

shows an artery of small size inside a funiculus of the left anterior tibial nerve. The great swelling of the middle coat is apparent. Fig. 5 shows the changes (endarteritis) in the arteries outside the funiculi of the right anterior tibial nerve and Fig. 6 is the right, and Fig. 7 the left anterior tibial arteries showing marked endarteritis obliterans with calcareous changes.

It will be noted that the thickening is not limited to the arteries alone but also involves the veins and this local venous sclerosis is a feature of this case. The calf muscles show degenerative changes with loss of striation and slight proliferation of the sarcolemma nuclei.

Case 2.—J. W., age 48, draper, a tall, well-built, but thin man, was admitted to Dr. G. A. Gibson's Wards, Royal Infirmary, Edinburgh, March 24th, 1905.

*Complaint.*—Pain and swelling in hands and feet and coldness of extremities.

*Family History.*—Father died of heart disease, mother died of phthisis, one brother died of pleurisy, and a brother and a sister alive and well.

Three children alive and well. No miscarriages.

*Personal History.*—Drinks very little alcohol, has always had plenty of good food, has a comfortable home, but at work in the shop is exposed to cold draughts. No previous illness or accidents. One and a half years ago present illness began. He noticed his hands becoming blue soon after he rose in the morning, the colour being quite normal at first. Some months later he further noticed that his fingers were becoming numb and this has persisted ever since. In the summer of 1904 the hands and feet began to swell during the day, the swelling passing off at night. The stage of pallor was never marked, the blue stage being the chief feature, and fingers, toes, nose and ears all suffer. Good deal of painful tingling experienced.

*Fingers.*—Hands are very blue and on pressure a dead white mark is left behind and which persists for some time. The skin of the palms is thickened and sodden although there is no excessive perspiration. There is some tendency to Dupuytren's contraction.