception of nephritis complications had little, if any, effect upon the blood-pressure.

6. In only a minority of the nephritis cases—12 out of 33—was the blood-pressure above normal, and the hypertension was never extreme nor of long duration.

7. Sphygmomanometry in scarlet fever, as in most of the other acute diseases, is of little practical importance in the acute stage, but in convalescence may give some indication of the severity of the renal lesion which may be of value in subsequent treatment of the patient.

8. Pronounced arterial hypotension, especially if accompanied by other signs of acute suprarenal insufficiency, should be treated by adrenalin or suprarenal extract.