sis, we have lipomatosis, while in the juvenile form of muscular atrophy, hypertrophy is not necessarily present, and if present it is true and not false. If this is the only difference it is quite plain that it would be better to describe the juvenile form of muscular atrophy as being sometimes attended with a true and sometimes with a false hypertrophy of the muscles, rather than describe two separate diseases. Pathologically there is no difference between them. They are both myopathic and *not* neuropathic disorders. All the recent autopsies in cases of pseudo-hypertrophic muscular paralysis agree in the particular that no changes in any portion of the spinal cord are present, the changes found being confined to the muscles and differing in no way (except in a great degree of lipomatosis) from those described as being present in cases of the juvenile form of muscular atrophy. Changes have been described as being found in cases of the pseudo-hypertrophic paralysis in the ganglion cells of the anterior horns, but this was some years ago, and before the much improved methods of the histological examination of nervous tissue were known. Seeing that in a number of recent cases examined by such competent observers as Recklinghausen, Schultze, and Ross, where improved methods were made use of, it follows that little or no value can be attached to the alleged changes found by the observers of even a few years ago.

Erb is a firm believer in the essential identity of these two diseases. Speaking of the juvenile form