

serious results. Adenitis is a frequent concomitant of the secondary sore throat, and must be closely watched for abscess-formation. Of great importance is the early evacuation of an abscess pointing in the throat or located in the tonsils. Next in frequency of infection are the joints. These must be immobilized at the first complaint of pain, and incised and irrigated as soon as pus develops. Endocarditis, pericarditis and abscess of the liver are to be watched for in all cases in which the temperature does not promptly recede to normal.

SCARLATINAL NEPHRITIS.

Every case of scarlet fever should be handled as if the patient had a severe glomerulo nephritis from the beginning. The whole dietetic and medicinal management of scarlet fever should have as its main aim and object the integrity of the patient's kidneys.

The diet should be an absolute milk and water diet for the first twelve days; for the following eighteen days, a simple farinaceous diet, to the exclusion of all nitrogenous food, of which, of course, eggs, meats and broth head the list. The atmosphere in which the patient moves, his clothing and bed should be arranged to promote excessive action of the skin. The state of the digestive tract must be kept in as free a condition as is possible, and liquid, copious action of the bowels favored. All excretory action possible should be removed from the kidneys and thrown on the skin and bowels. Under such conditions we can fairly hope to limit the occurrence of nephritis; or, if it occurs, as it frequently will, in spite of our best efforts, counteract its dangers and change a frequently fatal disease into a simpler condition. The danger of nephritis begins with the tenth to the twelfth day. If at this time there is evidence of albumen, the patient should be purged, and should receive a hot pack twice a day and kept in perspiration an hour each time; if suppression of urine occurs, the potassium citrate in thirty grains every two hours, or diuretin, ten grains every three hours, should be administered. Large doses of Epsom salts per os or enema, preferably the latter, should be given, and a dilatation of the blood vessels encouraged by the administration of nitroglycerin, one drop every hour, or pilocarpine hydrochloras one-eighth grain every four hours.—*Interstate Medical Journal.*