

those cases of arrest of growth in a limb the centres only concerned in the phenomena of development are affected, and that such centres constitute a distinct and separate neural entity in the anatomo-physiological make-up of the spinal cord ?

An inflammatory process having been propagated to the growth centres, there is also attendant a migration of leucocytes and proliferation of nuclei of the fixed connective tissue cells, which press on and interfere with the nutrition of the nerve fibres and cellules to such an extent as to temporarily suppress function.

As the nerve root escapes through the intervertebral foramen, it is freely invested outside of its dural sheath by loose connective tissue which readily hypertrophies and impedes circulation after inflammatory processes have been transmitted to it.

Now the usual rule is that after a joint has been injured through a fall, twist or bruise, or a bone has been fractured or dislocated, processes of repair are prompt and the patient is soon on his feet again. But in a considerable number the sequence is not so simple. In this class we naturally enquire for the fundamental cause, why one so soon and so completely recovers, while others drift into a chronic state, and sometimes make at best imperfect recoveries ? Without the least doubt the cause lies in a constitutional cachexia, either acquired or inherited, as tubercle rheumatism or syphilis. With one the inflammatory exudate is moderate and is soon dispersed by resolution and resorption. On the contrary, when either one of the other dyscrasie, as syphilis or rheumatism, is in operation its role involves a complex and altogether more serious pathological change than the other. With the latter there is a tendency of the inflammatory processes to spread into and involve the cellular elements and fibrils of the nerves, when we will have genuine parenchymatous inflammation. But in most cases this will cease before degenerative changes follow, though seldom without seriously disturbing the nutrition of the ganglionic cells, reducing their number or leaving a granular residue which will be slow of resorption.

When this process is complete on the affected side, nature is permitted, as it were, to finish her work of complete growth and development. The limb on the sound side during the months of restraint has been growing, so that on comparison as our patient "takes his feet," we will find a marked disparity in length which the injured limb never regains. In the second group of this class of injuries, the lesion of the nerve is direct and tangible. But it