REVIEW ARTICLE



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The tracts, cytoarchitecture, and neurochemistry of the spinal cord

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Abstract

The human spinal cord can be described using a range of nomenclatures with each providing insight into its structure and function. Here we have comprehensively reviewed the key literature detailing the general structure, configuration of tracts, the cytoarchitecture of Rexed's laminae, and the neurochemistry at the spinal segmental level. The purpose of this review is to detail current anatomical understanding of how the spinal cord is structured and to aid researchers in identifying gaps in the literature that need to be studied to improve our knowledge of the spinal cord which in turn will improve the potential of therapeutic intervention for disorders of the spinal cord.

KEYWORDS

cytoarchitecture, neuroanatomy, neurochemistry, Rexed laminae, spinal cord

1 | INTRODUCTION

Originating as a continuation of the brainstem and terminating in the filum terminale, the spinal cord is the primary information conduit connecting the brain and peripheral nervous system, controlling the trunk and limb musculature, as well as receiving sensory information from the same regions (Schwab, 2002; Watson & Kayalioglu, 2009). In contrast to other parts of the nervous system, the history of its characterization is relatively short and punctuated with large pauses, beginning with Blasius' distinction between gray matter and white matter in 1666, followed by the identification of several tracts and nuclei over the 18th and 19th Centuries (Naderi et al., 2004). Since the seminal subdivision of the spinal cord into laminae based on the localization and morphology of different cell types in the feline spinal cord by Bror Rexed (Rexed, 1952a), however, efforts to comprehensively articulate and describe the anatomy of

the spinal cord has not kept up with advances in histochemical and imaging techniques, especially where the human is concerned. Consequently, there is a discontinuous series of studies spanning numerous species and animal models, spinal levels, and histochemical techniques. This review aims to comprehensively describe the spinal cord gray and white matter by consolidating available studies from the 19th Century to the present day. Unless otherwise stated, this review will refer to the human spinal cord, and considerable effort has been made to find data specific to humans. Experimental animal models will be referred to where there is no known human data available, or where comparisons across species are made. This is an essential foundation to fully understanding the structure and function of the key cell populations in the spinal cord and will serve as a reference when considering anomalies and disorders of the spinal cord (e.g., acute trauma, degeneration, or compression due to tumor growth).

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2 | GENERAL DESCRIPTION OF HUMAN SPINAL CORD ANATOMY

Contiguous with the most caudal portion of the medulla oblongata, the spinal cord is ovoid in cross-section and extends within the vertebral column. In humans, it is approximately 45-cm long in males, and 43-cm long in females (Barson & Sands, 1977; McCotter, 1916). The cord is encased by the pia mater, the innermost layer of the spinal meninges. It is often considered as a single membrane with the intermediary arachnoid mater; collectively known as the leptomeninges (Figure 1b; Kayalioglu, 2009a). This continues to envelop the spinal roots as they leave the spinal cord, finally blending with the perineum of the spinal nerves. The pia mater also extends laterally between the attachments of the dorsal and ventral roots known as denticulate ligaments, which attach the spinal cord to the dura via the arachnoid mater (Figure 1b; Nicholas & Weller, 1988). These ligaments serve to anchor the spinal cord, providing stability when subject to movement in the lateral plane. Stress testing of denticulate ligaments in cadavers indicates greater tensile strength in the cervical spinal cord, gradually decreasing in the thoracic and lumbar regions (Tubbs et al., 2001). Like the cerebral meninges, the outermost layer of the spinal meninges is the dura mater; a tough and dense membrane composed of collagen, fibroblasts, and elastic fibers. It extends over the spinal ganglion and nerves, blending with the epineurium (Figure 1b).

The spinal cord is subdivided into five regions consisting of 31 paired segments from rostral to caudal, these are the cervical (8 segments), thoracic (12 segments), lumbar (5 segments), sacral (5 segments), and coccygeal (1 segment) (Figure 1a; Frostell et al., 2016). The cervical region is largely concerned with facilitating movement and sensation of the head, neck, shoulders, arms, and hands. In humans, this is a region where acute trauma to the spinal cord is commonly sustained and the most lifethreatening (Kang et al., 2018). The thoracic region continues immediately from the cervical, which is responsible for controlling motor and sensory information about the abdomen, upper chest, and the upper back. Broadly speaking, this region is critical for providing stability to the body. The lumbar region continues from this, covering the movement and sensation of the lower abdomen and the legs. The sacral and coccygeal regions are found next, although in the human the spinal cord ceases to exist as a whole piece of tissue per se and instead frays out forming the cauda equina (Figure 1a); a series of nerve roots that facilitates motor and sensory function to the lower limbs and the pelvic organs (Orendáčová et al., 2001). While some nuclei have been identified in this region in non-human species, these will be omitted

from this discussion for clarity. Specifically, the conus medullaris is considered the end of the spinal cord; typically occurring at the level of the L1 vertebra in the average adult (Figure 1c; Brouwers et al., 2017). It is surrounded by the pia mater and is connected to the filum terminale, a fibrous band of connective tissue extending from the conus medullaris to the dorsum of the coccyx (Figure 1c; Kwon et al., 2018). The filum terminale serves to anchor the spinal cord, stabilizing the distal aspect of the cord when subject to cephalic and caudal traction (Kwon et al., 2018). It is composed of type I collagen, elastic, and elaunin fibers (Fontes et al., 2006) and is made up of two parts: the filum terminale internum and the filum terminale externum (Saker et al., 2017). The former refers to the upper 3/4 and is surrounded by the spinal dura and arachnoid meninges (Figure 1c; Saker et al., 2017). It is surrounded by ample sub-arachnoid space and is the region where a lumbar puncture is performed for the collection of cerebrospinal fluid (Saker et al., 2017). The latter is also known as the coccygeal ligament and refers to the remaining quarter and is adherent to the dura mater, connecting to the periosteum of the coccyx (Saker et al., 2017).

2.1 | Subdivisions of the spinal cord

The spinal cord is comprised of gray matter and white matter. The interior of the cord consists of gray matter and is immediately apparent by the distinctive, upsidedown butterfly-like shape it resembles when viewed in the transverse plane (Figure 2). It consists of the cell bodies of neurons, interneurons, and both myelinated and unmyelinated axons. There are two key anatomical landmarks; the ventrolateral and dorsolateral sulci (Figure 2) from which the ventral and dorsal rootlets arise, respectively (Figure 1b). These rootlets cross the subarachnoid space and pierce the dura mater separately before converging to form the dorsal or ventral root and ultimately, the spinal nerve (Saito & Steinke, 2015). The functional subdivisions of the gray matter will be elaborated on further as the focus of the review. The white matter on the other hand encircles the gray matter (Figure 2). It is named so for the presence of heavily myelinated axons, facilitating saltatory conduction of signals along the length of the axon.

2.1.1 | White matter subdivisions

When viewed in the transverse plane, the white matter can be further subdivided into ventral (anterior), lateral, and dorsal (posterior) columns, or funiculi (Figure 2),

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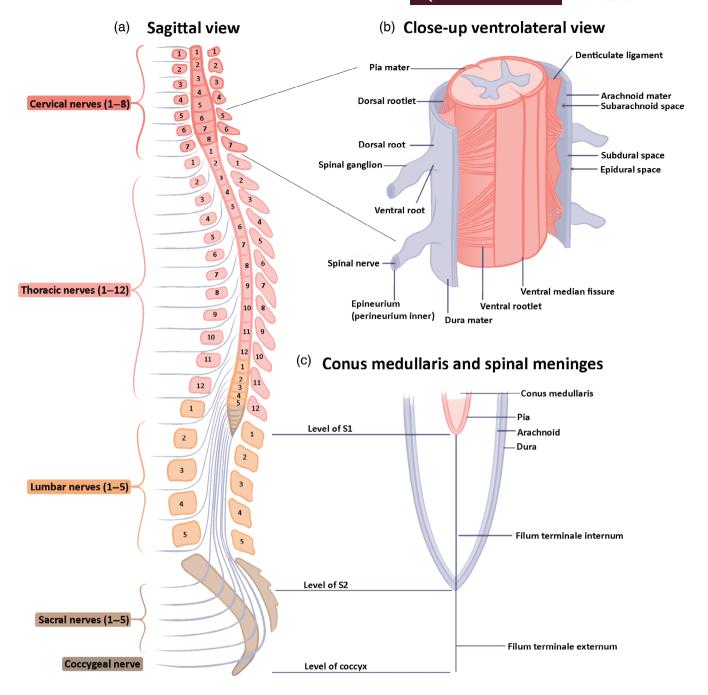


FIGURE 1 General anatomy of the human spinal cord. (a) Sagittal view of the spinal cord and vertebral column. The spinal column consists of 31 paired segments (8 cervical, 12 thoracic, 5 lumbar, and 1 coccygeal). The spinal cord is encased by the vertebral column (commonly known as the backbone or spine), which consists of 33 individual vertebrae [7 cervical, 12 thoracic, 5 lumbar, 5 sacral (fused), and 4 coccygeal (fused)]. (b) A close-up ventrolateral view over two spinal segments (C6–C7 is depicted as an example). The spinal cord itself is encased by the pia mater; together with the arachnoid mater it forms the leptomeninges. The leptomeninges envelops the spinal roots and blends with the perineum of the spinal nerves. The lateral extensions of the pia mater are known as the denticulate ligaments, which anchors the spinal cord to the dura via the arachnoid mater. The sub-arachnoid space is the gap in between the pia and arachnoid mater, and is filled with cerebrospinal fluid. Finally, the dura mater is the outermost layer; a tough, fibrous layer which serves to protect the spinal cord. The subdural space is a virtual space between the dura and arachnoid mater. Comprised of fat and small blood vessels, the epidural space is found in between the dura mater and vertebral column; it is a site of administration for some local anesthetics and analgesics. (c) Conus medullaris and spinal meninges. The conus medullaris is considered the end of the spinal cord. The filum terminale (internum, upper 3/4; externum, lower 1/4) is a fibrous band of connective tissue that serves to stabilize the distal end of the cord

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FIGURE 2 White matter subdivisions (left) and key tracts found within the white matter (right). Schematic transverse section of the human spinal cord (approximate spinal level = C7) with regional divisions (left-hand side) and key tracts (right-hand side; red arrow = descending, blue arrow = ascending). Tracts are colored the same as the regional division they are considered to be a part of

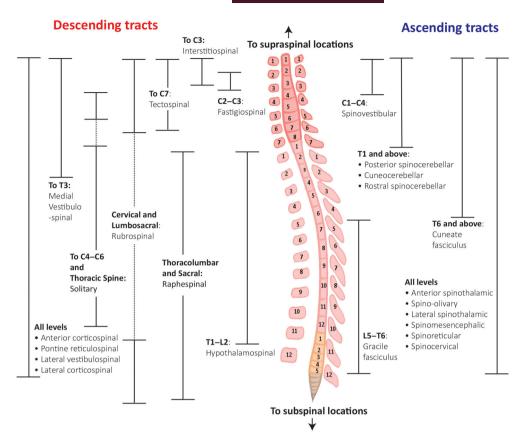
which are functionally distinct from one another (Schoenen & Faull, 2004; Sengul & Watson, 2012a); the anterior white commissure at the base of the latter connecting the halves (Cavdar et al., 2021; Raybaud, 2010). Ascending projections (Figure 3) travel from the spinal cord to supraspinal regions, communicating sensory information (pain, temperature, proprioception, and touch) not only from somatic structures (e.g., limbs) but also the viscera (Wang et al., 2022; Wercberger & Basbaum, 2019). These arise from neurons in the dorsal root ganglion or within the gray matter of the spinal cord, and project to the brainstem, cerebellum, midbrain, diencephalon, or the telencephalon (Wercberger & Basbaum, 2019). Descending projections (Figure 3) on the other hand are comprised of upper motor neurons whose role is to transmit motor information down the spinal cord where they synapse with lower motor neurons, ultimately facilitating movement (Lemon, 2008).

Ventral (anterior) funiculus

The ventral funiculus refers to the area of white matter between the anterior median fissure and the ventral root (Figure 2). Ascending pathways found in this column include the anterior (ventral) spinocerebellar tract, the spinovestibular tract, and the spinoolivary tract. *Descending pathways* found in this column include the ventral (anterior) corticospinal tract, medial longitudinal fasciculus (a sub-region consisting of the medial vestibulospinal tract, tectospinal tract, and interstitiospinal tract), the lateral vestibulospinal tract, pontine reticulospinal tract, and the olivospinal tract.

2.1.2 | Ascending pathways

In the heart of the lateral funiculus lies the anterior spinothalamic tract; dorsal to the lateral vestibulospinal tract and ventral to the ventral-most border of the ventral gray horn (Figure 2). The fibers of the anterior spinothalamic tract are widely distributed throughout the column (Honey et al., 2019; Kerr, 1975). These are axons of second-order neurons that originate in the contralateral gray matter [primarily lamina II (substantia gelatinosa)]; they receive input from first-order neurons that communicate with the periphery via the dorsal root ganglia. These axons travel up the ventral column and synapse with third-order neurons in the thalamus, facilitating neuro-transmission to the somatosensory cortex, conveying



primarily touch and light pressure information (Kerr, 1975). The anterior spinocerebellar tract (also known as Gower's column, after the British anatomist Sir William Gower), carries proprioceptive information from the lower limbs to the cerebellum and is key for the coordination of movement and postural maintenance (Sengul et al., 2015). In mice, optogenetic techniques to activate anterior spinocerebellar neurons and oppositely, silencing with clozapine N-oxide have demonstrated that this tract is involved in the initiation and maintenance of locomotion (Chalif et al., 2022). Retrograde tracing with wheatgerm-agglutinin conjugated to horseradish peroxidase indicates that in the lumbar and sacral regions, this tract is located within the ventral funiculus, and at more rostral levels its position becomes increasingly lateral (Xu & Grant, 2005). Its origins are dependent on the spinal level; in segments L4-L5 it begins in the lateral part of lamina VII and the neurons of the ventrolateral nucleus of lamina IX; the dorsolateral nucleus of lamina IX at levels L3-L6; and from the medial portion of lamina VII further down in the lumbrosacral regions (Xu & Grant, 2005). The axons comprising this tract decussate twice; firstly in the spinal cord to travel up to enter the contralateral cerebellum via the superior cerebellar peduncle, before recrossing and terminating in the ipsilateral cerebellum (Xu & Grant, 2005). The spinoolivary tract (Helweg's triangular tract; named so for its shape

and after Hans Kristian Saxtorph Helweg, the Danish physician who first identified it) is the third ascending tract found in this region. Unlike the anterior spinocerebellar tract, this is found at all levels of the spinal cord and its origins lie in the medial aspect of the nucleus proprius (approximately lamina III) and the central cervical nucleus (Sengul & Watson, 2012b). In the cat and mouse, these axons decussate in the spinal cord and ascend contralaterally, terminating in the accessory olivary nucleus (Matsushita et al., 1992; Oscarsson & Sjölund, 1977; Pop et al., 2022). This tract plays a key role in transmitting proprioceptive information to the cerebellar sensorimotor zones via the accessory olivary nucleus (Schmahmann et al., 2019). The spinovestibular tract is also found in this white matter column and axons comprising this tract primarily belong to neurons of the central cervical nucleus [located in spinal levels C1-C4 (in the proximity of lamina X)], medial parts of the dorsal horn gray matter, and lamina VII of the ventral gray matter (Matsushita et al., 1995; Xiong & Matsushita, 2001). In the rat, these axons project to the lateral vestibular nuclei, spinal vestibular nuclei, and parts of the medial vestibular nuclei (Matsushita et al., 1995). This tract is comprised of bilateral inputs; axonal projections from the medial part of the dorsal gray horn remain ipsilateral and do not decussate; contralateral projections on the other hand originate from lamina VII and the central cervical nucleus (Xiong

& Matsushita, 2001). This tract is thought to play a role in the tonic neck reflex (Matsushita, 1991) as well as postural reflexes (Xiong & Matsushita, 2001).

