

pensatory inclination or adjustment of subsidiary or neighboring structures. Indeed, in many of the most aggravated cases, with a slight raise on the shoe and but a moderate inclination of the pelvis, without a nude examination scientifically executed, no one can detect any marked impediment in locomotion.

The pathology of this first type of motor-trophic action has in recent years been made the subject of extensive experimental and clinical study by neurologists and surgeons. Raymond declares that it is wholly dependent on changes in the ganglionic cells of the interior coruna of the cord, and technically designates it "peripheral motor-atrophic paralysis," and claims that it is of a reflex nature and purely eccentric in origin (Raymond, "*Malad du System Nerveux*," p. 171). This view will scarcely suffice, for in many important particulars it is wanting in clinical support. His theory—one which has the support of Hammond, Dana, Wood, Duchenne, Rosenthal, Sandras and others—though it accounts for many of the phenomena present, is yet very defective. As a matter of fact, in many of the most typical cases which we ever meet there is no paralysis of any kind. In some respects it is quite the contrary. The crippled limb is always hyperæsthetic over its entire areas. The child does not move it, not because he cannot, but because as voluntary motion of it gives him pain he keeps it quiet. Atrophic muscular changes are not well marked by any means in all cases. My own impression is that trophic influence is suspended, as a consecutive incident to inflammation. The original lesion is a multiple neuritis, which is propagated along the nerve trunks to the trophic ganglia or such centres as preside, not over nutrition, as the vaso-motor system, but central processes of development and growth. Neurologists and pathologists of modern times quite generally agree that the anterior nerve root is both motor and trophic. Is it not reasonable to assume, too, that there are molecular elements lodged in the ganglionic cells or anterior coruna, whose sole functions are to preside over growth, and which, after maturity of the body, having accomplished their purpose, assimilate with other elements or are absorbed and disappear?

The function of the ganglia lodged in the anterior coruna is demonstrated rather by the study of morbid anatomy and clinical observations than by physiological proofs. We may have, as is well known, motor-palsy without marked atrophy, and progressive muscular atrophy or pseudo-hypertrophy without serious interference with mobility. Is it not rational then to assume that in