

to the carbolic lotion. There does not seem to be any arterio-sclerosis anywhere that one can make out and it is usually a symmetrical disease, and it is a question if one needs to appeal to the presence of Raynaud's disease to explain the condition. The fact of the abnormal condition in the shoulders might mean a certain amount of compression of nerves and vessels, and explain the tingling which she is said to have felt previously, and which is the only evidence given of the presence of Raynaud's disease. If Raynaud's disease was present, would not the gangrene process have been accelerated rather than unusually slow and prolonged, as in this case. We know that gangrene will follow the persistent exposure of a finger to dilute solution of carbolic acid. Here the whole hand was soaked in it, and to this extent has become gangrenous. I think we do not need to look beyond its action for the results seen in this case.

F. R. ENGLAND, M.D.—Are there any other glandular enlargements? As to the rib being the cause of the condition—it seems to me that if this is the case, it should have appeared earlier. The rib has evidently always been there, and does not seem to have been the cause of any trouble before this accident.

J. A. HUTCHISON, M.D.—I would like to ask Dr. Archibald whether there has been at any time a superficial blood supply change in any of the other limbs. Cases of Raynaud's disease generally have more than one limb affected and long before there is any definite gangrene there is this marked blueness and swelling perceptible for at least several months, and in one case I noticed several years.

E. W. ARCHIBALD, M.D.—No certain changes have been observed by us in the other extremities, though at one time I thought I could see a slight blueness in two fingers; but nothing definite enough for the diagnosis of Raynaud's disease. At the same time it is to be noted that when the patient consulted her doctor first, she described the condition as one of numbness and pain, coming on at intervals, with either blueness or whiteness of the tips of the fingers. As to the suggestion of obstruction in the neck, I came to the conclusion, after careful examination, that there was no tumour there, nor a cervical rib; but that there seemed to be an abnormally low stand of the clavicle, which might possibly allow the subclavian to run at an abnormal angle over the first rib and in that sense the first rib itself might cause pressure on that side; but I do not know that one could presume much on that observation. Cases of cervical rib reported usually give nervous symptoms and not arterial. As to the rib first causing disturbance late in life, that is a matter of not infrequent clinical observation,