2.1.3 | Descending pathways

The anterior corticospinal tract comprises \sim 12% of the corticospinal tract as a whole (Kwon et al., 2011) and is arguably the most important descending tract. Diffusion tensor imaging in humans indicates these fibers originate in the primary motor and somatosensory cortices, passing through the internal capsule and cerebral peduncle to form the longitudinal fibers of the pons and eventually the medullary pyramid upon leaving the basilar pons (Archer et al., 2017; Bürgel et al., 2006; Chenot et al., 2019; Kwon et al., 2011; Thiebaut de Schotten et al., 2011). Unlike fibers of the lateral corticospinal tract, this tract remains ipsilateral as it courses down the spinal cord (Kim et al., 2004), and is found in the most medial part of the ventral funiculus (Nathan et al., 1990). In the human, this tract lies along the entire median fissure at spinal levels C1-C4, spreading to reach the most ventral surface of the cord (Jang & Kwon, 2013; Kwon et al., 2011). Tracing experiments in the pig [an animal model whose spinal cord organization is remarkably similar to that of the human (Leonard et al., 2017)] demonstrated that projections from the primary and pre-motor cortex could be found up to spinal segment T6 (Del Cerro et al., 2021). In the humans, projections have been detected at around the upper thoracic levels; however, in isolated cases where the tract is particularly large, this has been seen as far down as the sacral segments (Nathan et al., 1990). Termination points are species-dependent. In primates and the pig, these are found in approximately laminae VII-VIII (Ralston & Ralston III, 1985); in rats and cats however these project slightly more dorsally, in laminae III-IV (Brösamle & Schwab, 1997; Nyberg-Hansen & Brodal, 1963). The anterior corticospinal tract is primarily responsible for innervating the musculature of the neck, trunk, and that of the proximal upper extremities such as the shoulder girdle (Kuypers & Brinkman, 1970; Kwon et al., 2011; Soteropoulos et al., 2011; Tazoe & Perez, 2014). Lesions in the motor cortex of the monkey thought to correspond to those muscle groups corresponded to elements of degeneration in their respective ipsilateral tracts (Kuypers & Brinkman, 1970). Functional studies corroborate this also. The failure to generate ipsilateral distal limb activity with a strong concomitant response in the contralateral limb following stimulation of neurons in the motor cortex demonstrates this (Soteropoulos et al., 2011). In addition, transcranial magnetic stimulation of neurons of the right motor cortex

in individuals without neurological impairment did not yield discernible responses in distal muscles of the right upper limb (in particular, the deltoid and biceps brachii; responses were unable to be recorded from the flexor carpi radialis, extensor carpi radialis, and first dorsal interosseous muscle; Bawa et al., 2004). However, strong ipsilateral responses were recorded from the proximal muscles (trapezius and pectoral muscles; Bawa et al., 2004). Furthermore, a case study reported that an individual with a pre-existing hemiparesis on the right side (owing to an historical infarct in the left middle cerebral artery) had a worsening of the condition following a subsequent infarct in the right pontine basis; diffusion tensor tractography indicated discontinuation of the right anterior corticospinal tract below the site of the recent infarct (Jang & Kwon, 2013).

This tract is of particular interest as a putative mechanism for rewiring and functional recovery following damage to the complementary, contralateral corticospinal tract. Anterograde tracing in rats with a lesion to the sensorimotor cortex (induced by photothrombotic stroke) revealed sprouting of the anterior corticospinal tract fibers following treatment with an anti-Nogo-A antibody (an antibody blocking the inhibitory effects of the transcription factor Nogo-A on neurite growth (Freund et al., 2006; Lindau et al., 2014). Further, ipsilateral projections from the contra-lesional sensorimotor cortex were increased three-fold in treated animals, indicating an ability to reorganize the tracts when injury occurs (Lindau et al., 2014). Functionally, this resulted in forelimb recovery and successful grasp of food pellets compared with lesioned rats that received a control antibody (that does not block the function of Nogo-A), as well as those that received no treatment at all (Lindau et al., 2014). On the other hand, diffusion tensor imaging in stroke patients revealed that while fiber number increased in the anterior corticospinal tract in the contralesional (i.e., uninjured) side, this did not correspond to improvements in motor function (Jang & Kwon, 2015). Collectively, these results indicate a level of plasticity and capacity for somatotopic reorganization in the corticospinal system (Jang & Kwon, 2015; Netz et al., 1997) and highlight contributions of the anterior portion in facilitating recovery following damage sustained in stroke; however, interventions such as removing inhibitory factors like Nogo-A or targeted physical rehabilitation may be essential for functional and clinical improvement.

The *medial vestibulospinal tract* is in the ventral funiculus in a sub-region known as the medial longitudinal fasciculus (MLF), located near the medial surface of the ventral median fissure (Figure 2). In the cat, axons comprising this tract arise bilaterally from the medial and spinal vestibular nuclei, terminating in laminae VII and

VIII in the cervical and upper thoracic spine only (Sengul & Watson, 2015; Wilson et al., 1967). Diffusion tensor imaging in humans indicates an approximately similar pathway, originating from the medial vestibular nuclei, descending through the posteromedial medulla, and down through the ventral funiculus within the cervical region only (Jang et al., 2018). In addition, the organization and location are similar in the mouse (Liang et al., 2011). This tract is driven mainly by input from the semi-circular canals of the inner ear (Boyle, 1993), as well as receiving proprioceptive input from the neck (Gdowski & McCrea, 2000; Pettorossi & Schieppati, 2014) and the vestibulocochlear nerve (cranial nerve VIII; Boyle, 1993). Notably, the medial vestibulospinal tract is involved in mediating the vestibulocollic reflex, which is essential to stabilize cranial position (Wilson et al., 1995). It influences motor neuron activity controlling the movement of the neck (specifically, the sternocleidomastoid muscle (Kim et al., 2010)) as well as its position with respect to the rest of the body (Sengul & Watson, 2015). The tectospinal tract also makes up part of the medial longitudinal fasciculus (Figure 2). These axons are derived from neurons in the superior colliculus, and project to the cervical spinal cord (Figure 3; Nudo & Masterton, 1989; Nyberg-Hansen, 1964), and is conserved across a range of species including primates, marsupials, rodents, and cats (Nudo & Masterton, 1989). Its main function is to control head and neck movement, with the vast majority of axons crossing over in the dorsal tegmental decussation and traveling down to the cervical spine (Nyberg-Hansen, 1964). They terminate primarily in laminae V, VII, and VII of the gray matter (Yasui et al., 1998). A small percentage of these fibers, however, do not cross over and travel down ipsilaterally; and an observation was made in both rats (Redgrave et al., 1987) and cats (Olivier et al., 1994). As the superior colliculus itself receives and integrates visual, somatosensory, and auditory information, its influence on head and neck movement is thought to play a key role in orientation, avoidance, defense, and approach behaviors (in response to external stimuli; Dean et al., 1989). In the humans, damage to this tract is thought to contribute to truncal ataxia in a variant of Claude's syndrome (Amano et al., 2018). Finally, interstitiospinal fibers also form part of the MLF (Figure 2). These originate from the interstitial nucleus of Cajal, situated within the brainstem and descend bilaterally, terminating in laminae VII and VIII of the ventral gray matter, primarily in the upper cervical spine (Figure 3; Castiglioi et al., 1978; Satoda et al., 2002), directly innervating motoneurons of the neck (Fukushima et al., 1978). However, in an earlier study, projections were also found as far down as the sacral spine in the cat (Nyberg-Hansen, 1966). The interstitiospinal tract also projects to the

vestibular nuclei (Dalezios et al., 1998; Fukushima et al., 1978); taken together, this tract is involved in oculomotor control, head posture, and vertical eye movement. Finally, a small number of reticulospinal fibers also comprise the MLF; however, for simplicity, they will be considered together with the pontine reticulospinal tract.

Complementary to the medial vestibulospinal tract is the lateral vestibulospinal tract. It is located separate to the MLF and is positioned laterally near the ventrolateral margin of the spinal cord (Figure 2). Axons comprising this tract arise from the lateral vestibular (Dieter's) nucleus (Frigon, 2020); unlike its medial counterpart, however, this tract remains ipsilateral (Hayes & Rustioni, 1981) and descends to reach the cervical, thoracic, and lumbar levels of the spinal cord (Figure 3; Petterson & Coulter, 1977), eventually terminating in laminae VII-IX (Holstege, 1988). As the lateral vestibular nucleus is driven by the activity of the otoliths of the inner ear (Watson & Harvey, 2009), this tract serves to modulate motoneuron activity related to head stabilization and positioning; specifically, the extensor musculature (Büttner-Ennever & Gerrits, 2004) and in postural reflexes (Xiong & Matsushita, 2001). This tract has also been implicated in locomotion, such as walking, trotting, and galloping (Clarac et al., 1998; Frigon, 2020).

Next, the pontine reticulospinal tract is comprised of axons whose neurons originate in the ipsilateral, rostral gigantocellular reticular nucleus and the pontine caudal reticular nucleus (Jang & Lee, 2019). They descend in the caudal brain stem, and travel down the medial and ventral parts of the ventral funiculus, terminating in laminae VI-IX of the ventral gray matter at all levels of the spinal cord (Figure 3; Nyberg-hansen, 1965). This tract is thought to be involved in the initiation of movement (Buford & Davidson, 2004; Deumens et al., 2005), maintenance of posture, and modulating somatosensory and autonomic activity (Watanabe et al., 2003). Indeed, lesion studies conducted in the rat have demonstrated that preservation of this tract led to higher BBB test performance scores compared with those whose ventral gray and white matter were completely damaged (Schucht et al., 2002). Given that the BBB locomotion test assesses functional recovery of hindlimbs following a spinal cord injury in rodents, with an emphasis on the initiation of stepping, it is thought that sparing this tract thus spares their ability to initiate movement, and in so doing allows for a greater degree of recovery compared with rats where this region is completely lesioned.

The final descending tract found in the ventral funiculus is the olivospinal tract. Little data is available, however, though it is directly reciprocal to the ascending spinoolivary tract in the rat (Ruigrok & Voogd, 2000).

Lateral funiculus

The lateral funiculus is the large area of white matter located in between the dorsolateral sulcus and the ventrolateral sulcus (Figure 2). This is a large area of white matter with numerous ascending and descending tracts. Ascending tracts include the anterior spinothalamic tract posterior spinocerebellar tract (the cuneocerebellar tract being the upper extremity homolog), the tracts of the anterolateral system found in this region (lateral spinothalamic tract, spinomesencephalic tract, spinoreticular tract, and the spinocervical tract). Descending tracts include the lateral corticospinal tract, rubrospinal tract, lateral reticulospinal tract, raphespinal tract, hypothalamospinal tract, solitary tract, fastigiospinal tract, and the lateral vestibulospinal tract (Haines et al., 2018).

2.1.4 | Ascending tracts

In the heart of the lateral funiculus lies the anterior spinothalamic tract; dorsal to the lateral vestibulospinal tract and ventral to the ventral-most border of the ventral gray horn (Figure 2). The fibers of the anterior spinothalamic tract are widely distributed throughout the column (Honey et al., 2019; Kerr, 1975). These are axons of second-order neurons that originate in the contralateral gray matter [primarily lamina II (substantia gelatinosa)]; they receive input from first-order neurons that communicate with the periphery via the dorsal root ganglia. These axons travel up the ventral column and synapse with third-order neurons in the thalamus, facilitating neurotransmission to the somatosensory cortex, conveying primarily touch and light pressure information (Kerr, 1975). The posterior spinocerebellar tract borders the lateral corticospinal tract, and is superficial to the lateral spinothalamic tract (Sengul & Watson, 2015). In the rat and cat, axons comprising this tract are derived from large neurons of the dorsal nucleus of Clarke, as well as those that lie in laminae V, VII, and VIII (Matsushita & Gao, 1997; Matsushita & Hosoya, 1979). It is found at approximately L3-L4, and extends up to the upper thoracic segments (Rivero-Melián & Grant, 1990). Unlike its anterior counterpart (a part of the ventral white matter column), it remains primarily ipsilateral and its axons enter the cerebellum via the inferior cerebellar peduncle (Matsushita & Gao, 1997). In conjunction with the anterior spinocerebellar tract, this tract carries proprioceptive and cutaneous information to the cerebellum, particularly from muscle spindles and Golgi tendon organs from the lower half of the body (Ross et al., 1979). Temporary lateropulsion (an involuntary tendency to tilt sideways) features in patients who have suffered a stroke in this region (Maeda et al., 2005). The rostral spinocerebellar tract is also

found in this region and serves as the upper extremity of the anterior spinocerebellar homolog (Kayalioglu, 2009b). Neurons of axons comprising this tract originate within the medial part of lamina VI and the central part of lamina VII of the intermediate gray matter (Matsushita & Xiong, 1997). This tract too is primarily ipsilateral, but a few bilateral projections to the cerebellum have been reported (Matsushita Xiong, 1997). Complementing the activity of the rostral spinocerebellar tract is the cuneocerebellar tract, which is also found within the lateral funiculus and conveys proprioceptive information from the upper extremities, neck, and upper trunk through to the cerebellum via the inferior cerebellar peduncle (Kayalioglu, 2009b), with its origins in lamina I, V, VI, and VII (Nyberg & Blomqvist, 1984). It is only found at spinal levels rostral to and including thoracic level 1 (Figure 3; Chandar & Freeman, 2014).

The anterolateral system is also found within this fasciculus; a major ascending pathway containing the lateral spinothalamic, spinomesencephalic, spinoreticular, spinobulbar, and spinocervical tracts (Haines et al., 2018). The lateral spinothalamic tract is complementary to the anterior spinothalamic tract previously described, transmitting pain and temperature information primarily to the thalamus (Jang & Seo, 2021), although projections to medullary reticular formation (Kevetter Willis, 1983), the parabrachial area (Hylden et al., 1989), periaqueductal gray (Harmann et al., 1988), and the nucleus accumbens (Kayalioglu et al., 1996) have also been reported. Third-order neurons then transmit this information to the somatosensory cortex, with the collateral projections of the spinothalamic tract contributing to the modulation of pain and temperature perception.

