

arity of controlling coughs and relieving the irritated and inflamed lining of the respiratory tract without arresting secretion. Here it shows its value over morphine. It is not followed by constipation, creates no habit, nor is the mucous membrane of the throat and bronchial tubes made dry. To control the cough and quiet the irritation, at the beginning of the attack, often prevents most serious trouble. There is another remedy which must occur to the mind of every well posted physician as especially applicable to these conditions. The power of antikamnia to reduce fever and thus control inflammation makes it one of the best preventive and curative agents. The combination of two such clearly defined remedies for respiratory affections is most fortunate. They are prepared in the form of "Antikamnia and Codeine Tablets."

PAROXYSMAL ARTERIOSPASM WITH HYPERTENSION IN THE GASTRIC CRISES OF TABES.

Lewellys F. Barker, M.D. (*American Journal of the Medical Sciences*, May, 1910), reports a case of tabes with gastric crises, during which there was a considerable rise of blood-pressure. The patient was a married woman, 49 years of age. The crises were attended by severe pain, which was situated in the upper abdomen and radiated into the back. Vomiting, retching, and severe general symptoms were present. The pain was accompanied by paroxysmal arteriospasm, with great elevation of the maximal arterial pressure. The pressure was over 200 mm. of mercury, but fell at once to 90 mm. after an inhalation of amyl nitrite. That the hypertension depended upon the arteriospasm was evident from the effect of amyl nitrite. As soon as the effects of the amyl nitrite had worn off the hypertension reappeared. The marked oscillations in the pressure during the crises are well shown in the blood-pressure chart accompanying the paper. It was only after the blood-pressure returned to normal, and remained on the normal level, that the symptoms disappeared. A study of similar cases in the literature indicates that partial falls of the pressure are significant only of remissions in the crises, not of termination.

Attacks of severe abdominal pain with paroxysmal hypertension occur in at least three conditions—(1) gastric crises of tabes, (2) lead colic, and (3) the angina abdominis of arterio-sclerosis.

In the gastric crises of tabes it is assumed that irritation in either the posterior roots of the spinal nerves or their continuation within the cord leads to a reflex vasomotor constriction, which is most extreme in the