

These singular vaso-motor phenomena continued during the two months that the patient remained in the hospital. They were analyzed with care, especially the differences of temperature. Minute measurements were made almost daily, and showed a constant difference between the foot on the left, and that on the right side, increasing from 2 to 4 degrees centigrade, and varying according as to whether the patient was lying down, standing, had walked, had his legs covered, etc.

On the 6th of August, 1879, he was so much better that he could put on his shoes, he could walk, and was taken to Vincennes; but the vaso-motor paralysis still continued, as well as the thermic modifications.

During the past winter the patient has been able to resume his trade, and to take quite long walks, but in spite of the severe cold he could not put his feet near the fire. The left foot is always turgid and highly coloured, and between the two extremities the difference of temperature is 1.5° centigrade.

M. Straus refers to the important paper of Dr. Weir Mitchell, which appeared recently, and relates to cases which are almost identical (On a Rare Vaso-Motor Neurosis of the Extremities, in the *American Journal of the Medical Sciences*, July, 1878). He also recalls analogous facts observed by M. Vulpian and M. Sigerson, and, finally, to a recent observation by Mr. Allen Sturge, of London (see *American Journal of the Medical Sciences*, July, 1879, p. 258). Perhaps the disease is not so rare as it has appeared to be, and is often confused with rheumatoid conditions, paralysis, varicose veins, etc. M. Straus finishes his communication by a comparison between this vaso-motor neurosis and that described by M. Maurice Raynaud, under the title of local asphyxia and symmetrical gangrene of the extremities.

Do the vaso-motor disturbances in question (whether they be of a vaso-paralytic or of a vaso-dilative origin) relate, as thinks Dr. Weir Mitchell, to a disturbance of the vaso-motor medullary centres? M. Straus does not dare to decide, but he inclines toward an opinion broached by M. Vulpian on the subject of symmetrical gangrene of the extremities, and according to which these vaso-motor disturb-

ances would not necessarily proceed from a central spinal origin; they could result from the modifications (reflex or otherwise) sustained by the numerous peripheral ganglia which exist near the termination of the nerves in the vessels, and which control, in part, their innervation. The clearly defined *unilaterality* of the vaso-motor disturbances, in this case, seem to be an argument against the spinal localization of the disease.

M. Dujardin Beaumetz stated that he had been attacked by symptoms similar to those described by M. Straus. But their etiology was different. They appeared in consequence of the rupture of the tendon of the left patella.—*American Journal of the Medical Sciences*.

#### THE CAUSE OF BRIGHT'S DISEASE.

Drs. DaCosta and Longstreth, of Philadelphia, contribute a most valuable article to the July number of the *American Journal of Med. Sciences*, entitled "Researches on the State of the Ganglionic Centres in Bright's Disease." From the investigations of a large number of cases, extending over a period of several years, they have arrived at the following conclusions: 1. That in Bright's disease, especially in the contracting kidney, there exists a constant lesion of the renal plexus. 2. That while this lesion might be looked upon as forming part of a general process of degeneration in connection with the kidney-disease, we think it is the cause of the renal malady and precedes the degenerative changes. 3. That the diseased condition of the ganglia furnishes the clue to the alterations of the vessels of the diseased kidney. 4. That similar changes, producing similar results, may exist in other ganglia; for instance, in the cardiac plexus, explaining the hypertrophy of the heart. The details of nine cases are given, accompanied with illustrations of the microscopical appearance of the renal ganglia. Striking pathological changes were discovered in every case. For examining the ganglia the following method was pursued: The kidneys and all the structures in front of the vertebral column, including the aorta and celiac axis, were removed. From this mass