In the rat, cat, and monkey, axons of the spinomesencephalic tract are derived from neurons that lie in laminae I, IV, V, VI, X, lateral spinal, and lateral cervical nuclei (Yezierski, 1988). These fibers decussate in the spinal cord and ascend in the lateral funiculus with the exception of those derived from lamina I, which ascend bilaterally (Hylden et al., 1986). In addition, a number of axonal origins lie in the ventral gray matter (Kayalioglu et al., 1996). Studies in rats and monkeys indicate this tract projects to a variety of midbrain structures, namely the periaqueductal gray, intercollicular nucleus, superior nucleus, pretectal nuclei (the intercollicular nucleus, superior colliculus, and pretectal nuclei collectively form the spinotectal tract) the nucleus of Darkschewitsch (a small accessory oculomotor nucleus; Bianchi Gioia, 1990), the Edinger-Westphal nucleus (another accessory oculomotor nucleus; McDougal & Gamlin, 2008), red nucleus, cuneiform nucleus, and the interstitial nucleus of Cajal, observing an approximately

Supraspinal		
target	Function	References
Periaqueductal gray	Motivational- affective responses to pain (e.g., the desire to terminate/reduce escape from painful stimuli	Sewards and Sewards (2002)
Spinotectal tract: Intercollicular nucleus, superior colliculus, and the pretectal nuclei	Transmitting tactile, thermal, and noxious stimuli for control of spinovisual reflexes	Antonetty and Webster (1975); Padula et al. (2017)
Red nucleus and cuneiform nucleus	Contributes to motor control in response to pain	Vinay and Padel (1990); Yezierski (1988)
Interstitial nucleus of Cajal and nucleus of Darkschweitsch	Oculomotor control	May et al. (2021)

somatotopic organization (Kayalioglu et al., 1999; Kerr, 1975; Mehler et al., 1960; Wiberg et al., 1987). As expected, the numerous projections of this tract mean that it plays a myriad of functions, summarized in Table 1:

The spinoreticular tract is the third component of the ALS situated within the lateral funiculus. It is located in the ventral most portion of the lateral funiculus (Figure 2) and for this reason, it is sometimes referred to as being located in the ventrolateral funiculus (Kayalioglu, 2009b; Sengul & Watson, 2015). Fluorescent neuron tracing in the rat revealed that neurons of axons forming this tract originate in the contralateral laminae VII, VIII, parts of lamina V and X throughout the length of the spinal cord (Figure 3; Garifoli et al., 2006), as well as the lateral spinal nucleus (Menétrey et al., 1983). This tract projects to a host of supraspinal nuclei in the reticular formation of the hindbrain, such as the reticular nuclei (lateral, dorsal, and gigantocellular), pontine reticular nuclei (oval and caudal), paragigantocellular nuclei (dorsal and lateral components), and the median raphe nuclei (Peschanski & Besson, 1984). Additionally, a bilateral projection has been reported in the cervical spine in the monkey and rat (Chaouch et al., 1983; Kevetter et al., 1982). The vast majority of spinoreticular tract neurons require noxious mechanical and radiant stimulation from first-order neurons in the periphery for activation and to a lesser extent,

are responsive to light tactile stimuli (Fields et al., 1974; Haber et al., 1982).

The final component of the ALS is known as the spinocervical tract. Located in the dorsal part of the lateral funiculus (Figure 2) neurons of axons that form this tract originate primarily from lamina IV in a region known as the lateral cervical nucleus; an area identified only in the cat, dog, and monkey; its presence in human, however, was inconclusive owing to detection inconsistencies (Mizuno et al., 1967; Truex et al., 1970) and is regarded as vestigial (Nógrádi & Vrbová, 2006). Despite this, it has been implicated in cervicogenic headache in humans (Barmherzig & Kingston, 2019; Gondo et al., 2016; Shimohata et al., 2017); however, definitive histological confirmation remains to be seen. In addition, spinocervical projections have also been found in laminae I-III and V at all levels of the spinal cord in the rat, cat, and monkey (Baker & Giesler Jr., 1984; Brown, 1981; Bryan et al., 1974; Craig Jr, 1978). These axons decussate in the ventral white commissure, observing a somatotopic organization and ascends via the medial lemniscus to reach the contralateral thalamus (Boivie, 1970). Axons of these neurons receive input from the cutaneous receptors of first-order neurons in the periphery, and in particular respond to hair movement, noxious mechanical, and thermal stimulation (Brown et al., 1989; Cervero et al., 1977).

2.1.5 Descending tracts

The lateral corticospinal tract occupies much of the lateral funiculus and is the larger of the two corticospinal tracts (the smaller anterior corticospinal tract has already been detailed as part of the ventral funiculus; Figure 2). Interestingly, there is considerable variation between species with regard to the position of the main corticospinal tract. In humans, non-human primates, and carnivores such as cats, this is located in the lateral funiculus (Petras, 1969). Perhaps unexpectedly, the lateral location also holds true for the pig (Leonard et al., 2017); porcine models may, therefore, serve as a useful translation tool over more conventional animal models like rats or mice (Miranpuri Gurwattan et al., 2018). However, in elephants, edentates (e.g., armadillos, sloths, and anteaters), and hedgehogs this is located in the ventral funiculus (Michaloudi et al., 1988; Verhaart, 1963); in rodents and marsupials, on the other hand, this is found in the dorsal funiculus (Brown, 1971; Watson, 1971). Irrespective of location, their function as the dominant corticospinal tract mediating voluntary motor function remains the same. Axons forming this tract belong to upper motor neurons that originate primarily from the primary motor,

somatosensory, and pre-motor cortex; specifically in cortical layer 5 (Nudo & Masterton, 1990a; Steward et al., 2020). This holds true across a number of mammalian species, including the rat, rabbit, hedgehodg, monkey, and cat (Nudo & Masterton, 1990a). Furthermore, in the rat, small numbers of corticospinal neurons have also been identified in the superior parietal lobule, occipital visual areas, anterior cingulate gyrus, and prefrontal areas (Miller, 1987). Projections from this area are thought to make contributions to the ability to execute fine/complex motor skills (Dum & Strick, 1991). Lateral corticospinal projections have also been identified in the macaque (Dum & Strick, 1991). These axons pass through the corona radiata and enter the posterior limb of the internal capsule. They descend further down the anterior cerebral peduncle (crus cerebri) in the midbrain, constitute the longitudinal fibers of the pons (alongside that of its anterior counterpart), and medullary pyramids leaving the basilar pons (Nudo Masterton, 1990a). Unlike the anterior corticospinal tract which remains ipsilateral, the vast majority of the lateral corticospinal tract decussates in the medulla, particularly, in primates, carnivores, lagomorphs (e.g., rabbits), and humans (Nudo & Masterton, 1990a; Yeo & Jang, 2011). In the macaque, the proportion of fibers that decussate is estimated to be around 85%-95% (Yoshino-Saito et al., 2010). Axons of the lateral corticospinal tract run throughout the length of the spinal cord in humans, with terminations found in the gray matter of the cervical, thoracic, lumbar, and sacral regions (Nathan et al., 1990). This holds true for most mammals (Masson Jr. et al., 1991; Nudo & Masterton, 1990b; Steward et al., 2020). These axons primarily serve the extremities and unsurprisingly, over half terminate in the gray matter of the cervical enlargement, and approximately onequarter in the lumbosacral enlargement; the remainder terminating in the thoracic region (Nathan et al., 1990). Their specific terminations in the gray matter depend on their cortical origin. Anterograde wheatgerm-agglutinin-HRP tracing experiments in the monkey showed that projections from the motor cortex primarily terminated into contralateral lamina IX in the cervical enlargement (C7), entering the gray matter at the border of laminae III and IV (Ralston & Ralston III, 1985). Labeling was absent in the lumbar regions, which may be attributed to the relatively short survival time frame following injection (3–9 days). More recently, longer-term (32–33 days) tracing experiments with biotinylated dextran amine (BDA) injections originating in area 4 of the motor cortex of the monkey (corresponding to the hand/arm region) showed the vast majority of projections terminating in lamina VI, VIII, and IX primarily in the cervical (C5–C8) and upper thoracic region (Morecraft et al., 2013).

Further, ipsilateral projections terminated heavily onto lamina VIII; a few were also found in lamina V and VI (Ralston & Ralston III, 1985). In the human and other anthropoid primates, its size and expansion over the course of evolution have been largely attributed to the acquisition of refined motor skills and increased dexterity of the digits (Bortoff & Strick, 1993; Heffner & Masterton, 1975). Another anterograde BDA tracing study demonstrated that lateral corticospinal projections to the lumbar region terminated in laminae V-VIII and critically, the laterodorsal motoneuronal pool of lamina IX (which is responsible for innervating the musculature of the distal extremities; Lacroix et al., 2004). Analogous to the approximate upper limb-cervical and lower limblumbar allocation in the monkey and humans, similar tracing experiments have also been conducted in the mouse. Tracing injections into the sensorimotor cortex (primarily controlling the forelimb musculature) showed that terminations were confined to the cervical regions and concentration in laminae IV-VIII, with the exception of the lateral aspect of lamina VII (Steward et al., 2020). Oppositely, injections into the caudal sensorimotor cortex (controlling the hindlimb musculature) showed that axons completely bypassed the cervical region and terminated in the thoracic and lumbosacral regions. In the thoracic regions, these were concentrated in contralateral laminae III-VI, with a few collaterals found in lamina VII; an approximately similar termination pattern was found in the lumbar region (laminae III-V; Steward et al., 2020).

Of particular interest is the ipsilateral lateral corticospinal tract when considering the mechanisms of recovery following a stroke (Otsuka et al., 2013). Photothrombotic destruction of the sensorimotor cortex in rats which abolished forelimb activity (and thus, the ability to grasp food) followed by physical rehabilitation and treatment with the aforementioned anti-Nogo-A antibody led to the recovery of function through the ipsilateral pathway (Wahl et al., 2014). In stroke patients, transcranial magnetic stimulation over the unaffected hand motor area (M1) led to the generation of ipsilateral motorevoked potentials from the thenar (hand) muscles of the affected side; critically, the majority of patients showed near complete functional recovery, suggesting an activation or unmasking of the ipsilateral corticospinal pathway (Caramia et al., 2000). Further, functional imaging studies showed activation of the ipsilateral sensorimotor cortex; ipsilateral parietal region, and bilateral pre-frontal regions in stroke patients tasked with a finger-thumb opposition task (Marshall et al., 2000); again, this implicates the activation of the ipsilateral aspect, but also recruitment of additional cortical areas to regain function over time. Additional, similar studies in patients over the

R The Anatomical Record _WILEY_ next to the medial longitudinal fasciculus of the ventral funiculus before entering and descending down the spinal cord (Peterson et al., 1975). The majority of these fibers remain ipsilateral and only a small number cross over into the contralateral spinal cord (MacKinnon, 2018). This tract is found at all levels of the spinal cord, mainly terminating in, and synapsing with pre-motor interneurons in laminae V, VI, VII, and VIII of the dorsal and ventral gray matter (Figure 3; Nyberg-hansen, 1965; Peterson et al., 1975). In addition, a small number of these directly synapse with alpha and gamma motoneurons of laminae IX in the ventral gray horn (Nyberg-hansen, 1965). The reticulospinal tract is largely concerned with gross movement, which is in contrast to the anterior and lateral corticospinal tracts which are associated with refined and skilled motor control (Baker, 2011). In conjunction with its medial counterpart, the lateral reticulospinal tract is involved in the preparation of movement such as stepping (Schucht et al., 2002), postural control (Prentice & Drew, 2001; Schepens & Drew, 2004; Takakusaki et al., 2016), as well as modulating some somatosensory and autonomic function (Buford & Davidson, 2004; Deumens et al., 2005; Watanabe et al., 2003). Electromyographic studies in humans indicate this tract is involved in the coordination of finger movements in grasping tasks (Honeycutt et al., 2013; Riddle & Baker, 2010); given its activity as a complement to the corticospinal tract, it has been postulated as a site for therapeutic intervention following damage to the latter, such as in the case of stroke (Baker, 2011; Riddle et al., 2009). Further, following a hemisection lesion at the T10 level in rats, neurons of this tract formed new contacts with propriospinal interneurons, which translated into improvements in locomotor recovery (May et al., 2017). The raphespinal tract is mainly comprised of serotonergic fibers and is found in the ventral portion of the lateral funiculus (Figure 2; Skagerberg & Björklund, 1985).

ate neurite outgrowth and rewiring. The rubrospinal tract is a feature of vertebrates that have limbs or pectoral fins to enable movement (ten Donkelaar, 1988). Arising from the red nucleus in the rostral midbrain, it is found in the dorsal portion of the lateral funiculus, just ventral to the lateral corticospinal tract (Figure 2; Massion, 1967; Murray & Gurule, 1979; Wild et al., 1979). In mammals and birds, axons that comprise this tract cross over in the midbrain tegmentum and descend in a position ventral to the spinal trigeminal tract and lateral to the superior olive and facial nucleus (Watson & Harvey, 2009). In marsupials and rats, however, the tract remains ipsilateral (Küchler et al., 2002; Martin & Dom, 1970; Warner & Watson, 1972). The tract terminates in lamina V and VI of the dorsal gray matter in the cervical and lumbrosacral enlargements (Figure 3; Watson & Harvey, 2009). Axonal terminations have also been reported in lamina VII of the marsupial (Martin & Dom, 1970) and rodent (Brown, 1974). Furthermore, rubrospinal projections have been reported in cats and rats, directly innervating forepaw motoneurons of lamina IX in the ventral gray matter (Küchler et al., 2002; McCurdy et al., 1987). The rubrospinal tract is thought to work in conjunction with the lateral (or main corticospinal tract, in species where this tract is not located in the lateral funiculus) corticospinal tract to help facilitate general locomotion by excitation of flexor motoneurons and inhibition of extensor motoneurons (Haines et al., 2018; Muir & Whishaw, 1999). In addition, it helps to refine skilled motor tasks such as the grasping and handling of food in rats, for example, Whishaw et al. (1998).

course of their recovery report recruitment of the ipsilat-

eral, lateral corticospinal tract and reogranisation of the

motor cortex in the unlesioned hemisphere (Ahn

et al., 2006; Hong et al., 2016; Jang et al., 2019; Peters

et al., 2021; Yeo & Jang, 2012). However, others report

that these ipsilateral contributions may be overstated and

that they may even be maladaptive (Fregni & Pascual-

Leone, 2006; Madhavan et al., 2010; Zaaimi et al., 2012).

Similar to the proposed framework for treating traumatic

spinal cord injury (Griffin & Bradke, 2020), the utility of

the ipsilateral and anterior corticospinal tract in rewiring

following damage to the main contralateral pathway will

likely require both targeted physical rehabilitation and

removal of inhibitory factors that may impede appropri-

This differs from the mouse, where the bulk of these fibers was located in the ventral funiculus, and a few were located in its lateral counterpart in the cervical spine (Liang et al., 2015). This tract originates from the raphe nuclei (magnus, obscurus, and pallidus) and is situated within the medulla oblongata (Skagerberg & Björklund, 1985). Axons of this tract are primarily serotonergic and descend bilaterally and terminate mainly in the dorsal gray horn (laminae I, II, and V in particular; Skagerberg & Björklund, 1985), although terminations in laminae X (intermediate gray horn), laminae VIII and IX (ventral gray horn) via anterograde biotinylated dextran amines have also been reported in the mouse and rat at the thoracolumbar and sacral segments (Liang et al., 2015; Skagerberg & Björklund, 1985). Tissue clear-

ing and immunohistochemistry performed in the mouse

The *lateral reticulospinal tract* is in the ventral part of the lateral funiculus, close to the ventral gray matter horn (Figure 2; Nyberg-hansen, 1965). In the cat, axons comprising this tract arise from the medial part of the gigantocellular reticular nucleus of the hindbrain, as do axons that eventually form the medial reticulospinal tract (previously discussed as part of the ventral funiculus; Peterson, 1979). Axons of this tract descend bilaterally

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spinal cord indicates that the vast majority of this tract is serotonergic (Liang et al., 2016). Stimulation of the raphe nuclei releases serotonin into this tract (Hentall et al., 2006), and is thought to play a role in the modulation of spinal nociceptive transmission (Basbaum & Fields, 1979; Dickenson & Goldsmith, 1986; Zhuo & Gebhart, 1997).

