

both of these have set firmly, it will be found that the rigid knee and plaster-covered foot afford a grip that is most satisfactory. The surgeon himself can then hold the foot in over-correction, and his hands need not be moved by the application of plaster by his assistant to the uncovered region of the ankle.

The machine is also useful in cases of paralytic club feet, and in flat feet of the rigid type. In the treatment of the latter the aim is to get a combined varus and inversion. Hence the pin is placed opposite the astragalo-navicular joint, and the flange at the outer border of the foot. Any one who has wrestled with a flat foot, twisting it between his knees, will know that considerable, often great, force is required.

My thanks are due to Dr. E. H. Bradford, Professor of Orthopædic Surgery, Harvard Medical School, and Orthopædic Surgeon to the Children's Hospital, Boston, for advice and encouragement during the construction of the machine. By his kindness I was enabled to make use of it in a number of cases of club feet of different types at the Children's Hospital with gratifying results. I have also to thank Mr. J. H. Chapman, McGill College Avenue, whose well known care has been used in the making of a machine for use in Montreal.

TABES DORSALIS AND ITS RE-EDUCATIVE TREATMENT.

BY

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Mr. President and Gentlemen:—

It has seemed to me from my hospital experience here, that a small demonstration of Fränkel's methods of re-educating Tabetics might serve some practical purpose, as no elaborate apparatus is required, and the treatment can be carried out by any physician who has the time and patience to devote to it. The results too are so satisfactory in the great majority of cases that no case should be allowed to develop a bed-ridden condition, or to anything approaching such a condition, owing simply to the ataxia. Even if they have already reached such a condition, in the absence of arthropathic disorganization of the joints, or of very extreme hypotonia, the prognosis is still fairly good.

Before taking up the method of treatment I wish to discuss shortly the pathogenesis of Tabes Dorsalis.

You are all familiar with the pathological picture of marked degeneration of the posterior columns, most marked in the ordinary cases in the