

children perspired much about the head and neck, salt-water sponging before bed-time was of service. When the cough was irritant and it was necessary to increase the secretion and allay the pain, Dr. Thomson's favorite prescription was an emulsion of linseed oil to excite the secretions and an anodyne of about a thirtieth of a grain (0.02 gramme) of morphine and three or four grains (0.2 or 0.26 gramme) of chloral. Where there was threatened muscular exhaustion from mucus collecting about the glottis an emetic was needed, as ipecac or, if necessary, sulphate of copper. The mucus should be removed with the finger after vomiting had ceased.

Dr. Baruch used tepid baths in children up to 5 years, beginning with 95° F. (35° C.) and reducing to 80° F. (26.8° C.). At the afternoon bath the mother should slap the body of the baby with the hand dipped in warm water, the temperature being reduced from day to day until 60° F. (15.6° C.) were reached. Water should then be dashed on with the hand, beginning with 80° F. (26.7° C.), and after some days gradually reducing to 60° F. (15.6° C.).

Dr. J. W. Brannan used mustard combined with flaxseed as a poultice for the chest. He also feared the exposure of baths. Half drop or drop doses of aconite were of value where there was fever.

Dr. J. Lewis Smith stated that no remedy was better than carbonate of ammonium to promote cough, small doses being used to avoid gastritis. The position of the child should be frequently changed to avoid pneumonia or atelectasis. Under the fourth month he used muriate of ammonium with syrup of Tolu. Half a grain (0.03 gramme) of phenacetin may be used to reduce temperature. Mustard should not be used under the tenth month. Instead of water he preferred a linseed and mustard poultice on the chest.—*Archives of Pediatrics*, April, 1894.

## Progress of Science.

### TREATMENT OF TABES DORSALIS.

MAX WEISS, of Vienna, describes a case of advanced tabes, in which the connection between that disease and syphilis was very clear, thus lending additional support to the Erb-Fournier theory. This case is especially noteworthy from the fact that a regular and steady specific treatment markedly and rapidly diminished pronounced objective and subjective tabetic symptoms, a few of these even disappearing entirely. The treatment consisted solely of rather large daily doses of iodide of sodium, increasing from 5 to 8 grammes (1¼ to

2 drachms) for several months. The patient was an engineer, 35 years old, who had never suffered from illness during childhood; in 1883 he acquired an indurated specific ulcer, with secondary symptoms. He was given twenty injections of corrosive sublimate and small doses of iodide of potassium; in July, 1884, a lingual ulcer developed, which underwent complete resolution after twenty-four injections of corrosive sublimate. Since that time there had been no specific eruption either on the body or the visible mucous membrane. In 1886 several attacks of nausea and vomiting occurred, each lasting about fourteen days, accompanied by severe pain in the back. In the autumn of 1887 renewed attacks of vomiting occurred early in the morning (gastric crises). From 1889 there were almost daily attacks of vomiting. Nutrition was much impaired, and the body-weight decreased. He suffered from lancinating pains over the entire surface of the skin, more particularly on the arms and legs, most frequent after a change of weather. In 1890 co-ordinate disturbances of standing and walking were first noticed, with paræsthesia of the toes, soles of the feet, and the two small fingers of each hand, diminished tactile sensibility in the epigastric region, and fatigue after the least attempt at walking. Constipation, cramp-like pains in the abdomen (intestinal crises), some retention of urine, and severe boring pains in the urethral canal were added to the other symptoms. In the spring of 1893 the sight was poor at a distance of from twenty to thirty steps, but there was no trouble in reading and writing. In August, 1893, the patient was submitted to a systematic iodine treatment. For the first two weeks he took daily 5 grammes (1¼ drachms) of diluted iodide of sodium; no symptoms of iodism being observed. The daily dose was increased 2 grammes (31 grains), and for some time 3 grammes (46 grains). Within a month the daily gastric crises ceased suddenly, and have never since reappeared; in September, disturbances of co-ordination diminished perceptibly, and in October, when the patient was taking 8 grammes (2 drachm) of iodide of sodium daily, and had already consumed the enormous quantity of 500 grammes (1 pound) in all, without any untoward symptoms, no evidences of ataxia were present. The cloudiness of vision had also disappeared, the lancinating pains occurred but seldom, and were much less severe than formerly. The patient, even after walking several hours, did not feel any fatigue. His appetite has greatly increased, and his weight has increased 6 kilos (12 pounds). Treatment is still being continued in daily doses of from 6 to 8 grammes (1½ to 2 drachms), with short intermissions. The paræsthetic symptoms have almost entirely disappeared. The urethral crises and the weakness of the detrusors persisted longest, and systematic cross-galvanization of