The hypothalamospinal tract is a diffuse bundle of fibers that arise primarily from the paraventricular nucleus of the hypothalamus and to a lesser extent, lateral and posterior hypothalamic areas (Basbaum & Fields, 1979; Hancock, 1976; Holstege, 1987). These traverse the periaqueductal gray, dorsal tegmentum of the midbrain and pons before shifting to pass through the anterolateral medulla before descending to at least the upper lumbar region in the lateral fasciculus (Figure 4; Gofrit et al., 2019). Axonal projections terminate primarily in lamina I and X of the ventral gray matter, although terminations from this tract have also been identified in the preganglionic sympathetic and parasympathetic cell columns (Holstege, 1987). Further, in humans, injury to this tract leads to a loss of sympathetic outflow to the ipsilateral face, head, and body and results in a condition known as Horner's syndrome; a collection of symptoms that primarily affects the eye [excessive pupil constriction (miosis), drooping eyelid, and an inability to sweat from (facial anhidrosis)] (Kanagalingam Miller, 2015). Similarly, lesions to this are a consequence of infarction or myelopathy also result in anhidrosis or hypohidrosis dependent on the spinal level where the damage was sustained (Saito, 2010).

The fastigiospinal tract refers to axons whose neurons originate in the fastigial nucleus of the cerebellum (Batton III et al., 1977; Fukushima et al., 1977; Wilson et al., 1978). In the cat, HRP tracing experiments have shown that it crosses over in the cerebellar midline before descending ventral to the spinal trigeminal nucleus in the pons, eventually terminating in the upper cervical spine (C2–C3; Figure 3) in the ventral gray horn (Fukushima et al., 1977; Matsushita & Hosoya, 1978). Projections from the fastigial nucleus are numerous and diverse, connecting with vestibular and reticular nuclei, the oculomotor system, hypothalamus, and limbic circuits (Batton III et al., 1977; Jones et al., 2013); however, little is known about the exact function of this particular tract and its connection with the upper cervical spine. Lesions of the fastigial nucleus are associated with the development of some spinocerebellar ataxias (Zhang et al., 2016); specifically, ataxia of gait and posture (Ilg et al., 2008; Konczak et al., 2005). While other fastigial tracts are undoubtedly affected by such lesions (e.g., such as the projections that connect the fastigial nucleus to the vestibular system), given its connections to the upper

cervical spine it is feasible to suggest that input to the ventral gray matter in this region plays a role in the movement of the upper neck and maintenance of head posture.

Finally, the solitariospinal tract is yet another small, diffuse fiber bundle arising from the ipsilateral solitary nucleus of the medulla oblongata (Mtui et al., 1993). It is the shortest route in the entire CNS (Mtui et al., 1993). In the rat, these axons descend in the ventral part of the lateral funiculus (Figure 2) and terminate primarily to midcervical and thoracic spinal segments; specifically, the superficial laminae of the dorsal gray horn around the phrenic nucleus (C4-C6; Figure 3), laminae VII and X, and in the ventral gray horn in the thoracic region (Mtui et al., 1993). Ventral projections are contralateral, while dorsal and intermediate gray horn projections are primarily ipsilateral (Mtui et al., 1993). This tract is key to the control of respiratory function (by driving activity of inspiratory and some expiratory motoneurons; Rice et al., 2010), and has been implicated in the control of emesis (Sugino et al., 2021; Zoccal et al., 2014), presumably by modulating diaphragmatic and intercostal muscle activity via the phrenic nucleus during emesis.

The dorsal (posterior) funiculus

The dorsal funiculus is the white matter tract in between the left and right dorsal horns (Figure 2). Unlike the other funiculi that have ascending and descending tracts; the dorsal funiculus ascends in its entirety and is comprised of two parts. The gracile and cuneate fasciculi form the direct dorsal column pathway (Smith & Deacon, 1984), and the second pathway is known as the post-synaptic dorsal column pathway (Rustioni et al., 1979; Rustioni & Kaufman, 1977). Contrary to the conventional location of this tract, a recent MR-tractography of a single cadaveric human spine in its entirety suggests that the cuneate fasciculus has a wider fiber distribution into the lateral funiculus (Atik et al., 2019) and is supported by tracing experiments in the monkey (Liao et al., 2015).

The gracile fasciculus (also known as the tract of Goll, after the Swiss neuroanatomist Friedrich Goll) is found throughout the entire length of the spinal cord and is made of axons of first-order neurons that coalesce and enter the spinal cord white matter via the dorsal root ganglia from the lower trunk and extremities below spinal cord T6 (Figure 3; Niu et al., 2013). Fibers entering the dorsal column white matter above spinal level T6 form the cuneate fasciculus (Burdach's column; named after the German anatomist Karl Friedrich Burdach; Niu et al., 2013). These two tracts are separated from one another by the dorsal intermediate sulcus and dorsal median fissure (Figure 2; Smith & Deacon, 1984). In macaques, this tract ascends ipsilaterally and synapse

FIGURE 4 Schematic transverse section of the human spinal cord (approximate spinal level = C7) with Rexed's laminae outlined (left) and approximate locations of cell nuclei and cell columns within the gray matter (right). The left-hand side shows the 10 divisions identified by Rexed in 1952. These layers were identified on the basis of distinct cell morphologies revealed by cresyl violet (Nissl) staining. The right-hand side shows the approximate locations of key nuclei and cell columns. In most cases, these corresponded to a single Rexed's lamina, and are colored the same as the lamina they are most associated with. Regional deviations may be seen at the cervical, thoracic, and lumbar regions and are detailed in the description of the lamina they are mostly associated with. Ventral, lateral/intermediate, and dorsal horn regions are shown alongside for reference

with second-order neurons of the gracile and cuneate nuclei (collectively known as the dorsal column nuclei), which are situated in the midline of the dorsal medulla oblongata close to the junction with the spinal cord (Rustioni et al., 1979). These two nuclei give rise to internal arcuate fibers, which decussate and ascend in the contralateral medial lemniscus (Reil's band/ribbon), terminating in the ventro-posterolateral nucleus of the thalamus (Biedenbach, 1972; Hand & Van Winkle, 1977; Rodríguez-Mena et al., 2018). Collectively, this is known as the dorsal column-medial lemniscus pathway which is somatotopically organized and projects via the thalamic ventro-posterolateral nucleus to the primary somatosensory area of the cerebral cortex (Sengul & Watson, 2015). Collectively, axons of these two tracts are primarily myelinated, although a substantially smaller percentage is unmyelinated (\sim 23%– 29% in the cat and rat; Chung et al., 1987; Chung & Coggeshall, 1985). The unmyelinated population is thought to directly mediate transmission from nociceptors; injection of capsaicin in rats showed a decrease in the number of unmyelinated fibers in both gracile and cuneate fasciculi (Patterson et al., 1992). These fasciculi are responsible for transmitting information regarding discriminatory touch (Kitai & Weinberg, 1968), deep pressure (Loutit & Potas, 2020), proprioception (Granier et al., 2020), and vibration (Shintani et al., 2000). Indeed, lesions to the dorsal column have led to deficits in some or all of the above functions. For example, an incision to the dorsal column at the C1 region in rats produced deficits with object handling in rats, though they quickly learned to compensate with alternate limb or body movements (McKenna & Whishaw, 1999) and may be attributed to corticospinal and somatosensory sprouting (Fisher et al., 2018; McCann et al., 2020). In addition, myelopathy in these two fasciculi owing to a rare complication of intrathecal chemotherapy has been shown to produce lower limb numbness and a pronounced lack of proprioception in the same region (Joseph & Reyes, 2014).

Primary afferents from neurons entering the spinal cord from the periphery synapse with dorsal horn neurons [primarily III–VII and X (de Pommery et al., 1984; Rustioni et al., 1979; Wang et al., 1999)], and these axons form what is known as the post-synaptic dorsal column pathway (Rustioni et al., 1979). These fibers ascend ipsilaterally to the gracile and cuneate nuclei; in the rat, these constitute approximately a third of the input to

each (Giesler et al., 1984). Again, somatotopic organization of axonal fibers is observed in the indirect pathway and these also constitute the medial lemniscus, terminating in the contralateral, ventroposterolateral, and posterior thalamic nuclei (Giesler et al., 1984).

Further, these axons exhibit a pattern of termination dependent on the level of the spinal cord concerned. The post-synaptic dorsal column projections from the cervical enlargement terminate in the cuneate nucleus; those from the thoracic spine project to the medial cuneate and lateral gracile nuclei, those from the lumbar enlargement project to the gracile nucleus and finally, those from the sacral spine projects to the medial gracile nucleus (Cliffer & Giesler Jr., 1989). This pathway is primarily concerned with the transmission of innocuous mechanical (Giesler & Cliffer, 1985) as well as noxious peripheral stimuli (Bennett et al., 1984). A further role for this pathway has been implicated in determining the sensory-discriminate (the "intensity" or strength of the pain being felt) as well as the motivational-affective (avoidance or escaping) response to pain (Millan, 1999). It is also recognized as a major pathway for visceral nociception (Willis et al., 1999); minor surgical lesions of the gracile fasciculus are clinically utilized to relieve pain in the thoracic and pelvic regions (Nauta et al., 1997; Nauta et al., 2000).

3 | PROPRIOSPINAL PATHWAYS

In contrast to the ascending and descending pathways to and from supraspinal locations, propriospinal pathways refer to those that are intrinsic to the spinal cord; originating and largely terminating within the confines of the cord itself (Chung & Coggeshall, 1983); however, supraspinal targets also exist (Alstermark et al., 1984a). These pathways play an essential, integrative role in a host of functions, namely locomotion (Jordan & Schmidt, 2002), respiration (and its coordination with locomotion; Girauet al., 2012), limb coordination movement (Juvin et al., 2005), and autonomic function (Darlot et al., 2012; Michael et al., 2019). Propriospinal neurons can be classed into two main groups. Short-axon propriospinal neurons project over short distances (up to six spinal segments), whose cell bodies lie in most laminae (with the exception of IX), terminating in lamina IX. The second group is long-axon propriospinal neurons, whose cell bodies originate mostly in lamina VII and VIII and axons extend over larger distances (>5-6 spinal segments), terminating in laminae V-VIII (Jacobi & Bareyre, 2015). These two groups are further subclassed according to function and the part of the body they exert influence over will be discussed as separate sub-sections.

3.1 | Short-axon propriospinal neurons

3.1.1 | Cervical propriospinal neurons

This group of neurons is often referred to as the C3-C4 pre-motoneuronal system and has been characterized in the cat (Alstermark et al., 2007; Illert et al., 1977). Receiving convergent input from the cortico-, rubro-, reticulo-, and tectospinal tract, the axons of these neurons originate in the C3-C4 level and primarily project to all motor neuron pools (lamina IX of the gray matter) across the C6–T1 spinal segments (which control forelimb muscles) and as such these motor neurons do not directly receive corticomotoneuronal input (Alstermark et al., 1987; Alstermark et al., 2007). Collectively, the descending tracts provide a combination of both excitatory and inhibitory input to these propriospinal neurons, thereby inhibiting or exciting motor neurons across aforementioned spinal segments responsible for the control of forelimb musculature (Alstermark et al., 1984b). In the cat, this network has been implicated in visually guided forelimb movements (target reaching) such as reaching a piece of food (Alstermark et al., 1981). Noninvasive methods demonstrate a similar system in humans (Pauvert et al., 1998; Stinear & Byblow, 2004), and lesions to these neurons as a result of demyelination, compression, infarction, or syringomyelia are thought to be a contributing factor to the development of pseudoathetosis (a loss of proprioception) and dystonia of the hand (de Pasqua et al., 2016). Further, this particular propriospinal pathway is thought to act as an alternate pathway to facilitate forelimb activity when the corticospinal tract has been affected by stroke (Stinear & Byblow, 2004). In addition, viral-mediated blockade of this pathway in monkeys afflicted with a lesion to the corticospinal tract showed that the capacity to grip was impaired; restoration of grip and dexterity was restored when the block was removed (Tohyama et al., 2017).

3.1.2 | Lumbosacral propriospinal neurons

An equivalent of the C3–C4 premotoneuronal network also exists in the lumbosacral region of the spine. Originating in the L5–S1 segments, the cell bodies of these neurons are found in the intermediate gray matter; those that project to motor neurons innervating axial musculature is found primarily in the medial aspect of lamina VII

and VIII, and those that project to motor neurons of the lower limbs/distal hindlimbs originate in lamina V-VII (Rustioni et al., 1971). The reticulospinal and vestibulospinal tracts provide input to the propriospinal neurons that terminate in lamina VII and VIII; similarly, the rubrospinal and corticospinal tracts contribute to and modulate the activity of propriospinal neurons terminating in V-VII (Rustioni et al., 1971). This particular group of propriospinal neurons has been implicated in the function of the central pattern generator (CPG) for locomotion both in quadrupeds (rats; Zaporozhets et al., 2006) and bipeds (humans; Nadeau et al., 2010). Much of the evidence for a locomotor CPG in human is derived from those afflicted with a partial lesion to the spinal cord. Electrical stimulation over the L2 segment was sufficient to elicit step-like electromyogram activity in paraplegic individuals in the supine position (Dimitrijevic et al., 1998). In a similar vein, SCI patients with a complete motor injury and with stimulator devices implanted (for the control of pain and spasticity) receiving electrical stimulation in measured increments demonstrated rhythmic patterns of activity in the quadriceps, hamstrings, tibialis anterior, and triceps surae (the four muscles facilitating leg movement; Danner et al., 2015). Given the stimulators are typically placed around the T11-L1 level, this suggests the activity is derived from the lumbosacral propriospinal network since the main corticospinal pathway is completely lesioned (Danner et al., 2015).

3.1.3 Short thoracic propriospinal neurons

The cell bodies of short thoracic propriospinal neurons are located in the mid-thoracic cord, extending for up to five spinal segments before synapsing with interneurons in laminae III-VIII and X (Giovanelli Barilari & Kuypers, 1969). Axons of these neurons have also been found caudally in the lumbosacral regions, terminating within lamina IX (Conta & Stelzner, 2004). Lesion studies in the cat indicate these neurons play a role in axial musculature control and maintenance of posture (Anderson, 1963; Vasilenko, 1975). Further, stimulation of this population also elicited stepping movements in rats with damage to the lumbar spinal cord (Cowley et al., 2015), which may indicate their involvement in CPG activity and reinforcing the notion that the propriospinal networks may serve as an alternate pathway following damage to the main tracts facilitating movement.

