

**Medical Matters.****THE EXERCISE TREATMENT OF LOCOMOTOR ATAXY.**

THE *Medical Times* last week published a valuable article on the new treatment of Locomotor Ataxy, which will be read with interest by all who have nursed a case of that disease. Although in cases of *Tabes dorsalis* the ataxia varies from time to time, and can frequently be lessened by prolonged rest in bed, the treatment of this disabling symptom has hitherto been very unsatisfactory. Some few cases were improved by suspension, some by forcible flexion of the spinal column which was supposed to have the effect of stretching the spinal cord, but the great majority of cases were either uninfluenced by these methods or even injuriously affected by them. The method devised by Frenkel has, however, been productive of surprisingly good results in many cases, and is absolutely safe in all. One can safely promise such patients that if it does no good it will certainly do no harm, and if we can bring ourselves to *assure* them that it will do good, we shall have made a step in advance. For there can be no doubt that confidence on the part of the patient is necessary to secure the best results in organic as well as in functional diseases of the nervous system. The method consists in making the patient perform various co-ordinated movements with the ataxic limbs, at first keeping his eyes fixed upon them whilst performing the movements, and thus controlling the inco-ordination by sight, until facility in executing these has been acquired. Whatever exercises are prescribed for the patient must be thoroughly and carefully carried out and not slurred over. At first very difficult, they gradually become more easy of accomplishment, and in course of time can be performed with the eyes closed. In a paper in the *Medical Record* for July 22nd, 1899 (p. 116), Dr. Wiener has published the results of this method of treatment in ten cases, and is certainly to be congratulated upon them. He lays great stress upon the necessity for careful supervision of the exercises by the medical attendant. The patients are first taught to go through their exercises, specially devised for each case, lying flat upon their backs. When they become expert in this position, they are then

given a series of exercises to be performed sitting on a chair. Finally, standing and walking and difficult and complicated movements are given. Before commencing the course, the patient's general health is improved as far as possible by rest in bed, full diet, and tonics. He gives full notes of three of the cases. The ataxia in Case I. was so marked that the patient could only walk very short distances, with the assistance of a stick. With closed eyes he could not perform a single co-ordinated movement either when lying down or standing up. After six months' treatment he walked with the greatest ease "any reasonable distance," and can perform complex and difficult co-ordinated movements. The result in the other two recorded cases was equally satisfactory.

**THE EARLY DECAY OF THE TEETH.**

An interesting paper, which has recently been published, calls attention to this most serious evil. The national importance of this state cannot be over-estimated, as we cannot expect to rear a healthy race when dental caries is so general at the age when sound teeth are essential for the perfect nutrition of the rapidly growing child. Of the many theories which have been put forward to account for this premature decay, none are satisfactory. A favourite one has been that of development. The idea is that, with the early education of children, a greater amount of blood is determined to the brain, and that the teeth and jaws thereby suffer from a diminished supply; but, the future of the teeth, both temporary and permanent, is laid before the child has begun to use its brain. Attention is also called to the change in the feeding of children which has taken place during the last fifty years. Mothers do not suckle their children, the wet nurse is a thing of the past, artificial food is in vogue, and more important still is the manner of this artificial feeding. It is the temperature of the food to which special attention is called; an ordinary bottle of milk lasts the child from ten to fifteen minutes, therefore there must be a marked difference of the temperature at the beginning and end of the meal. The suitability of the temperature is judged by the mother accustomed to sip her tea at 140° F., who thinks her tea cool at 110° F., and so each bottle may be compared to a hot poultice applied to the mucous membrane of the mouth, producing congestion of the gingival membranes and starving the developing dental sacs.

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