

be carefully watched by the physician, the patient being unable to observe fatigue in himself.

JOHN McCRAE, M.D.—It seems to me that we have here an illustration of a most striking fact in favour of the theory of nervous exhaustion. One of the patients to-night had attained to comparative well-being through suitable treatment, but had the misfortune to lose two of his children in the Hochelaga School fire. The following morning it was found that he was completely ataxic, and it may be said that one hour of shock had worked in this man a result which years of the hardest labour could hardly have brought about. Dr. Russel's re-education from that point has been merely a recapitulation of the progress which the patient had made up to the time of the calamity.

II. A. LAFLEUR, M.D.—I would like to ask Dr. Russel if it would be considered safe to give a patient verbal instructions or a written *résumé* of the movements to be carried out, let us say at home. Some years ago I mentioned to a patient that the only thing that would help him would be this same re-educative treatment, and mentioned the work of Fraenkel, who had written out some exercises for this condition. The patient procured an English translation and carried out the treatment with a great deal of success, and from being extremely tabetic he could get along remarkably well. He kept the exercises up till he died three years later of cerebral hæmorrhage.

WESLEY MILLS, M.D.—This paper seems to me of unusual interest, because it shows how theory and practice or application may be closely connected. Dr. Russel has brought before us a theory of tabes which is eminently physiological, and one after hearing it expounded and thinking the subject over a little wonders that some such view as this was not urged before. That it has not been just shows how dull we are. Two or three things I should like to point out in this connexion: We have been slow to learn how movements, whether reflex or voluntary, are absolutely dependent upon the incoming afferent impulses. You may say that a tabetic subject is one that lacks the usual share of the incoming information; secondly, the executive is defective from lack of physiological knowledge; and the theory of training presented is based largely on the desirability of increasing stimulus through the parts that remain intact; for example, through the eye, which plays a very prominent part; that is, the eye is called upon to make up for the sensory regions that are shut off by the disease. This condition illustrates Hughlings Jackson's dictum that disease is a retrogression to a more primitive state. These tabetics again become children in a way, and the man struggles to perform a movement just as the child does to take its first steps. The question of exhaustion is of exceeding