Thoracic respiratory interneurons 3.1.4

The final class of short-axon propriospinal neurons is confined primarily to the thoracic spine, with axons

innervating motor neuron pools of the abdominal and intercostal muscles (Merrill & Lipski, 1987). These neurons are thought to modulate descending respiratory drive from the medulla oblongata to these muscles (Merrill & Lipski, 1987). Further, studies in the rat have demonstrated that the activity of this population can be altered in response to a host of stimuli, such as esophageal distension, increased heart rate, and pressure, implicating a role of spinal interneurons in modulating viscero-respiratory reflexes (Qin et al., 2002). Further, and in line with the purported CPG activity of the propriospinal neurons, this particular population works in conjunction with the works in conjunction with the lumbosacral cohort to facilitate locomotor respiratory coupling; the coupling of locomotion with breathing (Sutor et al., 2022).

Long-axon propriospinal neurons 3.2

3.2.1 | Long descending propriospinal neurons

Cell bodies of this population are found in laminae IV, V, VII, VIII, and the dorsal portion of lamina X in the cervical enlargement (spinal segments C4-C6). As aforementioned, these axons project caudally over long distances, and terminate in the lumbosacral equivalent of their origins (Conta & Stelzner, 2009). In doing so, the short-axon propriospinal networks of cervical and lumbosacral regions are connected (Jordan & Schmidt, 2002). Specifically, in mice, the ablation of these long-descending neurons with diphtheria toxin injections resulted in the impairment of exploratory locomotion, and when put on a treadmill, mice were unable to properly coordinate forelimb and hindlimb movement at higher speeds, suggesting this pathway is essential for the coordination of locomotion as well as the maintenance of posture and gait (Ruder et al., 2016). Interestingly, these neurons exhibit an element of plasticity and regenerative capacity. Following an incomplete spinal cord injury in rats, long propriospinal axons arborize on to lumbar motor neurons, indicating an endogenous mechanism for remodeling and relaying cortical input to its intended spinal targets (Bareyre et al., 2004).

3.2.2 Long ascending propriospinal neurons

This population is reciprocal to the long descending population. Tracing experiments in rats demonstrated that cell bodies of this population originate in lumbar regions

TAN ET AL. demonstrated that these neurons were not only essential for the maintenance of, but also necessary to promote recovery of breathing following a cervical-level injury (Satkunendrarajah et al., 2018). Further, in the absence of an injury, this population serves to enhance inspiratory amplitude (Satkunendrarajah et al., 2018). Collectively, this population of neurons represents an alternate mechanism to restore or recover respiratory activity following damage to the cord where phrenic innervation to the diaphragm is compromised. SPINAL CORD GRAY MATTER Rexed's classification

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of the cord, primarily in laminae VII and VIII and terminates in the C7–C8 region, within the ventrolateral aspect of lamina IX (Brockett et al., 2013). This pathway is thought to complement activity of the long descending propriospinal neurons, helping to synchronize the lumbar and cervical CPGs, and thus, coordination of foreand hindlimb activity (Brockett et al., 2013). Indeed, viral transduction with tetanus to silence this population in the uninjured rat has resulted in the disruption of coordination of fore- and hindlimb as well as left-right movement, though the integrity of individual limb movement remained intact (Pocratsky et al., 2020; Shepard et al., 2021). However, following a lesion to the spinal cord, silencing the same population led to an improvement in left-right coordination and gait, though foreand hindlimb coordination showed no such improvement (Shepard et al., 2021). Critically, the intrinsic pattern generator activity of the cervical and lumbosacral regions are independent of one another and neither can impose their activity upon the other; they rely on each other in a reciprocal fashion to facilitate limb coordination (Juvin et al., 2005).

Upper cervical propriospinal neurons

The final population of propriospinal neurons in this class is known as upper cervical inspiratory neurons. In the rat, these are located in spinal segments C1-C2, modulating brain stem input to motor neuron pools corresponding to thoracic (T3-T4) and upper lumbar regions, where the abdominal and intercostal muscles are located (Douse et al., 1992; Lipski et al., 1993). These neurons are also thought to project to phrenic motor neurons and influence the activity of the diaphragm (C3-C5) as they course down to their canonical destination (Hoskin et al., 1988). This population plays a key role in modulating respiratory drive; however, rather than directly synapsing to motor neuron pools of abdominal and intercostal muscles, this population is thought to act on the thoracic respiratory propriospinal network (Conta & Stelzner, 2009). Slice culture spinal cord (C1-C2) preparations from mice generated respiratory burst activity which was synchronous with hypoglossal nerve activity (Kobayashi et al., 2010). Further, lesion studies indicate these neurons are sufficient to sustain breathing following a spinal cord injury. Collaterals from this population innervating the phrenic nerve facilitate phrenic motor neuron bursting and thus, restoration of diaphragm function following transection at the C1 level (Cregg et al., 2017). However, this also required the blockade of any inhibitory influence and required persistent glutamatergic excitation (Cregg et al., 2017). A subsequent study

FUNCTIONAL DIVISIONS OF

Across all levels, the spinal cord gray matter can be divided into three functional zones (Figure 4) the dorsal (posterior), intermediate (lateral), and ventral (anterior) horns. Each of these horns differs from each other by function, and the laminae are categorized into each horn as follows:

· Dorsal horn: Laminae I-VI Intermediate: Laminae VII and X Ventral: Laminae VIII and IX

4.1

Each of the functional zones can be further subdivided into laminae, based on the differences in cellular morphology and cytoarchitecture. This classification is based on the seminal work by Bror Rexed; arguably the most detailed and comprehensive description of the cell types present in the spinal cord to date. While Rexed's analysis was performed using post-mortem feline tissue, similar patterns of the organization have been observed in dog (Buxton & Goodman, 1967), monkey (Kuypers & Brinkman, 1970; Ralston & Ralston III, 1985), rat (Brichta et al., 2013), echidna (Ashwell & Zhang, 1997), and in the mouse (Watson, Paxinos, Sengul, & Heise, 2009). Bar a few differences related to species-specific function, it appears this organization is largely conserved across mammals. The methodology employed was relatively simple by modern standards; a modified toluidine blue protocol for use with thick sections (100 µm; Rexed, 1952a). A basic thiazine dye with an affinity for tissues rich in nucleic acid (Sridharan & Shankar, 2012), Rexed reported that staining was almost exclusive to neuwith glia only visible as faint outlines (Rexed, 1952a). From this, Rexed deduced 10 different laminae: layers I-IV encompassing the dorsal horn, layers V and VI covering the intermediate zone/horn,

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layers VIII-X covering the ventral horn, and layer VII being spread out over both the intermediate and ventral horns (Figure 4). More recently, single-cell RNA sequencing of sensory neurons in the dorsal horn indicates the presence of 15 inhibitory and excitatory neuronal subtypes that could be further categorized based on their sensitivity to thermal stimuli (Häring et al., 2018), suggesting a more complex organization based on functional domains rather than just morphology alone. Indeed, grouping according to functional domains may prove useful in instances where the morphology of adjacent laminae are virtually identical to one another (see Section 3.1.1.5: Lamina V and VI); however, for simplicity, this review will adhere to the morphological classification into laminae as described by Rexed. Each layer will be described in detail from available anatomical studies, including cell types, neurochemical phenotypes, notable nuclei found in laminae, and their function.

4.1.1 Dorsal horn

When viewed in the transverse plane, the dorsal (anterior) horn refers to the forewings or the "wing-tips" of the butterfly-shape that the gray matter adopts, and is responsible for receiving (from the periphery), modulating, and transmitting somatosensory information to higher order processing centers in the cerebral cortex (Harding et al., 2020), ultimately determining the body's response to painful stimuli and changes in touch, pressure, and temperature. Lesion studies in this region often result in the development of pain disorders (hyperalgesia, hypoalgesia, or allodynia) or deficits in touch, dexterity, and spatial awareness (Fisher et al., 2020; Harding et al., 2020; Lee et al., 2009), supporting its role in somatosensory perception and proprioception.

Lamina I

Lamina I is found in the dorsal horn and refers to the thin, dorsal-most layer (Figure 4); its lateral border tapering down the lateral aspect of the gray matter and ending rather suddenly down the medial aspect (Rexed, 1952a; Rexed, 1954). It is also referred to as the marginal zone, posteromarginal nucleus (Figure 4), or the posterior marginalis (Lima & Coimbra, 1986; Schoenen & Faull, 2004). It has a reticular appearance owing to the myriad of myelinated fibers amidst the few neurons present. In the cat, four distinct morphologies can be identified: fusiform, multipolar, pyramidal, and flattened neurons (Galhardo & Lima, 1999; Zhang et al., 1996). These morphologies have also been reported in lamina I of the rat (Lima & Coimbra, 1986), although this differs in human, where only fusiform and multipolar cells were present

(Schoenen & Faull, 2004). Across these species, the dendritic organization of these neurons was described as tangential (Galhardo & Lima, 1999; Scheibel Scheibel, 1968; Schoenen & Faull, 2004). A prominent and unique finding in fetal and adult human spinal cord is the presence of dendrites perpendicular to the edge of the dorsal horn (Schoenen & Faull, 2004). However, perpendicular dendrites were reported by Cajal in the developing cord of chicks and the medulla of newborn rabbits, suggesting that at least in non-human species, that these are immature structures that gradually disappear during development (Gobel, 1978). However, their continued persistence in the adult human spinal cord remains unknown. Fusiform neurons are distinguished by their ovoid, spindle-shaped soma and have a single primary dendrite extending from the apex and base of the soma (Galhardo & Lima, 1999; Lima & Coimbra, 1986). In lamina I, they are the most numerous of the four types present and located in the lateral-most third of the lamina (Galhardo & Lima, 1999; Lima & Coimbra, 1986). Their dendrites branch extensively within this lamina and are confined to the boundary of lamina I (Light et al., 1979); with the exception of the rat, where these reach out into the periphery of lamina II below (Lima & Coimbra, 1986; Todd et al., 2002). Fusiform neurons are further subdivided into two groups; the majority being Type A, whose dendrites are longitudinally oriented (Galhardo & Lima, 1999), and the remainder being Type B, whose caudal dendrite have been occasionally observed as far down into lamina III (Galhardo & Lima, 1999; Lima & Coimbra, 1986; Todd, 2017). This has also been observed in human and is thought to extend as far as lamina IV (Schoenen & Faull, 2004). Fusiform neurons exhibit immunoreactivity for GABA and dynorphin (Lima et al., 1993) and are thought to be inhibitory (Sardella et al., 2011). Recordings from these neurons in lamina I of the cat indicate they mediate nociception, displaying responses to pinch or heat only (Han et al., 1998). Furthermore, they exhibit a tonic pattern of firing that slowly and continuously fire, conveying information about the of the painful stimuli (Prescott Koninck, 2002). Multipolar neurons are also found in the medial portion of this layer, which is characterized by their ovoid soma with several primary dendrites arising from it (Galhardo & Lima, 1999; Lima & Coimbra, 1986; Zhang et al., 1996). These neurons too can be subdivided into two classes; Type A multipolar neurons have dendritic spines extending primarily into the rostro-caudal plane and are densely arborized (Galhardo & Lima, 1999). Type B multipolar neurons in contrast are characterized by larger soma, dendritic arborizations that lack spines and are looser and fewer in comparison (Galhardo & Lima, 1999; Lima & Coimbra, 1986). These neurons are

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GABA-ergic and in the mouse, exhibit a single spike firing pattern (Dougherty et al., 2005). Multipolar neurons are thought to be polymodal nociceptive, displaying sensitivity to heat, pinching, and cold in the cat (Han et al., 1998). The sensitivity of these neurons to each of these modalities differs, and variability in sensitivity exists between individual neurons as well (Craig et al., 2001; Han et al., 1998). Pyramidal neurons are also found in this layer, characterized by a distinct triangular shape (Galhardo & Lima, 1999; Lima & Coimbra, 1986). They are found primarily along the dorsal border of lamina I (Galhardo & Lima, 1999; Lima & Coimbra, 1986), and in the monkey (Dostrovsky & Craig, 1996) and cat (Han et al., 1998) are responsive to cold stimuli (Chisholm et al., 2021). For this reason, they are also known as COLD or COOL neurons (Craig et al., 2001; Dostrovsky & Craig, 1996; Han et al., 1998). Pyramidal neurons in this lamina are enkephalinergic (Lima et al., 1993); a small neuropeptide involved in nociception that is part of the opioid family and is involved in nociception (Takahashi, 2016). These neurons have a phasic pattern of firing, which fire at high frequency in response to a strong stimulus (Prescott & Koninck, 2002); in the monkey, the rate of firing increased with decreasing temperature, plateauing at about 12.5°C (Dostrovsky & Craig, 1996). Flattened neurons are the fourth morphological subclass of neurons found in lamina I. They are discoid and have small, sparsely ramified dendritic trees (Galhardo & Lima, 1999; Lima & Coimbra, 1986). They only comprise a small percentage of total neurons in this lamina [13% in the rat (Lima & Coimbra, 1986), and 16% in the cat (Galhardo & Lima, 1999)], and were not identified in the monkey (Zhang et al., 1996). Their firing pattern is thought to be the same as that of multipolar neurons, though the distinction between the two has not yet been made (Dougherty et al., 2005), presumably due to the scarcity of this morphological subtype compared with those aforementioned. Flattened neurons in the rat and cat are immunoreactive for substance P (Lima et al., 1993; Takahashi & Otsuka, 1975) but are completely absent in the non-human primate (Torres-da-Silva et al., 2016); a neuropeptide implicated in nociception (Simmons & Substance, 2010), the maintenance of hyperalgesia (Mantyh et al., 1997) and in particular, pain associated with inflammation (Doyle & Hunt, 1999; Simmons & Substance, 2010).

Lamina II

Immediately ventral to lamina I is lamina II, also known as the substantia gelatinosa of Rolando (Figure 4). It is one of the earliest regions identified in the spinal cord (Rexed, 1954). First identified by Luigi Rolando (Caputi et al., 1995), it was initially described as "jelly-like"

(hence the term "gelatinous substance"), owing to its high neuronal and neuropil density, as well as a distinct paucity of myelinated fibers (Merighi, 2018; Rexed, 1954; Schoenen & Faull, 2004). In the transverse view, it largely follows the shape of the preceding lamina such that lamina I form its dorsal and lateral borders and medially, is bordered by the dorsal funiculus (white matter; Rexed, 1954). In addition, its thickness is not uniform throughout and differs amongst species; in the human, it is at its thickest in the lateral aspect (Schoenen & Faull, 2004), yet in rodents, the thickest enlargement occurs medially (Molander et al., 1984). This lamina can be further divided into two sub-laminae (Woodbury et al., 2000); a dorsal outer zone comprised of small, densely packed cells that occupy about 25% of the lamina, and a ventral inner zone comprising the remainder of the layer (Molander et al., 1984; Molander et al., 1989; Rexed, 1952b; Rexed, 1954). However, this subdivision has only been reported in the spinal cord of the cat (Rexed, 1952b; Rexed, 1954), rat (Pan & Pan, 2004), mouse (Woodbury et al., 2000), and monkey (Light & Perl, 1979); in the human, the neuronal population appears entirely homogenous (Schoenen & Faull, 2004).

