
Correspondence

To the Editor of DOMINION MEDICAL MONTHLY:

DEAR SIR,—The active staff of the Girls' Home were obliged to resign in a body within the past month, owing to a disagreement with the Board of Management, after repeated efforts on their part to come together. The action of the Board was such that no self-respecting medical practitioner could consent to act further under prevailing arrangements.

Members of the profession proposing to seek appointment on the Home staff would act in their own, and the profession's interest, if they would call upon me before accepting such appointment.

Yours very truly,

D. J. GIBB WISHART,

Senior member of the late staff.

Toronto, October, 1902.

Selected Abstracts

SENILE TABES.

Tabes is most common between the ages of twenty-five and forty-five, writes A. Pitres (*Jour. de Med. de Bordeaux*, May 18th, 1902), yet 25 per cent. of the cases observed by the author occurred after the fiftieth year. Three cases are reported which began after the seventieth year, the patients having up to that time enjoyed good health, with the exception of one, in whom tabetic symptoms followed an attack of influenza. In the experience of the writer, the symptomatology of senile tabes is practically identical with that observed in earlier life, save that the onset is generally rapid and not characterized by a pre-ataxic stage. Autopsy in two of the cases referred to showed marked atheroma of the peripheral and large spinal arteries, atrophy of the posterior roots and sclerosis of the posterior columns being noted as in ordinary tabes. From these studies it is concluded that senile tabes is less closely related to syphilis than tabes of earlier life, that it is indirectly attributable to any cause, acute or chronic, which induces degenerative changes in the arterial system (senility, alcoholism, infectious diseases), and that it probably constitutes a manifestation of spinal arteriosclerosis rather than an effect of luetic infection of the nervous centre.—*Medical News.*