

is nerve change, that we can trace its degenerative ravages throughout its most eccentric ramifications. Subsequent experiments during the past year have not only corroborated these facts, but by means of them the "centers of nutrition" have, by experiment, been found to be located in the spine and spinal ganglia. It proved an extraordinary fact, viz., that if only a certain nerve were divided by the knife or affected by disease, the degeneration only affected that nerve tract, however intimately the fibres might be bound up or interlace with each other. This explains much that seemed erratic in the pathological condition of the cord and brain. Anatomy has shown us little distinction in the composition of these two centers of nerve energy, but this cardinal fact shows us that even in apparently uniform nerve structures there do exist unknown differences in their ultimate elements. Turek, of Vienna, has shown cases of brain disease in which certain definite tracks commenced at morbid centers, and took their course with well defined boundaries downwards to the lower end of the spinal cord, the whole diseased tract having in a greater or less degree all the degenerative characteristics of the central and initiatory morbid change. In the most of cases recorded, this morbid change—if in the brain—would spread from the brain lesion downwards through the crus cerebri, the pons and the anterior pyramid of the same side, then through the posterior section of one of the lateral columns. This corresponds to the anatomical continuity of fibres, as well as to the nutritive track. We often see this trail of disease with the naked eye, in cases of *post mortem*, or those having had hemiplegia, sclerosis, or such like nerve disease. Charcot asserts, that the direction of disease in the posterior columns of the cord is upwards, and of course