In contrast to lamina I, the substantia gelatinosa is comprised of neurons whose morphologies follow a continuum as opposed to being categorized into specific subtypes (Todd & McKenzie, 1989) and many believe that a consensus to reach a unified classification may never be reached (Merighi, 2018). This is further compounded by substantial differences between species. Though Cajal attempted to classify lamina II neurons in 1909 as either central or limiting cells, these observations were made in new-born dogs and cats only; comparison between neonatal and adult mice, as well as adult rats and cats, indicate that the organization of the substantia gelatinosa is subject to further changes with advancing age (Woodbury et al., 2000). Stephen Gobel subsequently proposed a classification based on their dendritic and axonal branching, as well as the presence and distribution of dendritic spines (Merighi, 2018); this will form the basis of the morphological classification within this layer and will be discussed in this review. Stalked cells are the most numerous in the outer layer of this lamina (Schoenen, 1982a), characterized by a round or ovalshaped cell body with dendrites that project ventrally and obliquely such that the dendrites resemble a cone formation (Schoenen, 1982a). Furthermore, dendrites are particularly "spiny" and can pass deep into more ventral layers (Todd & Lewis, 1986; Todd & McKenzie, 1989). Stalked cells are glutamatergic (Todd et al., 1992) and immunopositive for somatostatin (Mather & Ho, 1992). In contrast, islet cells are entirely intralaminar and are named so owing to their presence occurring in discrete,

small islands. In human, this comprises about 30% of the total neuronal component (Schoenen, 1982a). This population is characterized by a rich network of branching axons. Islet cells are generally regarded as being mostly GABA-ergic (Heinke et al., 2004; Todd & McKenzie, 1989; Todd & Sullivan, 1990). Large islet cells assume GABAergic identity (Heinke et al., 2004; Todd & McKenzie, 1989) and colocalize with glycine and neuropeptide Y (Rowan et al., 1993; Todd et al., 1992). Oppositely, small islet cells tend to be glutamatergic and colocalize with neurotensin (Seybold & Elde, 1982) and somatostatin (Mather & Ho, 1992). The balance of glutamatergic and GABA-ergic activity in lamina II is of particular significance as it is a key player in the modulation of pain; specifically, the "gating" of noxious stimuli that are transmitted to higher order processing centers (Fields et al., 1995; Melzack & Wall, 1965). Specifically, the Gate Control Theory postulates that non-noxious stimuli/input carried by inhibitory GABA-ergic neurons within this lamina are necessary to "gate" noxious pain input, which is mediated by the glutamatergic population (Melzack & Wall, 1965). Damage to this area where GABA-ergic inhibition (presumably from the large islet cells) is insufficient to gate the glutamatergic activity of the stalked cells has been implicated in the development of neuropathic pain disorders such as allodynia (innocuous stimuli causing pain) or hyperalgesia (painful stimuli causing an extreme or heightened pain response (Price & Prescott, 2015). While stalked and islet cells have been documented in the rat (Todd & Lewis, 1986) and cat (Gobel, 1978), a different classification has been proposed in the human (Schoenen, 1982a). Sections stained using the Golgi impregnation method in humans have instead revealed three additional subtypes in addition to islet cells (Schoenen, 1982a). Filamentous cells comprise about 20% of the neurons in this layer, with soma found in both inner and outer portions of the lamina (Schoenen, 1982a). Their axons primarily project into either lamina I or Lissauer's tract in the white matter (Schoenen, 1982a). These cells have earnt the term "filamentous" owing to their dendrites being particularly spinous and extensive branching (Schoenen, 1982a). Curly cells make up \sim 10% of neurons in this layer and are found primarily in the outer portion of lamina II (Merighi, 2018; Schoenen, 1982a). They are characterized by a complex, tortuous dendritic tree rich in spines (Schoenen, 1982a), and are thought to resemble stalked cells in other species (Schoenen, 1982a). Finally, stellate cells make up the remainder (40%) and are multipolar neurons found in the inner zone of the lamina (Schoenen, 1982a). Their dendrites are straight with few spines, and encompass an area of about 500 µm, projecting in all directions and well into adjacent laminae I and III (Schoenen, 1982a).

Unlike in lamina I, and with the exception of stalked and islet cells where the morphological subtypes correspond to distinct neurochemical identities, further distinctions in lamina II are less clear. This is in part hampered by the substantial interspecies differences, and the methods employed to deduce these morphologies have since undergone substantial improvement over the decades; it is plausible that much of the contention and ambiguity between and within species may never be resolved. Therefore, much of what is known about the neurochemistry and chemoarchitecture of this lamina can be deduced by its role in nociception. Neuropeptides such as dynorphin, enkephalin, substance P, and neoendorphin have been localized to lamina II in the human (Przewłocki et al., 1983); further, the highest density of opiate receptors was localized to this region also (Faull & Villiger, 1987). Spinal administration of opiates has been demonstrated to induce profound analgesic effects (Yaksh, 1981); the effects of which are mediated via these receptors and reinforce the role of this lamina in nociception. In addition, autoradiographic studies in the human have revealed that benzodiazepine receptors are also at their highest density within this layer across the cervical, thoracic, lumbar, and sacral regions (Faull & Villiger, 1986), and GABA receptor expression matches this distribution also (Waldvogel et al., 1990). The presence of M₁ and M₂ muscarinic receptors in lamina II in the human has been reported (Villiger & Faull, 1985); in the mouse, knockdown with siRNA implicates the M₂ and M₄ subtype in the modulation of pain (specifically, reduced tolerance to a painful stimulus; Cai et al., 2009).

Lamina III

Immediately ventral to lamina II lies lamina III, which runs straight across the dorsal horn and parallel to lamina I (Figure 4). Its superior border bends along the apex of the dorsal horn in a similar fashion to lamina I and II, though not as sharply (Molander et al., 1984; Molander et al., 1989; Rexed, 1954). Historically, the distinction between lamina III from lamina II and IV has been difficult to make; indeed, initial studies in the cat classed lamina II and III as one (Scheibel & Scheibel, 1968; Szentágothai, 1964). In the cat and humans the neurons in lamina III are larger and less dense than in lamina II and equally, they are smaller and more dense compared with lamina IV (Schoenen & Faull, 2004). This does not hold true for the rat, where neuronal density and size are like lamina II, making demarcation less clear (Molander et al., 1984; Molander et al., 1989). However, these boundaries become more distinct when techniques used to distinguish neurochemical phenotypes and myeloarchitecture are employed. Tritiated diprenorphine which binds to, and detects opioid receptors via autoradiograms

revealed that while lamina II had overwhelmingly higher levels of bound ³H-diprenorphine, lamina III had approximately 1/3 of the amount bound; and in lamina IV this dropped even further, to about a tenth of the amount found in lamina III (Faull & Villiger, 1987). The same can be said for the distribution of benzodiazepine receptors, probed for in the human spinal cord using tritiated flunitrazepam (Faull & Villiger, 1986). Further, sections stained for osmium tetroxide to highlight regions of myelination indicate that while lamina II is virtually devoid of myelin save for a few scant fibers, lamina III is densely myelinated and lamina IV is characterized by the presence of several prominent bundles (Faull & Villiger, 1987). In lamina III, neurons adopt a rounded, slightly elongated morphology (Rexed, 1954), and diameters range from 5-18 µm (Rexed, 1952a). Two neuronal populations can be distinguished based on their dendritic architecture. The first group is characterized by dendrites organized in the dorsoventral axis with the dorsal extension being the largest (Schoenen & Faull, 2004), and extended into lamina II (Maxwell et al., 1983; Schoenen, 1982a). The second group is those with dendrites that extend in the rostrocaudal axis and are largely confined within the lamina (Heise & Kayalioglu, 2009; Maxwell, 1985). These are GABA-ergic, making up nearly half of the neuronal population in this layer (Heise & Kayalioglu, 2009; Powell & Todd, 1992). In the rat and mouse, the GABA-ergic population can be further subdivided into those that colocalize with acetylcholine and glycine, respectively (Miranda et al., 2021; Todd, 1991). Lamina III receives input from the periphery via large unmyelinated Aβ-fibers, which primarily convey touch information (Field et al., 1999), and projects the sensory information to the spinocervical tract (involved in conveying tactile and pressure information (Brown, 1981; Whitehorn et al., 1969), or the post-synaptic dorsal column pathway (conveying cutaneous and visceral nociceptive information (Ekerot et al., 1991; Willis et al., 1999). Importantly, lamina III is partially home to the nucleus proprius (Figure 1b), which is also partly found in lamina IV and V (Lai et al., 2016). It is the first instance in this review where Rexed's classification based on morphology alone does not align neatly with nuclei previously found. The nucleus proprius (and by default and in part, lamina III) is implicated in the perception of light touch (Bennett et al., 1984; Bourane et al., 2015; Semba et al., 1984), proprioception (Heise & Kayalioglu, 2009; Logan et al., 2013), nociception (Gassner et al., 2013; Koch et al., 2018), and thermoception (through dendritic projections to lamina I and II; Sengul & Watson, 2012a). As such, lamina III can be viewed as an integration hub receiving a diverse range of inputs from the periphery and adjacent layers to modulate

somatosensation. However, much of what is known about the function of lamina III neurons has been centered on nociception through various animal models of neuropathic pain where nerve injury alters the input to this lamina and thus, the excitability of GABA-ergic neurons within. Consequently, GABA-ergic activity is insufficient to "gate" the activity of glutamatergic interneurons (Gassner et al., 2013; Schoffnegger et al., 2008) like that described for lamina II, thus contributing to the pathogenesis of aberrant pain perception.

Lamina IV

The thickest of all the layers discussed so far, lamina IV does not curve laterally like the previous three (Rexed, 1952a, 1954; Figure 4). It can be distinguished from the other three layers by a low cell density and the presence of larger cells in comparison (Molander et al., 1984; Schoenen & Faull, 2004). It is described as a largely heterogenous cell layer of varying sizes interspersed among each other with the smallest cells ranging from 7 to 9 µm in diameter and at the other extreme, 35 to 45 µm (Rexed, 1952a). In this lamina, neurons are characterized by dendritic trees that are antenna-like (Schoenen, 1982a; Schoenen & Faull, 2004). These tend to be dorsally oriented and extend into lamina II and III (and can be found as far as lamina I; Heise & Kayalioglu, 2009). Furthermore, these dendritic trees are rich in spines (Schoenen, 1982a). This has been observed in human, cat (Schoenen & Faull, 2004), and the macaque monkey (Ralston III, 1982). The neurochemistry of this layer is diverse, and identities cannot be attributed to a specific morphology (unlike other laminae). GABA-ergic neurons predominately occupy the lateral third of the lamina, concentrated around the edge of the lamina (Barber et al., 1982; Häring et al., 2018) and are thought to participate in inhibitory modulation of signals from the periphery or other laminae projecting to laminae IV (Barber et al., 1982). In addition, transcriptomic analysis of the mouse spinal cord in the lumbar region indicates that this layer is enriched with glutamatergic neurons (Häring et al., 2018). Immunohistochemical, in situ hybridization, and transgenic studies revealed the presence of glycinergic nuclei scattered throughout this layer (Hossaini et al., 2007; Miranda et al., 2021), as have dopaminergic fibers (Holstege et al., 1996), dynorphin (Lima et al., 1993), enkephalin (de Lanerolle & LaMotte, 1982; Lima et al., 1993), somatostatin (Krukoff et al., 1986), and substance P (de Lanerolle & LaMotte, 1982), although it is unknown whether these identities colocalize or what their exact contributions to the function of this layer are.

Like the preceding layer, lamina IV plays a key role in the perception of pain and touch, with notable projections to the spinothalamic tract (Kayalioglu et al., 1996;

Schoenen & Faull, 2004), which is the main pathway conveying pain, touch, and temperature information to the thalamus. In particular, neurons in this lamina are responsive to light mechanical stimuli (e.g., brushing/ stroking; Cervero et al., 1988). In addition, dendrites from this layer that project to and terminate in lamina II and III are likely to be modulated by nociceptive afferents in those layers, thus adding to the nociceptive output to the thalamus (Heise & Kayalioglu, 2009).

In addition to the nucleus proprius (previously discussed as part of lamina III), lamina IV is also home to the internal basilar nucleus and is confined to cervical segments C1-C6 in the rat (Torvik, 1956). It receives input from the sensorimotor cortex (Antal, 1984; Valtschanoff et al., 1993), primarily via the dorsal root ganglion (Rivero-Melián & Arvidsson, 1992), as well as the median and ulnar nerves (Lamotte et al., 1991) and projects to the thalamus (Kemplay & Webster, 1986) as well as the superior colliculus (Rhoades, 1981).

Lamina V and VI

Laminae V and VI are considered the final layers of the dorsal horn, occupying the base (Figure 4; Rexed, 1954; Schoenen & Faull, 2004). The cytoarchitecture, composition, and organization of laminae V and VI are very similar to each other (Rexed, 1952b, 1954) and virtually indistinguishable from one another in the human (Schoenen & Faull, 2004); therefore, for clarity the two will be considered as one in this review. These layers are organized into medial and lateral portions and exhibit different characteristics. In the rat, the demarcation between the two zones in lamina VI can only be seen in the lumbar segments 4-6 (Molander et al., 1984). The medial zone occupies approximately 2/3 of the laminae and is characterized by the presence of smaller neurons (8-10 µm) with a fusiform or triangular morphology (Rexed, 1954). Alternatively, neurons in lamina V can be functionally organized into three groups: nociceptive, mechanoreceptive, and multireceptive, wide dynamic range neurons (Ritz & Greenspan, 1985). These are also morphologically distinct from each other, though it is unknown if they can be neurochemically distinguished (as is the case with lamina I and II). Nociceptive neurons have small cell bodies and extensive dendrites that spread in all directions; their axons decussate and ascend to supraspinal targets in the ventral white matter (Ritz & Greenspan, 1985). As the name suggests, they are responsive to noxious/painful stimuli only. Multireceptive, widedynamic-range neurons have a similar morphology differing only by having a substantially larger cell body and respond to both innocuous and noxious/painful stimuli (Ritz & Greenspan, 1985). Finally, mechanoreceptive neurons were described as having smaller cell bodies and

short, sparsely branched dendrites and are responsive to innocuous mechanical stimuli only (Ritz Greenspan, 1985).

Projection neurons are predominately found in this in the medial zone (Molenaar & Kuypers, 1978) and project to a host of supraspinal regions such as the cerebellum (cat; as part of the cuneocerebellar tract; Edgley & Gallimore, 1988), the thalamus (rat; as part of the spinothalamic tract; Burstein et al., 1990; Kayalioglu et al., 1996), the periaqueductal gray (rat; as part of the spinomesencephalic tract; Liu, 1983), and the superior colliculus (rat; as part of the spinomesencephalic tract; Morrell & Pfaff, 1983). The lateral zone on the other hand occupies the remaining third of these layers and neurons in this are comparatively larger (30–45 μm; sub-region Rexed, 1952b) and adopt a multipolar morphology. Lamina VI differs slightly in that neurons are either propriospinal (connecting spinal segments to one another) or mainly project to motor neurons in the ventral layers; in addition, cerebellar and medullary projections have been observed (Rivero-Melián & Grant, 1990; Villanueva et al., 1991). The dendritic architecture of laminae V and VI are virtually identical, extending dorsoventrally and symmetrically (Schoenen & Faull, 2004). These dendrites extend dorsally as far up as laminae II and III; oppositely, dendrites extend down into lamina VII (Schoenen & Faull, 2004). Neurons in the lateral zone project more locally, particularly to preganglionic spinal neurons (Cabot et al., 1994). While lamina V neurons receive input from the periphery, mainly through large Aβ, small Aδ myelinated fibers, as well as C-fibers from distal dendrites that also extend into superficial laminae (Heise & Kayalioglu, 2009), Lamina VI differs slightly in that it also receives input from 1A muscle spindle afferents (Maxwell & Bannatyne, 1983) which is critical for proprioception, and both receive input from the red nucleus (Brown, 1974).

