Current Literature

I. VEGETATIVE NEUROLOGY

1. VEGETATIVE NERVOUS SYSTEM.

Lortat-Jacob, L., et Haliez, G. L. PARALYTIC SYNDROME OF THE RIGHT SYMPATHETIC ACCOMPANYING AN ANEURYSM OF THE LARGE VESSELS AT THE BASE OF THE NECK. [Bull. et mém. Soc. méd. d. hôp. de Par., 3^e ser., 43, 1919, 137-42.]

A woman, 28 years of age, showed Bernard-Horner's syndrome on the right side as evidenced by narrowing of the palpebral fissure, enophthalmos, myosis and by the absence of sweating on the right cheek and upper limb. The arterial lesion appeared to be at the junction of the common carotid and subclavian.

Vignolo-Lutati, C. RAYNAUD'S DISEASE AND SYPHILIS. [Morgagni, 61, 1919, 147.]

A man aged 50, had syphilis at 30. Eight years later he began to suffer from feelings of formication and cold in the hands and feet, with pain especially marked at night. Two years later attacks of pain occurred in the toes of the right foot, ending in gangrene. Subsequently, attacks of pain with the formation of purpuric and gangrenous patches affected the dorsum of the left foot and the lower part of the leg. At the same time there appeared a purple discoloration of the skin of the thigh, abdomen, and arms (livedo reticulata or cutis marmorata). The tip of the nose, the ears, and hands became cyanotic and cold, and attacks of pain, itching, and formication occurred in the latter. Microscopical examination of excised portions of the skin showed the existence of obliterative endarteritis of the smaller vessels, with aneurysmal dilatation and rupture of the capillaries (purpura). The syphilitic basis of the disease was recognized late in the case and it became necessary to amputate the right foot. In the opinion of the author this would probably have been rendered unnecessary had an anti-syphilitic treatment been resorted to earlier. Raynaud's disease is due to several possible causes. Hutchinson in 1884 is said to have reported the first syphilitic cases [? ed.] and since that date numerous authors have reported cases lending support to the hypothesis. Thus a considerable number of cases are described in which the symptoms of Raynaud's disease were associated with signs of hereditary syphilis in children, with syphilitic endarteritis of the extremities, or with a positive Was-