DEVONSHIRE HOSPITAL, BUXTON.

A CASE OF RAYNAUD'S DISEASE.

(Under the care of Mr. ARTHUR SKIPTON.)

WHATEVER the exact pathology of Raynaud's disease may be there are now several cases recorded in which the disease appears to have commenced in consequence of injury. Dr. Curtis¹ has described the case of a man aged twenty-eight, who had received a severe blow in the abdomen from a capstan which was followed by gangrene of the lower extremities. The condition was diagnosed as due to sudden contusion of the solar plexus and splanchnic ganglia, which caused shock of the sympathetic system. Dr. Pasteur² reported the case of a boy aged six, who had a number of attacks resembling Raynaud's disease after having been bitten in the leg by a dog. All these attacks commenced in the left hand. Anæmia and syphilis were predisposing causes in this case. A case is described by Dr. Collier³ in which a purulent peritonitis, localised to the region of the solar plexus, had probably acted as the exciting cause. There are other cases recorded in which injury was apparently the starting-point of the disease, as, for instance, one under the care of Lamotte—that of a man who received a blow from a stick on the arm and developed local asphyxia of the hand in consequence; but of the large number of examples of the disease published the proportion in which injury apparently started the mischief is small. We have published a series of articles on this subject in THE LANCET by Dr. J. E. Morgan⁴ in which the disease is fully discussed, and to this, and the contribution of Dr. Barlow to the New Sydenham Society, we would refer our readers. It would be more satisfactory if the full account of this patient could be given on some future occasion, for the disease had nowhere extended beyond the second or asphyxial stage of Raynaud and in its nature it is progressive. For the notes of this case we are indebted to Mr. H. Lloyd Davies, house surgeon.

J. H—, aged fifty-seven, a carter, was admitted into the Devonshire Hospital, Buxton, Nov. 2nd, 1892, with the following history. He had always been a healthy man until Oct. 5th last. On that day, whilst at his work, a mass of lime fell from a height on to him, knocking him down and partially burying him. He lay insensible for some time, but on regaining consciousness he was able after a while to walk home, though with great difficulty. Next morning he was unable to get up and go to his work owing to extreme weakness. From that time up to his admission the symptoms described below made themselves manifest. The following were more or less constantly present: Diminished surface temperature, with weakness of the extremities; inability to move the toes or to flex the fingers of the right hand upon the palm, and lividity of the ears. There was anæsthesia of these parts, extending in the case of the left arm to the middle of the forearm, in the right to about two inches above the wrist; in the legs it extended nearly up to the knee. The patient could feel the point of a needle when deeply inserted, but this gave rise to no pain. Other symptoms manifested themselves at intervals, generally about twice a day, viz.: Extreme lividity of the ears, lividity of the nose and of the dorsal aspect of both hands, in the case of the right extending to the middle of the forearm, in the left to two inches above the wrist. A small area, about three inches in diameter, over the left shoulder became similarly affected. The lower extremities did not reach this asphyxiated condition, but became paler and colder. In all the affected parts during the exacerbations there was a sensation of numbness and of extreme cold. This condition lasted for a varying interval, and when passing off was accompanied by a sensation of heat, tingling and severe pain. At times the patient complained of giddiness and of feeling, as he expressed it, "as if he were drunk." The symptoms varied a great deal in severity on different days. There was great mental depression, but the patient was a well-developed, strong-looking man, and otherwise healthy.

Remarks by Mr. LLOYD DAVIES—I think that this case is interesting enough to be reported for the following reasons—the comparative rarity of the disease, the fact that it occurred in an elderly and previously healthy individual, and the peculiar nature of the exciting cause.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

*Rhinoliths.—Tophi in Inherited Gout at an Early Age—
Uratic Deposits in the Conjunctival Membrane.—Sub-
phrenic Abscess in connexion with Perforating Gastric
Ulcer.*

AN ordinary meeting of this Society was held on Jan. 13th, the President, Sir Dyce Duckworth, in the chair.

Dr. DE HAVILLAND HALL read a paper on a case of Rhinolith. The patient, a young lady aged sixteen, had suffered from a fetid discharge from the left nostril since the age of two and a half years. The left nostril was found to be almost completely occluded by a mass of stony hardness, the bulk being in the inferior meatus, but projections extended into the middle meatus. After several sittings the stone was removed piecemeal by means of the forceps. The largest piece was noosed by a wire loop and forcibly dragged out. The application of a 20 per cent. solution of cocaine much facilitated the removal. After washing and drying the fragments were found to weigh 92 grains. A chemical examination made by Dr. Wilson Hake showed that the stone consisted of organic matter 26.4 and calcium phosphate 73.6 per cent. No nucleus was detected. Dr. Hall remarked on the comparative rarity of rhinoliths. No specimen had previously been exhibited at the Clinical Society, and only four examples were shown at the Pathological Society. There are two specimens in the museum of University College Hospital and one each in the museums of St. Bartholomew's, Guy's, London and Westminster Hospitals respectively. In the museums of the Royal College of Surgeons and of the other hospitals with medical schools there were no specimens. He referred to an excellent monograph by Dr. Max Seligmann of Carlsruhe, who had made a collection of all the pertinent literature, embracing a record of 110 cases, besides a few others of which he was unable to obtain full details. He concluded by giving the references of fifteen additional cases.—The PRESIDENT asked what was the relation between the formation of rhinoliths and the occurrence of ozæna.—Mr. PARKER remarked that the rhinolith, if pushed backwards, would not find its way into the larynx, but would probably drop into the œsophagus.—Mr. W. G. SPENCER asked whether any special changes in the secretion of the mucous membrane of the nose had been found in connexion with these concretions and whether it was known what induced the precipitation of the phosphate of lime. Was there any difference in the reaction of the discharge?—Dr. SOLOMON SMITH inquired if there was any objection to hanging the patient's head on the edge of the table, which would quite obviate the danger of a fragment when pushed back falling into the larynx.—The PRESIDENT asked if Dr. Hall agreed with Dr. Seligmann's proposition that vigorous blowing of the nose prevented the formation of rhinoliths.—Dr. DE HAVILLAND HALL, in reply, said that if by ozæna was meant atrophic rhinitis that condition was probably inimical to the formation of rhinoliths, because it increased the size of the nasal cavities; but the mere presence of rhinoliths would give rise to a fetid discharge. He thought himself that there was something in Dr. Seligmann's suggestion that the feeble blowing of the nose common with women predisposed to the formation of concretions in that sex; but it must also be remembered that their formation was common in early life, when this difference in habit had probably not developed.

Sir DYCE DUCKWORTH read a paper on a case of Inherited Gout with production of Tophi at an Early Age. The patient, aged eighteen, a baker, came into St. Bartholomew's Hospital suffering from subacute gout in the hands and feet. He had had occasional attacks in the feet for nine years. There was a history of gout in his family. The patient was an ill-developed youth with a small head. On both ears were numerous tophi, proved by chemical examination to consist of urates. The urine was of low specific gravity and contained a trace of albumen. There were no signs of cardiovascular degeneration or of lead impregnation. The case was considered to be one of inherited gout in spite of the negative history on this point. The patient was a total abstainer from alcoholic drinks and had certainly not been exposed to habits of luxury. Tophi at so early an age were known to be most rare, and no case of a like kind had come under Sir

¹ Sajous: vol. ii. 1890, c. 48.

² THE LANCET, vol. ii. 1889, p. 14.

³ Ibid., vol. ii. 1889, p. 65.

⁴ Ibid., vol. ii. 1889, p. 9 et seq.