As seen in other laminae, GABA is a key neurotransmitter found in laminae V and VI; here, GABA is purported to be involved in switching signaling between cutaneous and visceral systems (Barber et al., 1982), highlighting its involvement in nociception both in the periphery as well as the viscera. Glycinergic immunoreactivity has also been observed (Hossaini et al., 2007), as has enkephalin (de Lanerolle & LaMotte, 1982), dopamine (Holstege et al., 1996), and somatostatin (Krukoff et al., 1986).

Immediately dorsolateral to lamina X lies the dorsal nucleus of Clarke (Clarke's Nucleus; Figure 1b) and is exclusive to the T1-L3 segments of the spinal cord in most species (Boehme, 1968; Heise & Kayalioglu, 2009; Snyder et al., 1978). Its exact location differs slightly amongst species; in cats (Merkul'eva et al., 2017;

Rexed, 1952b) and humans (Schoenen & Faull, 2004) it is found at the medial border of lamina V, VI, and VII; in the rat, at lamina IV and V (Snyder et al., 1978). Three classes of neurons have been identified based on dendritic architecture in the spinal cords of adult cats using silver impregnation and Nissl staining methods (Loewy, 1970). Class A nuclei are about 7-10 µm in diameter and are mostly ovoid with a varied dendritic branching patterns, and with a few class A dendrites extending into lamina V and X (Loewy, 1970). Class B neurons are slightly larger (termed "medium-sized") and are multipolar or fusiform with nuclei ranging from 7 to 15 µm in diameter (Loewy, 1970). Multipolar neurons have radially projecting dendrites, whereas the dendrites of fusiform neurons are oriented and project perpendicularly (Loewy, 1970). Finally, Class C neurons are the largest and arguably the most distinctive feature of this nucleus (Boehme, 1968; Loewy, 1970; Snyder et al., 1978) with nuclei ranging from about 20 to 25 µm (Loewy, 1970). Dendrites of these neurons extend in the rostrocaudal plane and can be traced as far as 200 µm into lamina VII (Loewy, 1970). Clarke's nucleus is primarily cholinergic (Schoenen & Faull, 2004) and somatotopically organized (Rivero-Melián, 1996), receiving input from the lower limb and neurons in this nucleus project to the cerebellum, with its axons forming the dorsal spinocerebellar tract (Heise & Kayalioglu, 2009; Snyder et al., 1978). Owing to its involvement in the movement of lower limbs, it is an attractive target for studying movement disorders, most notably amyotrophic lateral sclerosis (Averback & Crocker, 1982), and spinal cord injury (Attwell et al., 2018).

4.1.2 | Lateral horn

The lateral horn begins immediately above laminae VI but is only present in the thoracic and lumbar regions of the spinal cord, specifically T1–L2. The neurons encircling the central canal within the anterior commissure (corresponding to Rexed lamina X) also fall within this boundary. Nuclei related to autonomic function are found in this region, and is concerned with sympathetic innervation (Cho, 2015). Neurons in this region communicate with the brainstem, pelvic organs, viscera, and hypothalamus.

Lamina VII

Lamina VII marks the transition from the dorsal horn through to the intermediate zone/horn of the spinal cord (Figure 4). In the cat, it is bordered by lamina X in the medial aspect, and the white matter of the lateral funiculus laterally (Rexed, 1954). Dorsoventrally, it is distinct

from lamina V and VI by having a lower neuronal density in comparison; ventrally, this is a lot more difficult to define and instead extends to the ventral borders of the gray matter with lamina VIII and IX found in between (Heise & Kayalioglu, 2009; Molander et al., 1984; Molander et al., 1989; Rexed, 1952b, 1954; Schoenen & Faull, 2004). In the lateral aspect of the lamina, neurons with a fusiform morphology predominate, multipolar neurons are found in the central and dorsal regions, and triangular/pyramidal-like neurons are found ventrally (Schoenen & Faull, 2004), particularly around lamina VIII and IX. Neurons generally have dendrites that extend horizontally or obliquely and can extend over the width of the gray matter (Schoenen & Faull, 2004); in addition, studies in the rat have identified smaller neurons with substantially shorter and sparsely branched dendrites (Ritz & Greenspan, 1985).

Lamina VII comprises mostly of GABA-ergic (Barber et al., 1982), premotor interneurons that project to the motor neurons of lamina IX (Heise & Kayalioglu, 2009). In addition, they also project to a host of supraspinal targets which highlights the contribution of this lamina to motor function, as well as the physical response to stress. This includes the amygdala and hypothalamus (Menétrey & de Pommery, 1991), which are thought to play a part in regulating the visceral (and pain from viscera) response to emotional and physical stress (Icenhour et al., 2020; Menétrey & de Pommery, 1991). Another target is the cerebellum (Krutki et al., 1998; Rivero-Melián & Grant, 1990). Axons of lamina VII are contributors to the formation of key spinocerebellar tracts, the functions of which are discussed in Section 2.1.2: White matter subdivisions. Specifically, the medial part of lamina VII and the spinal border cells [ventrolateral and dorsolateral parts of lamina VII (Snyder et al., 1978)] contribute to the anterior spinocerebellar tract (Sengul & Watson, 2015; Xu & Grant, 2005). Similarly, a major component of the posterior spinocerebellar tract is comprised of axons of the dorsal nucleus of Clarke (Sengul & Watson, 2015; Snyder et al., 1978); a nuclear column typically associated with lamina V, but located at the medial border of lamina VII in the cat and human (Heise & Kayalioglu, 2009; Rexed, 1952b). In addition, lamina VII contributes to the formation of the spinocuneocerebellar tract (Sengul & Watson, 2015). Other projection targets include the superior colliculus (Morrell & Pfaff, 1983) [indicating contributions to eye movement and coordinating the bodily response to visual stimuli (Dean et al., 1989)], the periaqueductal gray (Liu, 1983; suggesting involvement in autonomic body function; projections to the superior colliculus and periaqueductal gray ascend via the spinomesencephalic tract), and the pontomedullary reticular formation [Krutki et al., 1998; which is involved in the

regulation and maintenance of posture (Miller et al., 2017)].

The interneurons in this lamina act as a relay hub, receiving information of descending motor pathways and then transmitting this to motoneurons, which allows a single interneuron (or at most, a small number of interneurons) to initiate an entire movement that involves the engagement of multiple muscle groups (MacLean et al., 1995), including those that are not directly involved in the movement as such, but ones that are needed to maintain the balance or posture to execute the movement (Miller et al., 2017).

In addition, region-specific nuclei are found in lamina VII (Figure 4). In the cervical segments C1–C4 in the cat and dog, the lateral cervical nucleus can be found in the upper portion of the lamina, just next to lamina X; this nucleus was only observed in just 2 out of 16 human cadavers (Truex et al., 1970). This region can be characterized by large multipolar neurons whose dendrites extend dorsolaterally, laterally, and ventrally (Wiksten, 1979). Small triangular and spindle-shaped neurons with dendrites that extend and follow the round shape of the nuclear group were also found in small numbers (Wiksten, 1979). The central cervical nucleus plays a critical role in the movement and control of the neck by receiving input from the upper cervical muscles (Ammann et al., 1983) and vestibulospinal neurons of the vestibulospinal tract (Donevan et al., 1990); the latter being essential for the tonic neck reflex (Matsushita, 1991). Further, projections to the cerebellum (anterior and posterior spinocerebellar tracts, and the cuneocerebellar tract; Matsushita et al., 1995) and vestibular nuclei (spinovestibular tract; Bankoul & Neuhuber, 1992; Matsushita et al., 1995) indicate that this nucleus is key for the muscular coordination, balance, and the maintenance of posture. The intermediolateral (IML) nucleus can also be found in this lamina; in the human, this is found at the lateral-most edge of the lamina in thoracic segment T1 through to lumbar segment L1 in humans (Krassioukov et al., 1999) and extends as far down as lumbar segments L3 in the rat (Molander et al., 1984) and L4 in the cat (Rexed, 1954). It can be further subdivided into a principal portion (at the lateralmost edge) and a funicular portion (embedded in the lateral funiculus; Light & Metz, 1978). The IML contains preganglionic sympathetic neurons which are primarily cholinergic (Deuchars & Lall, 2015; Powis & Gillingwater, 2016) but also co-express a host of other modulators such as nitric oxide (Anderson, 1992), enkephalin, neurotensin, neurophysin, substance P, serotonin, somatostatin, and vasoactive intestinal polypeptide, as summarized by Heise & Kayalioglu (Heise & Kayalioglu, 2009). Sympathetic preganglionic neurons play a key

role in a host of autonomic function, including cardiovascular control (Krassioukov et al., 1999), sudomotor (the control of sweat gland function), vasomotor control and the maintenance of blood pressure, and visceral control (Deuchars & Lall, 2015). The intercalated nucleus is also found in lamina VII and is seen as a "bridge" of sympathetic preganglionic dendrites that connect the IML to the central autonomic area, which is in lamina X, immediately dorsolateral to the central canal (Heise & Kayalioglu, 2009; Vera et al., 1986). Finally, lamina VII is also home to the lumbar dorsal commissural nucleus and is found in lumbar segments L1 and L2 only (Hancock & Peveto, 1979). Neurons in this nucleus can be round, ovoid, or spindle-shaped (Rexed, 1952a), and their cholinergic axons (Barber et al., 1984) innervate the hypogastric nerve and pelvic ganglia (Nadklhaft & McKenna, 1987; Yaïci et al., 2002), thus playing a role in regulating arterial blood supply to and control of the motility of the viscera and pelvic organs (Janig & McLachlan, 1987).

Lamina X

Lamina X is also found in the lateral horn, adjacent and medially to lamina VII, encircling the central canal (Rexed, 1954; Schoenen & Faull, 2004; Figure 4). Rexed initially identified and named this area as the substantia grisea centralis and is therefore also known as the central gray area (Rexed, 1952b, 1954). Rich in neuropil and low in cell body density (Rexed, 1952a, 1954), two morphological classes of neurons can be discerned in the human; in the cat, this population is more heterogenous with no obvious morphological differences (Honda & Perl, 1985). Bipolar neurons tend to occur in the mid and dorsal portions of the lamina with a fan-shaped, aspinous dendritic tree sprouting mainly from a single primary dendrite at both poles of the soma (Schoenen & Faull, 2004). These are thought to be the equivalent of the "neurone fusiforme ou triangulaire" (spindle-shaped and triangular neurons) initially identified in the cat by Cajal in 1909. Dendrites of these neurons project dorsally and reach into lamina VI; oppositely, these project ventrally into lamina VIII and in the adult human, these dendritic extensions measure no more than 600 µm dorsoventrally (Schoenen & Faull, 2004). The second morphological subtype is found in the ventral portion; while also classed as bipolar, their dendrites extend rostrocaudally (up to a distance of 1.5 mm) and are poorly ramified (Schoenen Faull, 2004). These are thought to be equivalent to the "cellule étoilée" (star cells) that Cajal identified in the adult cat. Functionally, three classes of neurons have been identified in the cat; however, due to the morphological heterogeneity of neurons in this lamina versus the subtypes identified in the human, it is not possible to match morphology and function at present. Lowthreshold, mechanoreceptive neurons respond to moving, transient contact (e.g., light brushing of the skin) as well as evaporative cooling (Honda & Lee, 1985). Multi-receptive neurons were particularly receptive to noxious mechanical and heat stimuli (e.g., pinching, application of deep pressure, or heating of the skin; Honda & Lee, 1985). Selectively nociceptive neurons on the other hand were responsive to noxious cutaneous or subcutaneous stimulation (Honda & Lee, 1985).

When considering the response of these neurons to the above stimuli in the context of their afferent and efferent projections, this lamina is thought to be an integration hub for nociception, somatosensation, and visceroreceptive sensation (Matsushita, 1998; Schoenen & Faull, 2004). Lamina X receives input from the periphery via C- and Aδ-fibers and projects to a host of supraspinal structures such as the hypothalamus (Kayalioglu et al., 1996; Menétrey & de Pommery, 1991), periaqueductal gray (Liu, 1983), amygdala (Menétrey et al., 1989), as well as the contralateral lamina X (Nahin & Micevych, 1986). Input from ascending propriospinal axons has also been reported (Matsushita, 1998). Further, input from the raphe magnus nucleus (via the raphespinal tract; Holstege, 1987) which is involved in the inhibition of nociceptive transmission reinforces its involvement in the modulation of pain (Liang et al., 2015), as does the expression of various modulatory neuropeptides involved in the nociceptive response (Honda & Lee, 1985); for example, substance P, enkephalin, serotonin, cholecystokinin, vasointestinal peptide, and neurotensin (Gibson et al., 1981; LaMotte, 1988).

Lamina X is also partially home to the intermediomedial (IMM) nucleus and its location relative to other nuclei and laminae depends on the spinal level (Figure 4). In cervical segments C1-C4 it is dorsal to the central cervical nucleus; in C5-C8 it is found in lamina VI, and from spinal segments T1 and below it is partly embedded in lamina VII and X (Heise & Kavalioglu, 2009). Thus, for clarity, it will be discussed as part of this lamina. Unlike other nuclei previously discussed it is not a continuous cell column rostrocaudally; rather, it is more of a bead-like structure which means it may not be identified in every section (Molander et al., 1989; Schoenen & Faull, 2004). Neurons in the IMM receive input from the viscera and are cholinergic (Arvidsson et al., 1997; Borges & Iversen, 1986; Satoh et al., 1983; Schoenen & Faull, 2004), and are thought to provide inhibition to the adjacent IML, thus playing a role in modulating the autonomic response in the viscera.

4.1.3 | Ventral horn

Finally, the ventral (anterior) horn occupies the remainder of the gray matter, occupying the area that resembles

the hindwings of a butterfly. This region contains the distinct, large motor neurons that terminate on striated muscle, facilitating the voluntary movement of the limbs and torso.

