ment subsequently by low-dosage treatment with steroid or high dosage intermittent treatment over a long period.

3 patients received 301-500 mg. prednisolone, during this period; 28 patients received 1001-1500 mg; 9 received 1501-2000 mg; 2 received 2001-2500 mg; and 2 received corticotrophin. One recovered before steroid therapy was started. Antibiotics were not given prophylactically. The diet contained less than 2 mg. of sodium daily. Treatment was repeated or continued beyond 40 days in 27 children on account of failure to respond, relapse, or failure to clear proteinuria completely.

38% responded and had no recurrence of proteinuria. 53% responded well but relapsed; 22% of these subsequently became well and remained free from proteinuria for 3 years; 22% had repeated relapses and proteinuria of varying degree 5-11 years later; 9% later died. Seven per cent were unresponsive to therapy, of whom one died and 2 recovered.

Four children died of renal failure and one from heart failure.

The authors' 5-year results yielded a 91% survival rate with 69% in the asymptomatic state (no significant proteinuria for 3 years).

Some factors influencing the final results were initial hematuria and duration of illness before treatment.

The results of the survey indicate the distinct long-term benefit for nephrotic children contrasted with the pre-steroid era.

The authors drew attention to the three groups of idiopathic nephrosis:

(1) Those who respond well to one short course of steroids and do not relapse thereafter (40%).

(2) Those who respond to steroid but either incompletely or relapse and require further treatment (53%).

(3) Those who do not respond to steroid (7%) and require treatment by a very low sodium diet etc.

They suggested that group 1 (40%) should be given one intensive course of prednisolone and no further steroid thereafter; either protracted, continuous or intermittent therapy.

ADDENDUM

The following acknowledgement to be inserted below metaphase in Plate XIII OF SUPPLEMENT, SEPTEMBER, 1966—From Chaudhuri, A. *Indian J. med. Research* 54 : 339, 1966, by courtesy of the editor.