

In Case 1 there was more local asphyxia than local syncope, and in Case 2 this also holds true. Unfortunately we did not get a *Section* in the second case, but in the first the changes in the veins are interesting. A spasm of local veins has been held to be the cause of these cases of Raynaud's disease in which local asphyxia is alone present and without any preceding pallor. In Case 1 both local arteries and veins are affected and there is a neuritis, which, inasmuch as it is limited to certain fibres in the funiculi, is thereby very suggestive. May it not be that, as I suggested elsewhere,* the finer fibres are in part at least vaso-motor in function, and if so is it not these fibres which in our case bear the brunt of the affection? Is it not also possible that these same vaso-motor fibres may be the cause of functional cases? In the affected nerves of Case 1 the fine fibres have specially suffered although the larger ones have not escaped. Without further remark I pass next to the clinical accounts of the two cases.

Case 1.—R. H., age 63, a seaman, was admitted to Dr. Gibson's Wards, Royal Infirmary, Edinburgh, on 12th June, 1906, complaining of weakness in legs and difficulty in walking.

Family History.—He knows nothing about his family, and is ignorant as to what three of his four children died of. His wife had no miscarriages.

Personal History.—He is a strong-looking man; home comfortable; has been off work since December, 1905, with his present illness. Prior to that he worked before the mast on a ship sailing between Glasgow and America. He had hard work and was much exposed to all weathers. Food good and regular. Drank occasionally to excess but never continuously. Has had dysentery many years before, when in India; has had chronic rheumatism and latterly chronic bronchitis. No history of syphilis. Over 40 years ago when in Greenland his feet were so badly frostbitten that he was quite unable to walk. His treatment consisted in the application of boiling urine! He recovered but has

*See Paper on Peripheral Neuritis in *Brain*—Spring Number, 1897.