Lamina VIII

Lamina VIII signals the beginning of the ventral horn (Figure 4). Its size and shape differ depending on the level of the spinal cord. In the cervical and lumbar regions, it is confined to the medial base of the ventral horn (Heise & Kayalioglu, 2009; Molander et al., 1984, 1989; Rexed, 1954). In the thoracic region, however, it extends across the entire base of the ventral horn (Molander et al., 1984, 1989). An assortment of cell shapes and sizes are found here, with the smallest cells measuring ~10 µm in diameter and the largest resembling motor neurons, measuring up to 50-60 µm in contrast (Rexed, 1952a). It is this heterogeneity that makes it distinct from lamina VII which extends to the edge of the ventral horn and surrounds lamina VIII and IX (Molander et al., 1984, 1989; Schoenen & Faull, 2004). The majority of neurons are triangular or multipolar in the human, (Schoenen & Faull, 2004), and in the cat those with a spindle-shaped morphology are frequently found along the medial border (Rexed, 1954). Large neurons that may be mistaken from motor neurons can be distinguished on the basis of Nissl staining; the former having finer granules (Schoenen & Faull, 2004). Small-medium sized neurons in this layer are immunopositive for GABA (Waldvogel et al., 1990) and are likely to comprise the interneuronal population. Furthermore, also in human, the glutamatergic, metabotropic mGluR1 receptor is strongly expressed in this layer (Aronica et al., 2001), suggesting responsiveness to glutamatergic inputs from projections to this area. In adult human, dendritic trees dorsoventral orientation (Schoenen Faull, 2004). Dorsally they are directed toward the ventral gray commissure (but do not decussate) or project toward lamina VII. Ventrally, they branch out toward the ventromedial tip of the ventral horn, with a few crossing the border into the anterior funiculus (white matter; Schoenen & Faull, 2004). Their arborizations tend to be symmetrical and highly ramified (Abdel-Maguid & Bowsher, 1984), with very little spread in the mediolateral aspect (Schoenen & Faull, 2004).

Unlike the neurons in the previous laminae discussed, the majority of lamina VIII neurons do not project to supraspinal targets. However, there are a few exceptions. Lamina VIII projections to the contralateral cerebellum (Matsushita et al., 1979; cat), medulla (Villanueva et al., 1991; rat), and thalamus (Craig et al., 1989; rat). Further, a contralateral, reciprocal projection to the superior colliculus from lamina VIII has also been

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identified in the rat (Morrell & Pfaff, 1983), suggesting a communication pathway where visual, auditory, and somatosensory information from the superior colliculus goes on to influence motor responses (and vice-versa; Ito & Feldheim, 2018). Spinal commissural neurons are found in lamina VIII and project more locally; to contralateral lamina VII, VIII, and IX (Harrison et al., 1986; Matsushita, 1970; Scheibel & Scheibel, 1968). Decussation of these neurons occurs during development and plays a critical role in ensuring the correct positioning of ventral interneurons, and genetic disruption of transcription factors that guide the axons along the correct routes results in abnormal positioning (and function, relative to the connections they need to make; Laumonnerie et al., 2015; Serafini et al., 1996). Following the development, spinal commissural neurons continue to play an important role in rhythmic and coordinated locomotion (Chédotal, 2014; Harrison et al., 1986; Kiehn, 2011; Scheibel & Scheibel, 1968; Stokke et al., 2002). Coordinated left-right movements include the reciprocal arm and leg swing (humans), or in quadrupeds like cats, the coordination of forelimbs and hindlimbs when walking. In addition, long propriospinal fibers that connect the lumbar and contralateral cervical segments originate in the medial portion of lamina VIII (and partially VII as well) and comprise the majority of neurons in this layer (Dutton et al., 2006; Sengul & Watson, 2012a). In the rat, the bulk of these axonal fibers is immunoreactive for vesicular glutamate transporter type 2 (VGLUT-2), suggesting a glutamatergic identity and therefore, excitatory output to their intended targets. Further, lamina VIII receives input from the superior colliculus (as aforementioned) the periaqueductal gray (Mouton & Holstege, 1994; cat), the interstitiospinal tract (Carpenter et al., 1970; monkey), vestibulospinal tract (Boyle & Johanson, 2003; squirrel monkey), reticulospinal tract (Matsuyama et al., 2004; cat), and cerebellospinal neurons (Sathyamurthy et al., 2020; mice; from both ipsilateral and contralateral aspects).

Lamina IX

The final layer discussed here is lamina IX, which is located at the base of the ventral horn (Figure 4). It is not a true lamina as such; rather, it is a series of longitudinally arranged motor neuron columns that are found embedded in lamina VII and VIII (Rexed, 1952a, 1954; Schoenen & Faull, 2004; Figure 4). Within each column, the group of motor neurons responsible for innervating a single muscle is termed a motoneuron pool. During development, positioning of motor neurons in the ventral horn is facilitated by the interactions of Slit/Robo (chemorepellants) and Netrin1/DCC (chemoattractants); mice with mutations for either of these led to aberrant

migration, with motor neurons found in the hindbrain and spinal cord floor plate (Slit/Robo mutant) or shifted away from the floor plate (Netrin1/DCC mutant; Kim et al., 2015). These neurons are easily identified owing to their size; the smallest measuring \sim 20 μ m, and larger ones measuring up to 50-70 µm (Rexed, 1952a). These neurons are multipolar and are characterized by their large nuclei, extensive dendrites, and large axons that form the ventral roots exiting the spinal cord (Sengul & Watson, 2012a). Golgi staining of longitudinal sections of the cat spinal cord revealed that the vast majority of these dendrites are oriented in a rostrocaudal direction (Scheibel & Scheibel, 1966; Sterling & Kuypers, 1967).

While the exact number of columns present differs among species and indeed, between regions of the spine, they can be broadly classed into medial and lateral columns. The medial column primarily innervates axial musculature (such as those involved in facilitating breathing and the maintenance of posture) and lateral columns innervate musculature of the limbs (Kanning et al., 2010; Molander et al., 1984, 1989; Routal & Pal, 1999a). A cadaveric examination of the human spinal cord in its entirety revealed the presence of 11 separate motor columns; the length and region in which they were found dependent on the musculature innervated (Routal & Pal, 1999a). Column 1 belonged to the medial subdivision and was found in all regions examined. Columns 2-11 on the other hand were considered part of the lateral subdivision and were found in specific spinal regions (e. g., Column 2, C1-C5 and C7-S3; columns 3-5 in the upper-mid cervical regions; columns 6-8 in the lower cervical/upper thoracic region; columns 9-11 mainly in the lumbosacral enlargement; Routal & Pal, 1999a). This organization is in general agreement with the observations made by Schoenen and Faull, who analyzed sections in the L5 region only. Here, they identified a ventromedial column (likely corresponding to Routal and Pal's columns 1-2), a central column (the equivalent of columns 2 and 9), a ventrolateral column (the equivalent of column 11), and a dorsolateral column (the equivalent of column 10; Schoenen & Faull, 2004). Therefore, in cervical and thoracic regions, it is feasible to suggest that the columns designated 1, 2, 3, and 4-8 by Routal and Pal (1999a) are further subdivisions of the ventromedial, central, ventrolateral, and dorsolateral columns of the ventral horn (Routal & Pal, 1999b). Based on their location, the authors deduced that the presence of columns 1 and 2 in the thoracic region likely innervated vertebral, intercostal, and abdominal musculature, columns 3-8 innervated upper limb musculature, and columns 9-11 innervated that of the lower limb (Routal & Pal, 1999a). Retrograde motor-end plate tracing in the rat also suggests that motor columns responsible for innervating a

specific group of muscles span several spinal segments, such as in the case of the hindlimb, which was traced to encompass spinal segments L2 through to the L6/S1 border (Mohan et al., 2015). An "upper-body" equivalent study from the same group investigating the origins of motor neurons of the forelimb musculature found these columns located in spinal levels C2 through to T1 (Tosolini & Morris, 2012). Further, these columns exhibited spatial organization, with cell columns innervating proximal muscles located ventrally, and those innervating distal muscles found laterally (Tosolini & Morris, 2012).

Furthermore, motor neuron dendrites are extensive and in the rat, these extend dorsally into lamina III and IV (Cook & Woolf, 1985). Dendritic bundling occurs only with dendrites from the same motor neuron column in the human [with the exception of the dorsolateral column, whose dendrites do not form bundles (Schoenen & Faull, 2004)] (Schoenen, 1982b); in the cat, however, this bundling can occur across multiple motor neuron columns and is thought to help synchronize the activity of a specific group of muscles (Scheibel & Scheibel, 1970a). In the cat and rat, these bundles can also decussate and mix with dendrites of motor neurons in the contralateral aspect (Light & Metz, 1978). It is thought that these bundles are involved in the development of programming appropriate reciprocal activity between agonist-antagonistic muscle groups (Scheibel & Scheibel, 1970b), so that movement such as crawling or walking can occur. In addition, the intermingling of longitudinal dendritic bundles with lamina VIII dendrites would also suggest communication between the two to facilitate coordination during locomotion.

Motor neurons are cholinergic (Barber et al., 1984; Satoh et al., 1983) and are further subdivided into three classes. The α -motor neurons are the larger, more prominent star-shaped neurons characteristic of this region that innervate striated (skeletal) muscle (Hunt & Kuffler, 1951). Physiologically, they are characterized by a high activation threshold and fire at a high frequency (Masakado, 1994). Their axons are heavily myelinated to facilitate rapid, saltatory conduction of electrical signals along the length of the axon and innervate fast-twitch (Type II) muscle fibers; the kind commonly associated with fatigue following physical exertion (Contessa et al., 2016). Single-cell transcriptomic analysis in the adult mouse suggests that these can be further subclassed into distinct pools corresponding to specific muscle groups (Blum et al., 2021). For example, cpne4 (encoding copine-4) and fign (encoding fidgetin) were enriched in a pool of motor neurons associated with the innervation of intrinsic foot muscles, and Sema3e (encoding semaphorin 3a) was specific for motor neurons innervating the gluteus maximus and the shoulder muscles in the

lumbar and cervical spinal cord, respectively (Blum et al., 2021). In both examples, these patterns of expression were present during development (Fukuhara et al., 2013; Mendelsohn et al., 2017; Pecho-Vrieseling et al., 2009). Another study identified Erbb-4 [encoding the ERB-B2 receptor tyrosine kinase-4 and associated with amyotrophic lateral sclerosis (ALS; Blum & Gitler, 2022)] as unique to α -motor neurons innervating the diaphragm via the phrenic nerve (Alkaslasi et al., 2021). In addition to sub-classification according to specific muscle groups, this approach can be used to distinguish between pools of α -motor neurons innervating slow-firing, fast-fatigue-resistant, and fast-fatigable muscles (Blum et al., 2021), which has implications for diseases such as ALS where the three types of muscle fibers exhibit differential susceptibilities to degeneration (Nijssen et al., 2017). The β -motor neurons are the least abundant of all three subtypes, innervating both striated muscle and proprioceptors (skeletal muscle that plays a part in proprioception, receiving input from both dorsal and ventral horns; Bessou et al., 1965). Physiologically, they are further subdivided into static and dynamic subtypes; the former modulating the firing rate of sensory fibers for a given muscle length, and the latter increasing their stretch sensitivity (Barker et al., 1977). To date, β-motor neurons have not been conclusively defined transcriptomically, though a subset of γ-motor neurons (termed γ^*) has been identified as a putatitve β population (Blum et al., 2021). Finally, lightly myelinated γ-motor neurons are the smallest of the three and innervate proprioceptors within the muscle spindle, exclusively controlling their sensitivity (Eccles et al., 1960). This population has a transcriptional profile characterized by the presence of Htr1d (encoding the 5-hydroxytryptamine receptor type 1D), creb5 (encoding the cAMPresponsive element binding protein-5), and Pard3b (encoding the Par-3 family cell polarity regulator-beta protein; Blum et al., 2021). Perhaps counterintuitively, they do not possess any motor function and are physiologically characterized by a low activation threshold, and fire at a low frequency (Eccles et al., 1960; Taylor et al., 2000). Rather than participate in spinal reflexes, γ-motoneurons instead serve to modulate muscle contraction by adjusting the tension of intrafusal muscle fibers comprising the muscle spindle (Macefield & Knellwolf, 2018). Special mention must also be made of a notable interneuronal subtype; the Renshaw cells. Located medial to motor neuron pools that innervate striated muscle, these are primarily glycinergic and facilitate inhibition of α-motoneurons (Alvarez & Fyffe, 2007; Bhumbra et al., 2014; Özyurt et al., 2019). In doing so, these cells receive input from collaterals of motor neuron axons, and synapse with the cell bodies of motor neurons

Comparison of spinal segments in the cervical, thoracic, lumbar, sacral, and coccygeal regions of the spinal cord compared TABLE 2 with human

	Cervical	Thoracic	Lumbar	Sacral	Coccygeal
Human (Frostell et al., 2016)	8	12	5	5	1
Cat (Thomas et al., 1962)	8	13	7	3	At least 7
Mouse (Watson, Paxinos, Sengul, & Heise, 2009)	8	13	6	4	3
Rat (Watson, Paxinos, Kayalioglu, & Heise, 2009)	8	13	6	3	3

in a negative-feedback manner, thereby limiting their excitability (Eccles et al., 1954). The loss of this inhibition is thought to increase motor neuron vulnerability to excitotoxicity and alterations in the neuron-Renshaw cell circuit have been implicated in the pathogenesis of amyotrophic lateral sclerosis (Wootz et al., 2013).

LIMITATIONS AND FUTURE DIRECTIONS

Much of our basic knowledge is derived mostly from a few animal models; as such, the mouse, rat, and cat feature heavily in this review. However, notwithstanding obvious size differences, there are key macrostructural differences immediately apparent. Table 2 summarizes the variation in spinal segments across humans, cats, rats, and mice.

Therefore, observations made at a given spinal segment in an animal model may not correlate well to the human equivalent, and could well have implications for the design of certain injury models (Jaumard et al., 2015). However, given the anatomical similarity of porcine models to humans as demonstrated by Leonard, et al., their utility as a pre-clinical translational model should be considered further (Leonard et al., 2017).

Further, a direct comparison to available human data is hampered by the analysis of a few spinal segments rather than the spinal cord in its entirety. In addition, regardless of the species studied, the spinal cord is a comparatively large area of the nervous system to study, with each level differing from the other. Consequently, studying just a single spinal cord entirely is a massive undertaking, let alone multiple cases or biological repeats. Nonetheless, further work to characterize the human spinal cord and accurately match spinal segments between species will play a role in designing better models of injury and disease.

The vast majority of studies cited in this review are from the mid-late 20th Century, using mostly manual staining and quantification techniques or offering a qualitative assessment only; often using just a single

label or stain. Such approaches are prone to variability between experiments and qualitative observations are inherently subjective. However, detection and analytical techniques have evolved considerably since, particularly over the last 20 years. Simple improvements include the availability of staining kits for conventional histological stains (e.g., Golgi, silver, and Nissl) to improve efficiency and consistency. More complex advances include automated immunohistochemistry platforms to increase consistency and throughput (P, 2014), multiplexed immunohistochemical detection methods to detect multiple antigens in a single section (Maric et al., 2021), and automated imaging and analysis platforms to increase throughput and the amount of biological information gathered from a single section of tissue (Guirado et al., 2018). In addition, the use of spatial transcriptomics now allows one to quantify changes in gene expression in situ (Ståhl et al., 2016); a particularly powerful method to assess changes in gene expression as a consequence of injury or disease state. Equally and oppositely, this can also be employed to assess changes following a treatment or intervention. Making the most of these advances would certainly increase case/biological repeat throughput and build a more complete picture of the spinal cord at all levels in and between species. Such an approach would not only confirm or refute existing findings, but the ability to generate such a rich data set would substantially contribute to the overall goal of building a foundation for subsequent investigations of spinal disease.

AUTHOR CONTRIBUTIONS

Sheryl Tan: Conceptualization (lead); funding acquisition (lead); project administration (lead); writing - original draft (lead); writing - review and editing (equal). Richard L. Faull: Writing – review and editing (equal). Maurice Curtis: Conceptualization (supporting); supervision (lead); writing - review and editing (equal).

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